March 4, 2019
PUBLIC HEALTH COMMITTEE 10:30 A.M.
PUBLIC HEARING

CHAIRPERSON: Representative Jonathan Steinberg

SENATORS: Abrams, Anwar, Cohen, Lesser, Somers

REPRESENTATIVES: Arnone, Betts, Candelora, Carpino, Comey, Cook, Demicco, Genga, Petit, Hennessy, Kennedy, Klarides-Ditria, McCarty, Michel, Scanlon, Young, Zupkus

REP. STEINBERG (136TH): Reconvene the public hearing of the Public Health Committee. We’ll start with the formalities. I am State Representative Jonathan Steinberg, the House co-chair of the Public Health Committee. I’m here with my Senate co-chair, Senator Mary Abrams and why don’t we today, just because we can go around and introduce ourselves and maybe somebody new to introduce. Here’s a thought; Tom, why don’t you start off.

REP. ARNONE (58TH): Tom Arnone from Enfield’s 58th.

REP. MICHEL (146TH): David Michel from Stamford 146th.

REP. COMEY (102ND): Robin Comey from Branford 102nd.

REP. YOUNG (120TH): Phil Young from Stratford.

SEN. ANWAR (3RD): Doctor Senator Saud Anwar from the 3rd Senatorial District.

REP. MCCARTY (38TH): Good morning, everyone, Kathleen McCarty from Waterford and a portion of Montville. It’s a pleasure to be here.

REP. CANDELORA (86TH): Good morning, Vincent Candelora, 86th District.

REP. STEINBERG (136TH): So we typically do not tolerate applause in this committee, but we’ll make an exception. In the rare instance when we have a new legislator who happened to have won a special election in the past weeks, welcome. We will now move forward. First of all let me say that we want to thank everybody for their patience and fortitude this morning in getting here. We will move forward with our hearing as we usually do, though I imagine there will be people arriving later than they would otherwise to register and we encourage them to if they intend to talk to these bills that they talk to our staff and make sure that they’re on the list. We start, as we do typically, during the first hour we focus on elected officials and first up is Commissioner Scheff of DDS. Welcome.

JORDAN SCHEFF: Good morning. I’m always taken aback when testifying in this room because I feel so very far away from you all, but it’s good to see you all this morning. Senators Abrams and Somers, Representative Steinberg, Petit, and members of the Public Health Committee, my name is Jordan Scheff and I’m the commissioner of the Department of Developmental Services. Thank you for the opportunity to provide remarks on two of the bills on today’s agenda. The first bill, House Bill No.
6365, AN ACT ALLOWING PERSONS WITH INTELLECTUAL DISABILITY AND THEIR FAMILIES TO ACCESS THE REGISTRY OF DDS EMPLOYEES WHO WERE TERMINATED OR SEPARATED FROM EMPLOYMENT AS A RESULT OF ABUSE OR NEGLECT. I have a more comprehensive written testimony on both bills. I’ll just summarize for you on each of these bills as I go through them.

This bill, as we understand it, seeks to expand access to the department’s registry of former employees who have been terminated or separated from employment as a result of substantiated abuse or neglect of a person with intellectual disability, to all persons with intellectual disability, their families or legal guardians. Current state law only permits access to the registry to either one; authorized agencies for the purpose of protective service determinations, two; employers who provide services to an individual who received funding or services from the department, three; DCFS, DMHAS, and DSS for the purposes of determining whether an applicant appears on the registry and four; charitable organizations that recruit volunteers to support programs for persons with intellectual disability.

The Department of Developmental Services has an established record of protecting individuals with intellectual disability and individuals with autism spectrum disorder. When the DDS registry was established in 1997, DDS created a mechanism to ensure that former employees, both in public and private settings, who had been substantiated for either abuse or neglect of an individual with ID would not be able to find employment in another DDS funded agency or with DCF, DMHAS or DSS. While DDS
supports any effort to protect individuals with ID, the department has certain concerns with expanding access to the registry as outlined in the bill. While certain types of abuse and neglect may rise to the level of being criminal, DDS in substantiating abuse or neglect only determines that the former employee should be hired to work with persons with intellectual disability or another direct service employment with vulnerable populations.

DDS Division of Investigations makes no determination as to whether the abuse or neglect that has been substantiated would lead the former employee to be charged or convicted of a crime. The categories of abuse or neglect that DDS substantiates for are particular to DDS. They do not correlate directly with any other agency standards or with specific criminal law. This means that abuse or neglect substantiated by the department may not meet the legal threshold associated with the person being charged or convicted of such actions under criminal law. To this end, it is also possible that a former employee listed on the registry may have been charged with a crime associated with the action that led to the termination, but the criminal proceeding and possible conviction has not yet concluded.

By opening access to the registry to all persons with ID, their families or legal guardians would create, in effect, a public registry, not a persons who had been arrested or convicted of a crime, but of persons who had been terminated from employment and been placed on a registry through an administrative process. DDS does not have a mechanism or the staff in place to allow all
individuals with ID and their families to have this type of access. In addition, expanding access to the registry outside of executive branch agencies and private providers could create greater exposure to misuse or misinterpretation. Now, would like to do questions and answers at the conclusion of me testifying on both bills or as we’re going along?

REP. STEINBERG (136TH): Why don’t you continue onto your second bill and then we’ll go from there.

JORDAN SCHEFF: Thank you, Representative Steinberg. Second bill, House Bill No. 6527, AN ACT REQUIRING ADDITIONAL OVERSIGHT OVER GROUP HOMES BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES; this bill would require DDS to have additional unspecified oversight of DDS operated or funded group homes. The department agrees that oversight of homes for individuals with ID is critically important and is the key to the department’s mission. DDS oversight not only protects the safety of individuals, it allows them to flourish in our communities. The department’s oversight also ensures that both federal and state dollars are spent wisely on appropriate services and support for these individuals.

DDS currently has multiple levels of oversight for group homes and I have a full list in detail of all those in my written testimony, but for a private provider agency that wishes to develop a group home, the provider first must be qualified by our operations center. It’s an extensive process that determines the qualifications of the executive leadership, as well as staff would work at the agency. Once the provider is qualified, they’re required to obtain licenses for such group homes.
The initial licensing process for a group home and subsequent renewal include reviews based on the department’s community living arrangement regulations. They are extensive. In addition to licensing and its requirements, DDS’ quality and systems improvement division conducts quality service reviews separate from our licensing regulations. This QSR evaluates the quality of supports delivered by the licensed qualified and provider and assesses the individual satisfaction with services and supports.

Other department oversight measure includes audits of qualified providers and finally, DDS qualified providers that operate licensed group homes must submit an annual report of residential and day services that break out the cost of each home and each type of service provided. These reports allow for our operations center to have an overview of each provider’s financial position and how the provider has spent state and federal funding.

The department is committed to creating and maintaining a safe, healthy environment that allows individuals with ID the ability to flourish in our communities. Thank you again for the opportunity to testify on both of these bills. I’d be happy to answer any questions you may have at this time.

REP. STEINBERG (136TH): Thank you, Commissioner, for your testimony. With regard to 6365, we’ve all heard stories of alleged abuse in this context and certainly registries are one potential solution, but they can be two-edged swords. Do you have a thought on how best for us to address this problem as we see it?
JORDAN SCHEFF: I don’t have a specific thought on how to address a broadening of how we’d make that information available to families for state and federally funded services as administered by us, so I don’t have another mechanism. We have an extensive registry and the referral process for anyone through DDS funded services allows for any potential hire to be vetted against that list. In addition, agencies are encouraged to utilize -- they’re not encouraged, they’re required to do other background checking in terms of criminal background checks, sex offender registries, DMV checks. It’s a pretty exhaustive process, as it is currently. I say that knowing that despite the vetting that we do, bad things still happen to good people and we would love to be a part of a strategy that prevented that entirely, but I’m not aware of one here in Connecticut or in any other state.

REP. STEINBERG (136TH): That was my second question, have any other states, in your opinion, were doing it better or differently than we are?

JORDAN SCHEFF: I’m not aware of any other state doing it differently or better. I’m sorry, I’m not aware of any other state doing it better. There are certainly states that do it differently.

REP. STEINBERG (136TH): And with regard to 6527, in a similar note, again we know that there are problems, more oversight from a legislative perspective is often considered to be the solution. Once again, is there any path you could see that would address the problem without the heavy-handed aspect of government?
JORDAN SCHEFF: I would suggest that Connecticut, as compared to other states, has a higher degree of oversight and a more intricate set of regulation and requirements for our private provider network and so I think if you were to ask our provider network, they would already find it cumbersome, burdensome, and costly and not always increasing the likelihood of positive outcomes and so we work with them to identify some of the things that are in there that are either archaic or don’t have a direct impact on an increasing positive quality outcomes, but we are reluctant to rid ourselves of any that do provide safeguarding, but it’s a very careful and deliberate process, one we’ve engaged in under the prior administration’s lien process.

We have done quality and licensing liens to try and make sure that we’re providing the right amount, but to my knowledge, we haven’t reduced anything that results -- has resulted in any sort of negative outcome. But to the issue of the bill, we would always like to do better. Our providers would always like to do better and we would encourage continued conversation around how we might do that and reengage in how we measure quality in a way that matters to people with intellectual disability.

REP. STEINBERG (136TH): Thank you, Commissioner. Are there other questions or comments?
Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chairman. Good morning, Commissioner. It’s good to see you.

JORDAN SCHEFF: Good to see you, as well.

REP. MCCARTY (38TH): If I may, just on the House Bill 6365, I understand what you just said, but I’m
wondering, there are certain families that actually are the employer -- with the directed services, so I’m wondering of those individuals wouldn’t perhaps be able to have access to the registries since they’re directly involved with their own families?

JORDAN SCHEFF: So there are a couple of areas where, in conversation with a number of people since this bill was written, I’ve learned where there may be some gray that we need to be clear about. For our self-directed program where we issue contracts for families to do self-hiring, those go through a fiscal intermediary. That fiduciary’s responsibility includes background checking against that registry and we do share our registry directly with that fiscal intermediary, but my understanding is their either run by other departments, not DDS, or are in our own grant program that there may be some loopholes to that and we would be willing to engage in conversation that could tighten that perhaps more narrowly than this bill intends do so, but effectively mitigate the concerns those family have.

REP. MCCARTY (38TH): Thank you very much for those comments and I know you’re always very willing to work with us on all of these issues, so I thank you very much. Thank you.

JORDAN SCHEFF: You’re very welcome. It was a pleasure to see you.

SEN. ABRAMS (13TH): Are there any other questions or comments from the committee? Representative Arnone.

REP. ARNONE (58TH): Thank you. On 6527, could you give us a little idea, too, of how many community
living arrangements there are, how many different separate homes? Do you have an idea?

JORDAN SCHEFF: I have an idea, although not an exact number. I believe that the number -- the number is north of 850 community living arrangements. I think it’s closer to 875 or 885, but I don’t have that at my fingertips today.

REP. ARNONE (58TH): Okay, thank you, and qualified community providers?

JORDAN SCHEFF: There are over 1660 qualified community providers, most of them 501C3 nonprofits doing business in every corner and crevice of the state, from big to small.

REP. ARNONE (58TH): So how do you end up getting around all those different agencies with inspections and --

JORDAN SCHEFF: So we have an internal licensing staff that visits homes typically on an annual basis, the licensing is a two-year licensing process. They often visit in the off year as a spot check. In addition to our licensing unit going out and making observations, we have people in our fiscal arm, our resource management staff, who visit the homes as well as our case management staff who do site visits at the homes, so we have a lot of eyes and ears there and so that’s essentially how we do it. We have a fairly decent-sized quality improvement division.

REP. ARNONE (58TH): Great. Thank you very much.

JORDAN SCHEFF: You’re very welcome.
REP. STEINBERG (136TH): Thank you. Yes, Representative Michel.

REP. MICHEL (146TH): Thank you, Chair. Thank you, Commissioner, for testifying today, just a question; I’m new here so, I might not understand all the intricacies of the legalities of it, but the public has access to sexual abusers registry and why would we -- I’m trying to grasp why we would not make workers cited or known for neglect or abuse in behavioral health not be accessible to the public?

JORDAN SCHEFF: So the sex offender registry that we’re all familiar with where you can look up on line who lives in your neighborhood and is a function of the judicial system and a court proceeding. The referral to the registry within the department is far short of that. The investigations are done by DDS staff and the conclusions are reached not by a judge or by an attorney, but by investigators, many of whom are former police officers, but certainly not all, and so it doesn’t -- it doesn’t rise to that same level of -- around the law. It’s a preponderance of the evidence, not beyond a shadow of a doubt is the way our statute reads and as such, we’ve created it as an administrative process and not a legal process and I think that really differentiates that. Within the laws the way it is written, there is also an opportunity for appeal and removal from our registry and that can be done internally through a hearing process, through collective bargaining, or it could be petitioned through the Superior Court to make a determination and by moving names in and out of that registry and having it public facing could
potentially cause legal challenges for the state in how we manage that information.

REP. MICHEL (146TH): Through Mr. Chair and how many of these cases end up in a hearing?

JORDAN SCHEFF: I would have to get you a specific number on that. There are hundreds of names that are on the registry list. In terms of how many hearings we conduct on an annual basis, how many names are removed from a list or added to a list, I’d have to get you some specifics. I don’t have that available to me today.

REP. MICHEL (146TH): Okay. Thank you and thank you for engaging in this discussion.

JORDAN SCHEFF: Very happy to do so.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you, Commissioner for being here today.

JORDAN SCHEFF: Thank you very much.

REP. STEINBERG (136TH): Next we have Deputy Commissioner Brancifort from DPH.

JANET BRANCIFORT: Good morning, Senator Abrams, Representative Steinberg, Representative Petit, and distinguished members of the Public Health Committee. My name is Janet Brancifort and I’m the deputy commissioner of the Department of Public Health. I’m here today to testify on two of our raised bills, House Bill No. 7194, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PUBLIC DRINKING WATER, and House Bill No. 7196, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATION REGARDING SEAT BELTS. Our
department’s testimony has been submitted in writing electronically to the committee, but we noticed this morning that it’s not yet been posted to the CGA website at this point in time. I’d like to provide you with some brief comments related to these bills, but would like to begin by thanking the Public Health Committee for raising the department’s bills.

Regarding House Bill 7194, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PUBLIC DRINKING WATER, Section 1 of the proposed bill would modify the definition of eligible public water system to include public service companies, such as Aquarion Water Company of Connecticut, Connecticut Water Company, and others regulated by the Public Utilities Regulatory Authority, to be eligible for state grants provided by the Public Water System Improvement Program. Public service companies are located within several communities and are often requested to assist or take over other public water systems or to interconnect with other water systems when there is a public health issue such as contaminated water supply or quantity issues.

The department hopes that this proposed amendment would also promote more public/private partnerships for investment in public drinking water infrastructure. Section 2 of the bill revises the language regarding certified water operator, giving DPH the authority to approve course providers and courses of study as they relate to certified operators and to help assure alignment with national standards and emerging public health issues. It also allows Department of Public Health to approve third parties to administer certification exams.
In regard to House Bill 7196, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATION REGARDING SEAT BELTS, the department is recommending everyone in every position in the car wear seat belts. This is just one small way that residents of Connecticut can be protected from serious injury and death in the event of motor vehicle crashes. Our detailed -- Our written testimony is detailed with some statistics from the CDC identifying the leading cause of death for people ages five through age 34 being automobile crashes in which death is a result and more than half of those killed in car crashes in that age group were not wearing seat belts at the time of the crash. In Connecticut, there’s an average of 270 motor vehicle crash-related deaths that occur each year and based on these statistics, it’s felt that more than 100 of these lives could have been saved if everyone in the vehicle was wearing a seat belt.

Last week, we had gotten some preliminary year-end data from 2018 that showed that there were 289 crash-related deaths occurring in the last calendar year. According to the Connecticut Department of Transportation, National Highway Traffic Safety Administration statistics show that among young adults aged 18 to 34 killed in crashes in the U.S. in 2016, more than half, 57 percent, were completely unrestrained, one of the highest percentages for all age groups and we also want to note that with nonfatal injuries, that can also be devastating for crash victims and their families, leading to traumatic brain injuries, paralysis, fractured bones, and lacerations.
In Connecticut between 2017 and 2018, there were slightly over 200,000 crashes with about 500,000 people involved in 50,000 crashes led to some degree of injury for 135,000 of the vehicle accidents. Adult seat belt use is the single most effective way to save lives and reduce injuries in crashes. In addition, as of November 2018, the Governor’s Highway Safety Association identified 18 states, Washington DC, and two U.S. territories that have primary enforcement laws covering seat belts in all positions and another ten states including rear seat belts as a secondary enforcement. Thank you for the opportunity to testify on these two important bills. Now I would like to open it up for questions.

REP. STEINBERG (136TH): Thank you, Deputy Commissioner, for being here to testify on these two important bills. Let’s begin with the water bill, if you’d like. How do these changes conform with the draft of the State Water Plan and its goals?

JANET BRANCIFORT: That’s a very good question and we’ve tried to be prepared with anticipating your questions, so we’ve brought our subject matter expert with us, Lori Matthew. I’ll ask her to come up.

LORI MATTHEW: Good morning. I’m Lori Matthew, section chief of the drinking water section of the State Department of Public Health. So you question concerns how do both of these proposals as part of 7194 conform with the state water plan. They are in perfect alignment. One of the sections -- I’m the representative of -- from the health department on the Water Planning Council that was responsible for the production of the draft state water plan. One of the items that was discussed over the two year
planning process for the development of the plan was interconnections and regionalization. We have over 2,500 public water systems statewide and that’s just way too many. Two thousand of those are not what we call non-community systems which are small. They could be a donut shop with a well, it could be a school with a well, but there’s many, many water systems across our state that need to be regionalized and interconnected, not only for water quality issues, but water quantity issues, so one of the items within the State Water Plan that was really very important and a lot of discussion during the development was interconnections, reducing the number of water systems statewide and the Section 1 of this proposal for the public water system improvement expansion would allow for over 130 communities to tap into funding which would help assist with loan funds and this would provide subsidy to those loan funds to help with aging infrastructure, which is another issue the State Water Plan has addressed and it -- so I will stop there. I could go on and on, but.

REP. STEINBERG (136TH): Thank you for that. There are a number of new members to this committee who are perhaps not familiar with the State Water Plan legislation and the draft report. We’re hoping to have an informational forum on the water plan tentatively scheduled for March 12th. We’re hoping you will be able to join us for that as we try to -- for all the committees of cognizance to consider ratifying the plan this year. Let me move to another related issue, which is every time we ask more of Department of Public Health with regard to water regulations and oversight we become concerned about the department’s ability to provide the kind
of enforcement that we would all like to see and we know this has been a challenge in recent years and has been noted fairly recently. Frankly, is Department of Public Health in a position to enforce the regulations that it already has on the books?

LORI MATTHEW: Absolutely. The water is safe to drink. If it wasn’t, you would know about it. Our job is enforcement and oversight of the Safe Drinking Water Act. We have primacy of health, primacy of the Safe Drinking Water Act as a state since 1976. My program of 50 people do an excellent job. Our engineers and planners and environmental analysts do an excellent job of enforcement oversight. We recently added two additional staff. We had in 2013 we had a staff of one working on enforcement. Now we’ve increased that staff by 85 percent. Now we have a staff of five and looking to add an additional staff. Enforcement of the Safe Drinking Water Act and its 17 complicated rules is a complicated business. In the last five years, EPA has added two very complex rules, the Ground Water Rule and the Revised Total Coliform Rule, which oversight of those two rules provides a lot of technical assistance to water systems about their significant deficiencies and problems that our engineers will find and we work really hard on technical assistance. I know that there’s been a criticism of lack of pursuit of civil penalties, however, we provide a lot of assistance so that compliance with the rules are quickly addressed and that the water is safe to drink in a quick and effective manner.

REP. STEINBERG (136TH): I for one am greatly relieved to hear your emphatic response on that
point. It’s always been my experience having lived in Connecticut most of my life that we have great water, great drinking water, and we certainly want to keep it that way. Are there other comments or questions? Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chair, just a quick one. It seems like we’ve heard the rear seat belt bill a couple times now and most of the testimony has been in favor. Is there any down side? I’m not sure I’ve heard anybody who has submitted any down side testimony. Do you know of any down side to the back seat belts?

JANET BRANCIFORT: I don’t know of any down side at this time. We do know that, you know, we have the 18 states that have moved forward in this -- toward that. Enforcement at this point in time and others are moving to adopt four -- or seat belts in all positions, so I think that’s very positive and it certainly has been shown and is something CDC endorses, as well, as a way to save lives and reduce injury.

REP. STEINBERG (136TH): Representative Comey.

REP. COMEY (102ND): Yes, hi, Deputy Commissioner. It’s nice to meet you. Thank you for coming out today.

JANET BRANCIFORT: No problem, nice to see you.

REP. COMEY (102ND): So I have a question about -- or a few questions about something that you did not speak about here today. One of the bills that we’re working on here is to -- Bill 6148, which is to set up a taskforce to study anaphylaxis and food allergies as it impacts our state and I received --
saw on the website yesterday that you -- that there has been a testimony that was submitted from the commissioner that says that -- basically says that you think you’re going to leave it up to the federal government taskforce that’s -- the allergen committee that is happening up there and I’m wondering in the meantime, that -- those -- the decision is supposed to come out of that in 2020 and I’m wondering in the meantime, what sorts of resources do your local health departments have in relation to coping with the growing incidents of food allergies that are impacting our residents in the state?

JANET BRANCIFORT: The department always remains a resource to, you know, our local health departments and we also reach out to our federal resources as well to help problems that -- problem-solve existing and growing issues, so I think our department had done in that particular testimony is really want to align ourselves with the federal work that’s being done, so I think what we wanted to do is not do something that would not be in alignment with what is recommended federally, but I don’t think we would ignore any emerging issue in terms of the treatment of anaphylaxis or any questions that our local health directors would have.

REP. COMEY (102ND): Thank you and so you have folks on staff that are familiar with the anaphylaxis and of the issues, the complex issues, that are involved and first line of treatment?

JANET BRANCIFORT: Depending on the nature of the issue, we would try to get the appropriate resources involved to work through an issue in any given community.
REP. COMEY (102ND): Are you aware that if someone in the state experiences anaphylaxis and they don’t have a paramedic ambulance service, that they will have to request specifically an emergency life support level?

JANET BRANCIFORT: I would really need to see the testimony and be able to talk about it with you. I’m not prepared to do so here.

REP. COMEY (102ND): Right. So I’m just saying that it was a bit broader than just the restaurant issue which is what you spoke with and what the commissioner spoke with, excuse me, in the -- and we want to cover a wide variety of topics and with the taskforce.

JANET BRANCIFORT: We would be happy to address that with you off line perhaps in more detail then, if you don’t feel our response was adequate there.

REP. COMEY (102ND): Okay. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chairman, just very quickly if I could go back to the bill related to the water, accessing those funds. Can you just explain, because I’m unclear. I know there are lots of variety of forms of utility companies, but what are the public service? Could you just identify that definition of the public service companies? So they’re the ones that are excluded from accessing the funds? Is that correct?

LORI MATTHEW: Thank you for that question. It’s a good one. So in 2014, this law -- this is a fairly new law, so the Public Water System Improvement
program had originally excluded any public service company. That’s rate regulated by PURA and that was in 2014. So these are Aquarion Water, Connecticut Water Company, Torrington Water Company, Valley Water Company, Hazardville, Jewett City, and a couple other smaller ones, but that’s just about the list, but you might say, well, there’s only a few. Well, they are in over 130 communities, whether in – – you know, some towns they serve just a portion of, like the town of Harwinton there’s maybe a few people, but they’re in -- they serve over 130 areas across our state, so we wanted to be able to broaden the scope of the state subsidy and the subsidy would go to our existing DWSRF, a drinking water state revolving loan fund, so there’s a process that is backed by federal -- by federal grant, so it’s a leverage loan process and the state subsidy would be part of that loan.

REP. MCCARTY (38TH): Thank you for helping me understand that. I appreciate it. Thank you.

REP. STEINBERG (136TH): Thank you. Are there any other questions or comments? If not, thank you for your testimony today. We much appreciate it. Next to testify is Representative Mitch Bolinsky of the 106th.

REP. BOLINSKY (106TH): Good morning to the co-chairs, Representative Steinberg, Senator Abrams, Vice-Chair Young, and Ranking Member Petit, and all the distinguished members of the Public Health Committee. I’m before you today almost overjoyed and giddy at being able to speak in very strong support of House Bill 7196 and the reason for my enthusiasm is for the second straight year, the Department of Public Health gets a complete and
total shout out because of the commissioner and the staff elevating this to become an agency bill, therefore committee bill, so I’m very, very grateful.

Personally, I have been pursuing the use of seat belts in the back seat for four years and, you know, for one reason or another, it just doesn’t seem to be able to be dragged across the finish line yet. When you think about this, it’s -- it’s a natural extension of the fact that we have seat belt laws for the front seat and in a very, very interesting sort of twist, when Connecticut passed its graduated drivers’ license laws back in 2003, we made it necessary and mandated that front and back seat positioned be seat belted for our teenagers who got these provisional licenses and then we never changed the greater statute to include that, so when they turn 18, the people in the back seat don’t necessarily have to be seat belted anymore.

So what does that actually mean? Why do I care about that; because it’s going to save lives. The people that are in the back seat when there are those 380,000 crashes that the deputy commissioner spoke about, the 55,000 serious injuries that happen in the state of Connecticut, the people in the back seat which are not seat belted, which is 50 percent, they become human missiles, so the fact of the matter is you have people in the front seat that are protected by a three-point belt, by an air bag, side curtains and everything. They’re not protected from a back seat occupant that comes flying forward in a terrible impact and there are actually fatalities that are occurring where those people cause injuries to people that are properly restrained.
So when you think about this concept we’re already enforcing, it’s a primary offense to not wear a seat belt in the state of Connecticut, and it’s a natural extension to extend this to the back seat as well because there are dangers there and science tells us very, very clearly that a buckled front seat passenger is 20 percent more likely to have a serious injury and possibly death by the propulsion of a back seat occupant and that rear seat occupant that is not buckled is three times more likely to perish than people that are. So I’m also incredibly enthusiastic and grateful because there’s an incredible coalition that has built around this --

REP. STEINBERG (136TH): Representative, we appreciate your enthusiasm, but we’re well past the three minutes. If you could summarize, please.

REP. BOLINSKY (106TH): Let me summarize then, everybody from AAA to the National Highway Traffic Safety Administration to my own police chief to the National Safety Council, they say this makes sense, so I urge the committee to propel this bill to the House floor so that we can actually make this happen this year and start saving lives. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Well, thank you, Representative, for your passionate advocacy. I was with you right up to the point of the use of the word propel with the bill. It does conjure up the wrong image for back seat lack of seat belts. I think you make a very good point. Ideally, the legislature does not need to legislate what might seem to be common sense. We have so many statistics about lives saved with front seat seat belts. Not extending that logic to the back seat astounds me,
so this is a bill, to your point, that has had many years of trying to get across the finish line. We are very hopeful that this year, not only this committee, probably the Transportation Committee if we pass it out, and the entire legislature adopts this very sensible step forward. Thank you again for your passion and we hope you continue to take the lead as we move this bill through the committee. Are there questions or comments from other members of the committee? If not, I guess you said it all. Thank you, Representative.

REP. BOLINSKY (106TH): Thank you very much.

REP. STEINBERG (136TH): Representative Mary Mushinsky from the 85th.

REP. MUSHINSKY (85TH): Thank you, Mr. Chairman. Mary Mushinsky from Wallingford speaking in support of H.B. 7200, raising the age of vaping and cigarette sales. The Center for Disease Control says that the bottom line is that e-cigarettes are unsafe for kids, teens, and young adults. Most of them contain nicotine, which is highly addictive, and harms adolescent brain development, which continues into the early to mid-20’s, so even up to age 25. The adolescent brain, young person, brain is still developing. Our young people who use e-cigarettes may be more likely to smoke cigarettes in the future and for the same reason, to prevent adolescent brain -- harm to adolescent brain development, I am asking the committee to also raise the age of cigarette smoking as the bill does and I’d prefer age 25, which is the end of the brain development time period, but any raising of the age that the committee is willing to do will help the situation.
With me today are two officials from the town of Wallingford, Craig Turner, Youth and Social Services, and Ken Welch, who is the head of the Coalition for a Better Wallingford, which works on substance abuse issues and I’d like to give them the rest of the time.

REP. STEINBERG (136TH): Make sure the microphone is working and identify yourself, please. Just push the button. There you go.

CRAIG TURNER: Are we good? We’re good. Good morning. My name is Craig Turner. I’m the director of Youth and Social Services for the town of Wallingford. I appreciate a brief time with you. My purpose is just to make you aware of a document which I will be e-filing to Marian, hopefully she will get it out to you, which was a study on nicotine and the adolescent brain through the Department of Pharmacology at Irvine, California, and this was done in 2015 and without going through it, I just want to read a couple quotes from the abstract and I will leave for you to read it. We argue that -- this is in the abstract: “we argue that nicotine exposure increasingly occurring as a result of e-cigarette use” and keep in mind this is 2015 when this is produced, “may induce epigenetic changes and sensitize the brain to other drugs and prime it for future substance use.” The other piece that I just want to highlight very quickly, they go through a very lengthy description of how nicotine uniquely alters adolescent brain development, to the point of it actually creating a structural change that may be permanent and/or not reversible back to the point of normalcy, so I hope that you’ll read the document and grasp the significance of what
nicotine does, particularly to the adolescent brain. Thank you.

KEN WELCH: Hi, my name is Ken Welch. I’m the president of the Coalition for a Better Wallingford. We’re a group of parents and volunteers that got formed six years ago on the heels of the scourge of the opioid epidemic. Wallingford lost 54 people in a three-year period, 45 of them were under 26 years old. One of them happened to be my stepdaughter. This isn’t opioids, it isn’t heroin, and we when we start talking about vaping on any platform, we have people calling us and saying that we’re wasting our time. Why are we involved with this, there’s people dying. Well, we’re involved with this for a very good reason and if you get the vaping guys up here, the thing that we keep hearing is that this is a deterrent to smoking. This is a good thing.

Well, I’d like to know how many high school principals they’re going to parade in front of you because they’re dealing with this in the front lines. They don’t know how to deal with it. They’re trying everything. They’re changing dress codes, they’re putting monitors in bathrooms, they’re shutting down bathrooms, they’re employing additional school resource officers. This is out of control and we’re hearing about the stories. We’re dealing with youth coaches and this this thing is rampant. You know, my hat’s off to these guys who developed this thing. It’s efficient, it’s effective, it’s cheap, and it’s really cheap. It’s half the cost -- you can get the same amount of nicotine from one pod in a JUUL that you will get in a pack of cigarettes, so it’s half price.
And not only that, but very recently, within the last three weeks, there was a drug dealer busted in Berlin with 225 JUUL pods. Now, there wasn’t any nicotine in those pods. Shortly thereafter, four high school students in Portland were rushed to the hospital overdosed on THC. I mean, I don’t know how much information you need to make --

REP. STEINBERG (136TH): We’d love to get more information. We’ve gone beyond the three minutes. We hope that you submitted testimony. Would you like to summarize?

KEN WELCH: Well, yeah, the summary is big tobacco put $32.8 billion dollars investment in the JUUL product two years in and they said this is a deterrent to smoking. Why don’t they put a dollar into Chantix.

REP. STEINBERG (136TH): Thank you for your testimony. Before you leave, Representative, I think you made a very interesting point about the developing brain, which it is broader than the issue of tobacco or THC that it is still very vulnerable, it is still reaching final development up to age 26. I’m sure that there are some of us who wish that we could push the limit up to 26 years old, but we think this is a good step forward and to your point, there is a real distinction between a product that was perhaps originally created for a beneficial use, to get people off cigarettes, but to your point, it is not necessarily being used today for that original intent and has involved lots of younger people, so we take your testimony very seriously. This is perhaps one of the more important bills before this committee and the legislature this
session and we want to thank you for taking the time to testify. Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you, Representative, for your testimony today and I just want to make sure, so you said you would personally like to see the smoking age go to 25?

REP. MUSHINSKY (85TH): I would because to be consistent with the science, we know the brain development is occurring right up to -- right through age 25. I mean, there’s a marijuana bill also in the legislature right now. I would put, you know, that is going to fly. I hope it doesn’t, but if it does, I would put the same age on that one. We have to recognize the science and the science is very clearly telling us that the brain development is still going on and the synapses are forming and if we mess with that process, we are impairing that person’s performance for the rest of their life, so we should be producing young people that have fully functional brains.

REP. KLARIDES-DITRIA (105TH): Right and that --

REP. MUSHINSKY (85TH): And they will be the most successful.

REP. KLARIDES-DITRIA (105TH): Yes, and that is the goal, to keep their brains functioning and mature them in the safest way possible and I do agree with you that it should be 21 and obviously our drinking age is 21.

REP. MUSHINSKY (85TH): Yeah, drinking age should be 25 also in my view, but.

REP. KLARIDES-DITRIA (105TH): Right. I can see that and then hopefully, which I heard you say, that
we shouldn’t legalize marijuana either for the same reasons.

REP. MUSHINSKY (85TH): I would prefer not. I think it’s opening up young people to some damage that older people, they don’t suffer the same fate, but for young people who are still producing the synapses, I think it’s a mistake for us as public health advocates to allow that to happen.

REP. KLARIDES-DITRIA (105TH): Yes, and I agree we want to stop them as much as we possibly can. As you know, we can’t prevent them, but any obstacles we can do, you know, that’s a service to them. Thank you. Thank you for your testimony. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman, and thank you, Representative Mushinsky, for your testimony. I think it’s important for us to understand the science and you and I have had discussions about this. I, fortunately, have a son in college who has made that decision of, you know, I don’t care what alcohol and tobacco is all about and what I age I can do it. I’m not going to touch it until I’m older because my brain is still developing and I think it’s an important conversation and I think it’s unfortunate that we don’t have a marijuana bill in this committee to have that conversation because being in general law and finance and other committees, we don’t hear about the public health issues as much as we really should on this. But I did have a question for Ken, you know, right now the JUUL-ing and the nicotine is
age 18, but as you pointed out, we are seeing it in our schools at an epidemic level and I think part of it is, it’s convenience. I’m hearing kids are using it right in the classroom, not even necessarily in the bathroom, because it’s that discreet. So one would argue, while it’s already 18, I think part of our issue is an access issue, you know, these 16-year-olds or 14-year-olds are already breaking the law. What other -- Do you have any suggestions about access? I mean, our bills are speaking to trying to cut off advertising to children, as well, but do any three of you have any ideas of what we could do to try to limit the access?

KEN WELCH: Well, I think -- It takes time and money to educate people. We’ve had a lot of luck if we have something to say that’s meaningful and is truthful, parents listen. I think this kind of caught everybody blind-sighted. I don’t think, you know, in another form of a cigarette. It’s not another form of cigarette. It’s a much enhanced delivery system, so putting money aside, no matter age, access is the most important thing, but no matter what age you’re going to approve this, kids are going to get their hands on it. The only way for us to educate people is to have people in the trenches sharing that information, so any time this type of product hits the market, there should be part of that money that goes aside to fund some type of prevention effort and we’ll get creative with those funds. We’re doing it with virtually nothing now, so.

REP. CANDELORA (86TH): Right, thank you.

CRAIG TURNER: So in the world of prevention, and we can talk about seat belts of a model of how this
works, you reduce either the accessibility or the availability of the product if it’s a substance. It can be alcohol, tobacco, marijuana, it can be any substance you want, so to the degree which you make it either illegal or extremely costly in terms of violating the rule or the consequence for violating the rule of law that controls the substance, that in essence is your most consistent prevention policy and we know from research that it’s one of the most consistent prevention policies for any product that’s on the market. It doesn’t matter if I have the money if I can’t get to it, it doesn’t matter if it’s available if I don’t have enough money to buy it or someone will give it to me, so I think increasing the price of doing business illegally is a big part of that product and I think school systems and other organizations that have leverage with both parents and the children of those parents can probably be a little more diligent without negatively impacting the educational experience to get that message across. I know some districts are doing tremendous due diligence with these products that are in school now and I know some are just really struggling to find something that works.

On the side of seat belts, you may remember when that came into being. It was pretty hard to get people to put it on and what worked was law enforcement spot checks, $70 dollar fine, basically finding what would work to reduce the likelihood that people would choose not to wear their seat belt, so this would be no different. Finding things that would reduce the likelihood that people would not purchase or use the product and this is really important with tobacco because if we can hold the
use before they turn 21, the odds are they will not use at all ever.

REP. CANDELORA (86TH): Okay, thank you. I think that’s an important point.

REP. MUSHINSKY (85TH): The other thing I would add is that if you’re a high school kid, you probably know a friend that’s 18 and who can buy vaping equipment for you and give it to you whereas if we set the age higher, none of your friends are probably in that age group, so that’s an easy way to reduce the availability.

REP. CANDELORA (86TH): Yeah, that’s true, absolutely. Thank you.

REP. MUSHINSKY (85TH): I mean, you know, you’re not going to have a 25-year-old friend if you’re 17 most likely.

REP. CANDELORA (86TH): Right, and I remember my brother was in high school when the drinking age was 18 and it was obviously much more easier to get access to alcohol because there are seniors in high school that are 18.

REP. MUSHINSKY (85TH): Right.

REP. CANDELORA (86TH): Thank you.

REP. STEINBERG (136TH): Representative Arnone followed by Representative Cook followed by Representative Zupkus.

REP. ARNONE (58TH): Thank you and I know our efforts in my town, you know, the vaping has doubled in the most recent years. We have the Enfield Together Coalition, which does basically what you do and you hit a fantastic point where funding for
prevention is so important. We can only go so far with regulating a substance, whatever the substance is, teens will find a way to get it, either in the black market or otherwise, unless we educate the public and the parents on its -- on the pros and cons of a substance, so the cons of this. So again, DMHAS, which is under us, a lot of grant money goes out towards towns and the local towns to actually do this kind of -- and it works tremendous. It’s worked with big tobacco money. We were able to take smoking rates in our high schools and junior high schools and drop them dramatically and now this has come up and taken its place, so we need to do that same strategy again and spend money on making sure that the public knows of the dangers of vaping and all the new items for nicotine delivery, so thank you for your efforts. I appreciate it. I do support this, but I think we still have a long road in prevention.

REP. STEINBERG (136TH): Thank you, Representative. Representative Cook.

REP. COOK (65TH): Thank you, Mr. Chairman, and thank you all for being here. Mary, as always, you have a passion for things that are vitally important and so thank you for coming in front of this committee. I do have a question, we obviously know that things are accessible at the, you know, at the flip of a switch or a click of a button, so as much as we are trying to ban or regulate a substance or a product, how we combat the issues on the internet sales?

CRAIG TURNER: So if I had that answer, I would not be sitting at this table today. That’s probably the most difficult point of access you can control
because it’s private, it’s individualized, and it’s immediate anywhere you want to be. This makes transactions very easy. You know, certainly regulating the tax side of it may help because if the cost goes up, then that’s a deterrent. We know that worked with tobacco in a very significant fashion in this state. I think you’re really trusting that the vendor on the other end of the door transaction is going to follow the law, just like you would in any other business. The problem here is they can probably pick between one and two hundred different vendors and you don’t know what’s out there on the black market or otherwise, so I think that is the limiting step to controlling accessibility for any substance that any individual, adolescent or otherwise, wants to get their hands on and is compelled to do so by any means possible.

REP. COOK (65TH): I’m afraid we’re going to need a federal law for that and we should talk to our Congress people and U.S. senators.

KEN WELCH: I’d just like to throw out a comment about that. We’re never going to stop every kid from abusing these products, but right now it’s 30 to 40 percent of them that are using it because nobody’s telling them it’s bad. If we have the laws that back up the science, that back up law enforcement, that back up the adults, we can get that number down to a reasonable level. I mean, we’re never going to eliminate, you know, that small percentage of kids that are going to find a way to do this. So internet sales, you know, if we get this back to something manageable, that 5 or 6 percent of real risk takers that we’re never going to control, I think you’re going to save this
generation and the internet sales, you do what you can with them.

REP. COOK (65TH): Thank you and I agree with you. I just know that the internet sales is such a huge problem and our kids would, you know, if they know they can’t get it in a store, they’re going to find it somewhere else and, you know, I think that’s been going on for generations, but our generation never had the ability to click a button and have something delivered to our house in 24 hours. It’s a novelty in some regard, but destroying us in others. And then the only other question I had was you were talking about the group that you work with in your community activism, do you -- you obviously do have a partnership with the schools, correct, or do you?

KEN WELCH: Yes.

REP. COOK (65TH): So can you speak at all to the penalties of which the schools might have for students who are found to have these products that are still banned technically?

KEN WELCH: I’d love to.

REP. COOK (65TH): Please proceed.

KEN WELCH: Actually, I’m going to let Craig speak to that.

CRAIG TURNER: So this is a great question because we came upon discovering I think in 2015, the department -- actually it’s a state statute that went through education, the Department of Education, to instruct schools that if you have a child that violated the tobacco policy in the school, they could no longer suspend them out of school. It was a one or two-day in-school suspension their behavior
was so disruptive that it inhibited the educational experience of other students or that they were a threat to someone; then and only then could an out-of-school suspension be considered.

So this came about because we had a group of very significant players in town, including the school system and the superintendent looking at adding violations of vaping to the district policy, which calls for a tendered out-of-school suspension which could be reduced to five if they participated in a program which our office directs and we attempted to implement that, only to learn from the two high school principals that that would be violating state policy. So they are not allowed to give them an out-of-school suspension for vaping because that’s considered a tobacco product. Now, if they’re caught with a vape that has marijuana in it, that is an out-of-school suspension because it’s more than a tobacco product. They’re not using it for what it was intended.

So they do come through our program. If they reach my door, which is about a 10-hour program that involves your parents, they’re required to participate so they have not only understanding of the dynamics of the products, long-term, short-term, and potential implications for the child, but also the dynamics of how they use the internet, what they’re accessible to, consequences, and all those things that we try to teach parents to do with their kids in order to improve their behavior.

The other thing districts have done is, we have a very active relationship with the major researchers in the country who come out of Yale and they have been to several districts in the state. I think
it’s up to 60 at this point, and because of their frustrations, they’ve actually changed their practice where if you want them coming into your school system, you have to give them time directly with the students rather than just the students -- rather than the faculty and the staff because they want to make sure the students get the message directly. So that’s one preventative step.

The other side is that schools are partnering with communities as part of a community to pass ordinances at the local level raising the age to 21. We actually have our final meeting tonight in our community to adopt that regulation and sent it to the council for approval. We expect that to pass without any problem. We’ve been working on it for quite a while. I think we’ll be the fourth or fifth town in the state to actually pass a local ordinance and then the prevention piece, so it’s added to the health class. We’re getting information into the health classes. The researchers are going into the health classes, as well as large organizations, and then we’re reaching out to the parents with the same information.

REP. COOK (65TH): Thank you and just one final question, I’m sorry, you were speaking about -- obviously we know that things are in the little vials and we don’t necessarily know what they are and they can be whatever they are. Do they have -- Do you have the ability to test on site what is those vials, so you were discussing about students specifically and if it’s tobacco oriented, then you don’t get suspended, but if it’s another type of a substance, you could possibly get suspended, how do you test for that?
CRAIG TURNER: My understanding is that the police department that are on site are called to the schools, have a testing kit to determine whether or not is at least marijuana. I don’t know if they can test for other drugs, but I know they can differentiate between marijuana and a typical pod.

REP. STEINBERG (136TH): Representative Zupkus followed by Representative Michel.

REP. ZUPKUS (89TH): Thank you, Mr. Chairman. Hi, good morning or good afternoon. You know, I agree with you about how dangerous smoking is. I think everybody agrees smoking and vaping that it’s bad and raising the age. I find it very interesting, as you said, Representative Mushinsky, how now there’s a lot of talk here on legalizing pot. It makes no sense to me, quite honestly, but I remember when I was 18 and my two best friends were 18 and they turned 19 in, I apologize. We were 17 and they turned 18 in March and June and my birthday is July 2nd and they changed the drinking age July 1st and I missed it by one day, but they were grandfathered in and what are your thoughts with the military, so we send kids over to all these countries, they smoke, right? In the situations they’re in, I really don’t have a problem with them smoking. It’s probably a stress reliever in a lot of cases and now we’re going to say we raise the age, what do we do about that?

CRAIG TURNER: I would still keep the age at the higher level personally, but the committee may decide otherwise. I just -- When that was -- When the age was lowered, and I remember this, the time period, when the age was lowered, people were coming back from Vietnam and they were making that
argument, well, I smoked over in Vietnam and I should be able to smoke here and that was really why the age was lowered in the state of Connecticut. But nonetheless, there is -- the science is pretty clear that there is damage to the synapses of the brain and I hate to make exceptions. The committee may not agree with me on that, but I hate to make exceptions when I’m looking at the science.

REP. ZUPKUS (89TH): And I believe -- And I’ve always believed science, but I believe you’re right, however, I do find it difficult to, you know, kids can go over and defend us and then smoke and then we’re going to come back and say, well, you can’t smoke here anymore, so I think there has to be some work done in that.

CRAIG TURNER: Yeah, I don’t think the committee -- I mean, you have to asking your drafting attorney, but I don’t think you can make an exception for one category of --

REP. ZUPKUS (89TH): Or you can grandfather, you know, I don't know, but.

CRAIG TURNER: Yeah.

REP. ZUPKUS (89TH): Okay, thank you.

REP. STEINBERG (136TH): Thank you, Representative. I believe Representative Michel’s question was asked and answered. Are there any other questions or comments? If not, thank you for your testimony.

CRAIG TURNER: Thank you.

REP. STEINBERG (136TH): We have now completed the first hour of testimony. We will now start to alternate between members of the public and elected
officials. Our first bill for discussion is House Bill 7198 and first up is Steve Wanczyk-Karp, you can correct me on that, please.

STEVE WANCZYK-KARP: Thank you. My name is Steve Wanczyk-Karp. I’m the executive director for the NASW, Connecticut Chapter, and I’m here today to talk about an act concerning social workers. First we want to thank the committee for raising this bill. The intent of the bill is to make sure that all those individuals who hold social work degrees have a right to reserve their title social workers to themselves and individuals without social work degree should utilize other titles. We believe that was the intent when the committee did raise the bill. The language is actually quite problematic because the language actually ties in to licensing, so current language says that you can only call yourself a social worker if you’re a licensed Master or licensed clinical social worker. That actually excludes all Baccalaureate social workers because we do not license Baccalaureate social workers in Connecticut. It also excludes Master level social workers, MSWs, who do not need to get licensed because they’re not practicing clinical work.

So we have included some proposed language at the end of this -- into my testimony that I have submitted and we look forward to working with the committee to get the language corrected.

There are 35 states that currently protect the title of social worker. We are hoping that this legislature will make us the 36th. Social work title protection is necessary first and foremost to give consumers assurance that they are working with an individual when they call themselves a social
worker that they are indeed a professionally trained social worker. The NASW Code of Ethics states that social workers should ensure that their representations to clients are accurate. Yet those who do not hold a social work degree, they don’t have to practice under a code of ethics and in fact, by using the title, they are misrepresenting their qualifications to the public.

To attain a social work degree requires a comprehensive curriculum and there are other speakers who will speak more to that, I will point out, though, that there are seven schools graduating BSWs, five schools in Connecticut MSWs, and another school that will be starting in the fall. Out of those school, five of our BSW programs and two of our MSW programs are in public universities, so the state of Connecticut has invested a considerable amount of resources into making sure that we have trained social workers and those graduates deserve the right to be called a social worker.

Over the years we’ve had numbers of complaints. We had a complaint from a woman who called me because the social worker kept calling her up, asking her out for a date. It turned out the social worker was not a degreed social worker and there was no place to file a complaint. I’ve had members who have complained about state social workers, particularly in protective services. I remember a school social worker saying I will scream if I have to explain family dynamics one more time. I can tell you fortunately that DCF and DSS are now giving preference in hiring the people with social work degrees, so the amount of calls I receive
complaining about DCF workers is dramatically decreased, but nonetheless, there are still a number of people out there practicing without the degree.

I just want to emphasize --

REP. STEINBERG (136TH): Can I ask you to summarize, please.

STEVE WANCZYK-KARP: Sure. I just want to emphasize that this bill will not cause anyone to lose their job, it just restricts the title so you can call yourself many other things, case worker, social services worker, human services worker, and that’s there are many other professions that already protect the title in Connecticut and we are simply asking to be added to that list as a profession that has been in existence for over a hundred years. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony and thank you particularly for providing your suggested alternative language. Our goal is to protect and inform consumers and not to restrict the ability for people to perform their jobs and it’s very important that we get this right. Thank you for helping us understand the ramifications and as you said, the majority of states in this country have done something about this and it’s high time that we’re looking at it, too. Are there other comments or questions? If not, thank you for your testimony.

STEVE WANCZYK-KARP: Thank you.

REP. STEINBERG (136TH): We’ll return to elected officials. Representative McCarthy-Vahey of the 133rd.
REP. MCCARTHY-VAHEY (133RD): Thank you so much, Mr. Chairman, Senator Abrams, Senator Anwar, ranking members, and members of the committee. I’m up here today on a few different bills. I’d like to reiterate and support what Steve Karp just said in terms of social work title protection. I’m a social worker without a license. I have a Master’s degree and I am grateful that massage therapists have title protection in our state and I would hope that social workers can have the same.

I’m also in support of House Bill 7196 about seat belts. Thank you so much for raising these issues. I’m in full support. I’ve raised this at the Transportation Committee in years past and I’m glad and grateful that you’re moving that forward I hope with a supportive vote. 6365, AN ACT ALLOWING PERSONS WITH INTELLECTUAL DISABILITY AND THEIR FAMILIES TO ACCESS THE REGISTRY OF DDS EMPLOYEES WHO WERE TERMINATED OR SEPARATED, I have constituents who have worked on this issue with me who were unfortunately unable to be here because of the weather, but I would ask for your support. There are folks who are hiring people privately and they do not have access to this information. We need to protect our IDD community.

And finally, I’m here today in support, strong support, the strongest support possible for House Bill 7200 and as I shared with the Children’s Committee, my grandfather, Fred McCarthy, died of emphysema when I was a teenager. I never saw him smoke. He had quit long before his death, but I did watch him struggle to breathe, suffer, and succumb to the deadly effects of a nicotine addiction and I’d bet my life that my grandfather did not start
smoking as a middle-aged man with a bunch of children. I’m here so that our children don’t suffer and die the way that my grandfather did. So I ask for your support for this bill.

You know, the last time I was here before you, a number of you were surprised by some of the statistics that I shared, particularly with respect to vaping. I know that you’re not surprised today. You and members of the public are well aware that as Representative Arnone alluded to earlier, the gains that we have made with combustible cigarettes have been erased by the increase in vaping. So this bill will raise the age of purchase to 21 and for tobacco, electronic nicotine delivery and vaping devices. Since the Surgeon General couldn’t be here with us today, I’ll just share his words from his recent advisory on e-cigarette use among youth; I, Surgeon General of the United States Public Health Service, Vice Admiral Jerome Adams, am emphasizing the importance of protecting our children from a lifetime of nicotine addiction and associated risk by immediately addressing the epidemic of youth e-cigarette use. The recent surge in e-cigarette use among youth, which has been fueled by new types of e-cigarettes that have recently entered the market, is a cause for great concern. We must take action now to protect the health of our nation’s young people. Know the risks, take action, protect our kids.” Thank you very much.

REP. STEINBERG (136TH): Thank you, Representative. I have to agree with you. Boy, what a difference a year makes. We’ve learned so much about the dimensions of this crisis with vaping even in the period of a year. Something that perhaps snuck up
on all of us over the past several years is now a full-blown crisis and thank you for your advocacy, particularly as it relates to this and raising the tobacco age in general to 21. This is very important to all of us and we want to make sure we get this bill right. To your point, whether it’s social workers or improving the registry and the like, often times it’s our ability to shape the language in such a fashion that we’re actually addressing the problem that’s before us. We must do something with vaping and tobacco, that is clear, but I’m very pleased that with your help and those of others, we’re well along the path to fashion legislation that will help us address this problem. Are there others with comments or questions? If not, thank you.

REP. MCCARTHY-VAHEY (133RD): Thank you very much.

REP. STEINBERG (136TH): We now move back to the public and that would be Sharon -- the handwriting is wonderfully flowery, but I can’t read it. I’m going to guess, maybe you know who you are, Sharon.

SHARON GAUTHIER: My name is Sharon Gauthier. Thank you very much for having this hearing. My name is Sharon Gauthier. I’m a registered nurse. I’m in independent patient advocacy nursing practice for the last 15 years. I’m actually here to discuss the bill on social workers, but want to talk to you a little bit about protection of the term nurse, which 42 states protect. The state of Connecticut does not. I came across a brochure about three years in a doctor’s office that said Nurse Next Door. I opened the brochure to see what looked like a VNA. When I looked at licensing number, what I saw was
not a license number through DPH, but a registration number from Consumer Protection.

I then went ahead and looked it up on line to find that they had a registration as a companion and homemaker agency and they were not at all nurses, but companions and homemakers that had nurses within the agency. I then met with the commissioner, Jonathan Harris at the time, and talked to him about how this was possible that a company could come into the state of Connecticut and advertise as Nurse Next Door and they were not nurses. He and his sidekick, Michelle Seagull, who is now the present commissioner, and the fraud department gentleman made it very clear to me that it’s a registration process and nothing more than that.

I then said -- I would dare to say I spoke to Dr. Petit this morning about that if there was a group in Connecticut that showed up that said Physicians Next Door, my guess is that everybody would be wild about it and unfortunately, the lobbying system within the nursing group in Connecticut is not as large as it is with the medical group, so as you look at protecting the term social work, I would ask that you also look at protecting the term nurse, which is utilized quite readily in companion homemaker agencies in Connecticut which there are thousands of.

REP. STEINBERG (136TH): Thank you for your testimony. We appreciate the need to make sure that consumers are very much acquainted with the qualifications and the background of those that would like to take care of them. I’ll just differ with you in arguing I think the nurse lobby is very effective in the state of Connecticut and thank you
for you comments. Anybody else have questions or comments? If not, thank you.

SHARON GAUTHIER: Thank you.

REP. STEINBERG (136TH): Returning to the public officials, Representative Jillian Gilchrest of the 18th.

REP. GILCHREST (18TH): Good morning, Senator Abrams, Representative Steinberg, and members of the Public Health Committee. I’m Jillian Gilchrest. Thank you for having me here this morning. I hold my Master’s in Social Work from the University of Connecticut and am a member of the National Association of Social Work, Connecticut Chapter, and I’m here in support of House Bill 7198, AN ACT CONCERNING SOCIAL WORKERS. Thank you for raising this bill to address the issue of social work title protection; 35 other states, as you probably already heard, protect the title of social worker. I, along with many of my colleagues and fellow social workers are requesting that the legislature pass a law to reserve the title of social worker to those individuals who hold a Baccalaureate or Master’s degree in social work from a program accredited by the Council of Social Work Education or Doctoral degree in social work.

Not only is title protection important, it gives consumers assurance that when they’re working with an individual called a social worker that the worker is indeed professionally trained. This doesn’t restrict persons without a social work degree from performing social service tasks; just that they don’t identify themselves as a social worker. Connecticut statute already protects the titles of
numerous other professions such as psychologists, chiropractors, and occupational therapists. I am asking, as well as colleagues here today that are testifying, that you amend House Bill 7198. As it’s currently drafted, the bill directly ties the title protection to the social work license.

This language prohibits BSWs and MSWs like myself who are not licensed from calling themselves a social worker, even though they hold a degree in social work. I request that you replace this language with substitute language that the National Association of Social Work has submitted. I’m also requesting that the new language be in a separate section of the statute so as not to confuse the general title protection we are seeking from the protection related to licensed social workers.

Thank you for the opportunity to testify and I’m happy to answer any questions.

REP. STEINBERG (136TH): Thank you, Representative. You are recommending a more expansive definition of social worker than is in the bill. Can you explain to us what the ramifications would be if we were to limit it to certification?

REP. GILCHREST (18TH): Certainly. So there are many of us in this state who either get their Bachelor’s in Social Work or get a Master’s in social work, but don’t go on to get the licensing and so by limiting it to the licensing, those individuals who do have even a Master’s degree level like myself wouldn’t be able to hold a job with the total social worker.

REP. STEINBERG (136TH): So I think what you’re saying is regardless of what institution of higher
learning you obtained your Bachelor’s or Master’s degree, that would be sufficient indication of competency as a social worker and the certification would not be necessary?

REP. GILCHREST (18TH): Agreed. Individuals take the additional step to get licensed after they receive their degree to become an LCSW and so yes, if an individual graduates from a school that’s accredited by the Council in Social Work Education and receives that degree in social work, whether it the BSW or the MSW, I do think that they should be able to hold a job with the title social work.

REP. STEINBERG (136TH): Thank you, Representative. Are there questions or comments from other members of the committee? If not, thank you for your testimony today.

REP. GILCHREST (18TH): Thank you.

REP. STEINBERG (136TH): Continuing on the subject of 7198, we have Nina Heller from the public.

NINA HELLER: Good afternoon, Committee Chairs and Committee Members. I am Nina Heller. I am the dean of the UConn School of Social Work and a resident of Hartford. I hold professional social work BSW, MSW, and PhD degrees and have proudly called myself a social worker for more than 40 years. Since 1946, UConn School of Social Work has been educating MSW practitioners and since 2018, BSW practitioners through our Council on Social Work Education accredited curriculum. We have over 8,000 alumni, the majority of whom practice in this state of Connecticut, many in leadership positions in our state and nonprofit agencies.
We support the Department of Public Health’s intent to protect the title of social worker, however, as currently written, the proposed language does not cover all professional social workers who have social work degrees at the BSW and MSW levels. The CSWE accreditation processes are stringent and standard across all states. I have submitted written testimony that provides more detail about that. Our major areas of concern are the inclusion of the BSW practitioners from using the title of social workers. BSW graduates complete a robust curriculum which includes field internships in social work agencies. They are prepared for entry level practice in professional social work.

This proposed language would also disallow our MSW graduates who do not practice clinical social work from using the title social worker. While approximately 75 percent of UConn School of Social Work graduates practice clinically, 25 percent have chosen concentrations in policy practice and community organization. These practitioners serve the state and its people through work at governmental and nonprofit advocacy agencies in many community and policy organizations, in the offices of congressional representatives and senators, and yes, as you’ve heard today, as state representatives. Many of these alumni with the benefit of their accredited educational degrees represent the best of social work professionals.

Finally, this bill as written would deny many of the faculty at the UConn School of Social Work, the very people who are educating and mentoring the future social workforce of the state, from using the title of social worker; this, despite their accredited
social work degrees and their decades of professional social work experience. I support and thank the committee for their raising the bill about title protection. I think it’s necessary and support that, but have concerns about the way it’s written and I support the language that has been proposed and reported on by the National Association of Social Workers, Connecticut Chapter. Thank you.

REP. STEINBERG (136TH): Well, thank you, Dean Heller, for your testimony and for all the good work you do at UConn. Perhaps you would know, of the 35 states that have passed some title protection legislation, are the majority of those in conformance with your preferred definition to include those with Bachelors and Masters?

NINA HELLER: I would like to defer, if I can, to Steve Karp on that, NASW chapter president.

REP. STEINBERG (136TH): I’ll ask you to confine your answer to the question being asked.

STEVE WANCZYK-KARP: The answer is yes.

REP. STEINBERG (136TH): That’s a good answer. Thank you.

NINA HELLER: Thank you, Steve. I know I pay my dues for a good reason.

REP. STEINBERG (136TH): That was a wonderful lifeline you handed off there. Are there any other questions or comments? If not, thank you both and our last public official for today is Representative Wilson-Pheanious from the 53rd.

REP. WILSON-PHEANIOUS (53RD): Good morning, Co-Chair Persons Steinberg and Abrams, Ranking Members
Petit and Somers, distinguished members of the Public Health Committee with a special welcome to Mr. Saud Anwar who has just joined us. My name is Pat Wilson-Pheanious and I represent the 53rd District, Ashford, Willington, and Tolland. Thank you for the opportunity to comment on Raised Bill 7198, AN ACT CONCERNING SOCIAL WORKERS. I must oppose this bill as written, although I applaud the attempt and I’m delighted that you raised the bill. The proposed adjustment to existing statutes may have been intended to protect the public from substandard services by restricting the use of the term social worker to those qualified for practice. Unfortunately, that important goal is not achieved by the language of the proposal. In fact, as it is written, the bill could damage professional practice and undermine the seven institutions that educate professional social workers in our state.

In the bill is proposed the wording of sections A and B that would allow individuals with social work degrees who are not licensed from using the title of social worker. All social workers in Connecticut who have completed a professional course of study from an accredited school of social work should have the right to use the title whether or not they are licensed. The problems presented by the language of the proposed bill can be remedied by leaving sections A and B unaltered and instead, adding a section C, which is the language that was presented by Steve Karp earlier.

It might help to clarify an apparent misunderstanding. Professional social workers in Connecticut practice at the Baccalaureate, Masters, and Doctoral levels, but every professional social
worker is not eligible or required to have a license. Nonclinical preparation is not licensed. Professionally trained social workers may apply their craft in administration, policy, community organization, teaching, and other nonclinical functions including politics. As you are aware, there are many of us representatives who are social workers and we proudly identify with our profession, but we’re not licensed.

In order to be Licensed as Masters Social Worker, LMSW, a person having earned an accredited Masters degree would also need to pass the nationally recognized Masters exam of the Association of Social Work Boards and once licensed as LMSW, in order to be a clinician, that is get an LCSW, she or he would have to complete 3,000 hours of clinical practice, including 100 hours of direct supervision under LCSW or other named professionals and pass the clinical exam.

Protecting the title social worker will help to ensure that the quality of social work practice in Connecticut stays sound. Social work significantly affects the lives of some many people. Social workers practice in industry, advocacy, community planning, and politics. We work in family services, child guidance, hospitals, nursing homes and a bunch of other places and I’ll move along quickly. Restricting the use of social work title will help ensure that when the public seeks competent assistance from our profession, they will be protected by people who would intervene in their lives without the appropriate skill preparation or supervision without the guidance established, the practice norms, the ethical standards. Title
protection promotes high standards and it’s especially important, I think, to note that virtually every other contact profession in the state enjoys protection.

I happen to be an attorney in this state and licensed as such. I would never be allowed to practice law before our courts or call myself an attorney without having completed a carefully regulated course of study and passing the Bar exam. Likewise doctors, physical therapists, psychologists and many, many others enjoy title protection, yet right now in Connecticut, a person with inadequate preparation, with no preparation at all, can hold themselves out as a social worker and undertake the most sensitive work with an unsuspecting public.

REP. STEINBERG (136TH): Representative, I’m going to ask you to summarize, please.

REP. WILSON-PHEANIOUS (53RD): Okay. In Connecticut, today people can be harmed by people who present themselves as social workers who do not fully know what they are doing and there’s no recourse, there’s no way to manage these people or to have any redress if these people are not bound by a code of ethics and are not bound by the kind of training that professional social workers have. So I would in closing just ask to consider a re-write of the bill, including the language in a new section C which is supplied by our friends at NASW and I thank you for the opportunity to comment.

REP. STEINBERG (136TH): Thank you, Representative. There seems to be a growing consensus on how we might approve this bill to address the problem as it actually exists. I thank you for your testimony.
Are there other questions or comments? If not, thank you for your time and for your service to the state in many different ways.

REP. WILSON-PHEANIOUS (53RD): Thank you very much.

REP. STEINBERG (136TH): Next up, returning to the public we have Gabrielle Cyr.

GABRIELLE CYR: Good afternoon, Senator Abrams, Representative Steinberg, ranking members and other distinguished members of the Public Health Committee. Thank you for being here today, especially with the snow, and allowing me to talk to you. My name is Gabrielle Cyr. I’m a resident from Berlin, Connecticut, and a current student at the University of Connecticut School of Social Work. Today I am testifying in support of Bill H.B. 7198, AN ACT CONCERNING SOCIAL WORKERS, with a contingency that the language be altered to that which was submitted by the NASW. As the bill is currently drafted, the title protection over the term social worker will only be applicable to those who are licensed clinical social workers. As a student getting her Master’s degree in social work with a concentration in policy, this version of the bill is alarming to me as I would not be covered with my current Bachelors in Social Work or upon graduation in my with my Master’s in a macro field.

Upon telling anyone that I was majoring in social work, the response I received was “well good luck with that” or some other type of snide remark and I think that this is typical to social workers, mostly because people don’t understand the time and dedication that we put into our education. Through my social work education, I have studied ethical
practice, human behavior, the lifespan, as well as had hard conversations about cultural differences, diversity, and the policies that affect everything I’ve mentioned and more. There is no other educational track that provides the same skill set, knowledge base, and ethical framework as social work does.

Due to this fact, it is inappropriate for anyone without an education in social work to have the privilege to call themselves one and allowing anyone and everyone to use the term social worker, we are devaluing the countless hours social workers have put into their education and practice. In my experience to this day, I’ve spent approximately 1,118 hours in five separate different social work-related internships and have taken approximately 30 social work-focused courses. This, plus the time spent on out of class assignments, conferences, and other educational opportunities, is what makes me feel that title protection for all individuals formally educated in social work is important.

With title protection over social workers, we are not only protecting the extensive and thorough education provided by accredited institutions, but we are also protecting our clients from receiving substandard services from individuals who are wrongfully labeling themselves with an education and training base that they simply don’t possess.

Currently across America, as you’ve heard, 35 states have title protection for the job classification of social worker including some of our neighboring states of Vermont, Massachusetts, Maine, and New Jersey. At the end of the day, it’s as simple as doctors don’t feel comfortable allowing nurses to
claim they’re doctors, just as I don’t feel comfortable allowing anyone without a social work education to claim that they are and that is why today I am urging you to support bill with the amendment provided by the NASW. Thank you.

SEN. ABRAMS (13TH): Thank you for your testimony and thank you for choosing such a noble profession.

GABRIELLE CYR: Thank you.

SEN. ABRAMS (13TH): Are there any questions or comments? Thank you very much, Miss Cyr.

GABRIELLE CYR: Thank you.

SEN. ABRAMS (13TH): Next is Cindy Dubuque-Gallo. I don’t know if I’m reading this correctly.

CINDY DUBUQUE-GALLO: Good afternoon, I’m Cindy Dubuque-Gallo. I’m an LMSW and I appreciate the Public Health Committee raising this bill and allowing me to testify regarding it today. While the spirit and intent of the title protection for social workers, this bill alienates many social workers in the profession as you have heard. I believe and support title protection for social workers. One reason is I once worked in a skilled nursing facility and I was the discharge planner and the social worker actually had a degree in counseling and while clinical social work and counseling are similar, they certainly are not the same. Social workers are beholden to a code of ethics, we’re accountable through the NASW, and therefore it is imperative that someone who is titled a social worker hold the credentials of the field.
Again, while I support title protection, I cannot support this bill as it is written because it effectively disavows my BSW colleagues and my colleagues who hold Masters of Social Work, but chose not to get licensed. Part of the problem is that the bill doesn’t really take into account macro social work practitioners. Current statute requires that social workers hold licensure if they are engaged in clinical practice, however the statute also allows for social workers in non-clinical roles to be exempt from licensure. Pursuant to CGS 20-195q, section C7 and 8, nothing in this section shall prohibit a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients and individuals with baccalaureate degrees in social work from a Council on Social Work Education accredited programs from performing nonclinical social work practice.

We need to protect non-clinical practicing social workers and value the role of macro social workers in the profession as well. Support the language proposed by NASW Connecticut, but would also like to see something added that makes sure that organizations that are hiring social workers actually put in their job requirements that if you are posting for a social work position, then the person should have a social work degree. I think the onus should not only be on the individual applying for the position, but also the agency or organization that is hiring for social workers to protect us in the field. So I thank you for giving
me this opportunity to testify today and I’m open to any questions.

SEN. ABRAMS (13TH): Thank you for being here today. Are there any questions or comments from the committee? Thank you. Mark D. Tardiff. Welcome.

MARK TARDIFF: Thank you and thank you for giving me the opportunity to testify in my support of House Bill 7198. Unfortunately, I approve of this measure in its integrity, but not in its language. I would like to support the propositions that have been made by the NASW Connecticut Chapter and moving forward, good afternoon, Senator Abrams, and the member of the Public Health Committee. My name is Mark Tardiff I’m a senior in a central Connecticut state university social work program and I’m here to testify on 7198. This bill is very important to me as a student entering the field of social work and I thank you for the opportunity to express my thoughts on this bill.

Social work programs are approved by the National Association of Social Worker and the Council of Social Work Education. We are instilled with a particular set of skills, ethics, and values that guide social workers and working effectively in social service agencies and beyond. These include but are not limited to our responsibilities to our clients, colleagues, practice settings, and as professionals. These included the responsibilities and values that social workers hold in high regard, such as service, social justice, the dignity and worth of the individual, importance of human relationships, and above all competence. I will keep it brief in terms of -- for the sake of repetition.
In conclusion, I would ask that you consider if there are other professions that you would trust individuals to execute their responsibilities effectively despite not being formerly trained in the values and ethical principles of that profession. Would you trust a doctor who went to school for business to examine you medically? Would you trust a lawyer that’s never passed a Bar exam? Would you purchase a home inspected by an unlicensed inspector? Of course, there is legislation requiring educational background and licensure to protect consumers in these cases, but the same protections are not afforded to some of Connecticut’s most marginalized and vulnerable populations who would truly benefit from working with a trained social worker. And I’d like to thank you for the opportunity to share my support of this bill and I’d be happy to answer any questions that I can.

SEN. ABRAMS (13TH): Thank you very much and I appreciate you keeping it brief and I think you made your point well in that. Are there any questions or comments from the committee? Thank you very much.

MARK TARDIFF: Thank you.


MICHAEL MARSHALL: Thank you, good afternoon. Good afternoon, ladies and gentlemen, of the Public Health Committee. Thank you for taking the time to gather here today for this important matter. As my colleagues have mentioned, I support Bill 7198 with the additional language added to protect BSW, MSW
students. I’m a licensed Master social worker. I took the exam. I think there’s some clarification needed because I only took the exam in order to become a clinical social worker, someone that does individual therapy with individuals, so a lot of individuals leaving undergraduate programs with their BSW or graduate programs with their MSW don’t have to take the exam unless they have a clinical outlook or want to provide therapy, group therapy, things like that.

That’s why it’s very important that we include this title protection for other students who are in macro community organizing and administrative positions because they are social workers. I completed my undergrad at Eastern Connecticut State University and upon receiving by Bachelor’s in Social Work degree, I consider myself a social worker. I’m on the Windham Taskforce of Child Abuse and Neglect, it’s a taskforce with multiple providers, not just social workers, protecting the town of Windham and Willimantic and raising awareness around child abuse due to recent deaths in the community. I also sit on the board of directors of NASW and I currently work in New Haven at a nonprofit community-based support house, recovery house.

I work with men and women that are reentering the community post incarceration, individuals struggling with chronic homelessness and mental health conditions, clients with co-occurring disorders working on their recovery from drugs and alcohol, and men and women trying to reunify relationships with their children and clients who work exceptionally hard to piece back together their fractured lives, individuals who so desperately want
to find gainful employment, but they do not have a state identification card or Social Security card or do not have the funds to pay for a birth certificate or a state ID, clients who want to attend substance use treatment meetings, groups, IOP programs will have to wait two to three weeks for bus passes provided by VAO.

In conclusion, I’ll skip ahead, social workers are the feet on the ground fighting every day in the trenches for the rights and social justice of all individuals and on behalf of every resident in the state of Connecticut. Our title social worker should be protected for all social workers. Any student who obtains a social work degree from an accredited college or university is a social worker. I ask that you please adopt the substitute language that was submitted by NASW. Thank you for your time.

SEN. ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Thank you very much.

MICHAEL MARSHALL: Thank you.

SEN. ABRAMS (13TH): Kathleen Callahan.

KATHLEEN CALLAHAN: Good afternoon, Senator Abrams, and Vice-Chair Young, and the rest of the committee members. My name is Kathleen Callahan and I live in Stratford, Connecticut, and I’m here to voice my concerns about H.B. 7198, as well. I support title protection for all degreed and licensed social workers and understand the intent of this bill is to do exactly that, however, the current language actually restricts of the use of the title. I am requesting the committee to pass the substitute
language as has been suggested by the National Association of Social Workers. I am currently enrolled in the Master Social Work Co-Occurring Disorder Program at Southern Connecticut State University and due to graduate in May. In addition to my course work, I’m a student member of the Connecticut chapter of NASW and their education and legislative action network and I’m gratefully employed as a trauma in gender coordinator at Connecticut Women’s Consortium.

While I’ve not yet attained a degree in social work, passage and implementation of this bill is very important to me. After a career in software engineering for over two decades, I’ve chosen to transition to social work after grace alighted on December 21, 2011, and began my life in sobriety. I share this because for those in the field of social work, I was their client, multiple diagnoses, multiple admissions, multiple relapses. I am pursuing this profession based on the care provided me and with a deep awareness of how important it is to ensure professionally trained social workers hold the title of social worker, especially for the most vulnerable under their care.

For me, title protection matters for two main reasons: professionalism and the clients. The level of performance I should be required to provide and clients should come to expect are based on successful completion of my education and field work. I believe my responsibility to become a social work professional is obtain appropriate education, training, and experience in the field, stay current of new advances and evidence-based practices, and adhere to the NASW Code of Ethics. I’ve spent six
years transitioning careers, willingly returning to school for an Associate’s degree in the field, and onward to three years in graduate school. In May, upon completion of my graduate studies, I will be fully prepared and excited to carry the title of social worker with all the expectations and responsibilities the profession places upon me.

In closing, I urge you to update the language and support the spirit of the bill. Social work title protection for all graduates of accredited programs will protect the profession and most importantly, the people receiving services. Passage without the language change proposed by NASW will leave clients without the services of a qualified and readily available workforce. With respect and gratitude of your service and consideration, thank you.

SEN. ABRAMS (13TH): Thank you and congratulations on your graduation upcoming and I’m excited for you.

KATHLEEN CALLAHAN: Thank you very much.

SEN. ABRAMS (13TH): I wish you all the best. Are there any questions or comments from the committee? Thank you very much for your testimony. Taylor Endress? Welcome.

TAYLOR ENDRESS: Good afternoon. My name is Taylor Endress and I reside in Manchester, Connecticut. Today I am presenting on House Bill 7198 to the Public Health Committee. I’m a current BSW student and a veteran at the UConn School of Social Work and I’m here to testify on behalf of my cohort. We strongly believe that title protection is important to our profession. As a BSW student, we are currently engaged in rigorous academic training, which consists of curricula in cultural competency,
ethical practice, human behavior, and policy practice and we engage in over 400 hours of volunteer and field work. Individuals that have not gone through such academic training and not earned a degree in social work reflects negatively on our entire social work profession.

Social workers with degrees are bound by the NASW Code of Ethics. These public standards are our ethical roadmap to which we are held accountable. Hence, consumers who are provided inadequate services and/or harmed by social workers in name only do not have adequate reporting mechanisms to file complaints. Although we support title protection for social workers, we strongly believe the language of the bill must be changed to allow social workers who have earned a degree and who do not have a license to continue to call themselves social workers. As BSW students, we are unable to obtain a license in social work. Some of us will work in the field for a few years prior to obtaining an MSW and if and when we decide to an MSW, some of us may be interested in macro level work, which does not require a license to practice.

The deepest roots of the social work profession stem from macro-level social workers who were engaged in social and political action aimed at addressing social injustice which began with the Settlement House Movement. Macro level social work involves interventions and advocacy on a large scale, which affects entire communities, states and even countries. It helps clients by intervening in large systems that may seem beyond the reach of individuals. Finally, banning social workers who don’t have a license but have a degree in social
work from calling themselves social workers is not only disrespectful and a devaluation of are educational degree, but can potentially impact our ability to obtain a job in the field of social work, a field that we’re so passionately involved in. Thank you for your time.

SEN. ABRAMS (13TH): Thank you for your service and for your continued service in this profession and you can let your cohort know that you did a wonderful job representing them.

TAYLOR ENDRESS: Thank you very much.

SEN. ABRAMS (13TH): Are there any questions or comments from the committee? Thank you very much for your time. So that brings us to the end of testimony on 7198, those that signed up for that bill, and we’re going to move on to -- we don’t have anyone signed up for 6527. If you’re here for that, please speak up if you meant to sign up for that, or House Bill 6365. So then we’re moving on the Senate Bill 922 with Dr. Stephan Ariyan. Welcome.

STEPHAN ARIYAN: Good afternoon, Senator Abrams and members of the committee, thank you for the opportunity to allow me to comment today on Senate Bill 922. I’m Dr. Stephan Ariyan, former chair of plastic surgery, Yale School of Medicine, and founding director of the Melanoma Program at the Smilow Cancer Center there. I’ve dedicated my career in plastic surgery to the research and treatment of malignant melanoma, a deadly but largely preventable skin cancer. I come to speak in favor of S.B. 922 on behalf of the Connecticut State Medical Society. Skin cancer is the most prevalent cancer in the United States. Among the skin
cancers, melanoma is the most aggressive type leading to more than 90,000 new cases each year. This incident has been doubling every 15 years, such that it is now the fifth most common cancer in the United States.

The lifetime risk of developing melanoma is now 15 times what it was in 1960 and 75 times what it was in 1935, just before I was born. In 2019, it is estimated that about 4 to 5 percent of the individuals living today in the United States will develop melanoma within their lifetime. Epidemiologic studies have confirmed that melanoma is a result of damage to the skin from sun exposure. It is a preventable cancer and the risks can be decreased when proper action is taken to protect individuals from the damage of the sun. In 2014, the Surgeon General issued a report called “Call to Action to Prevent Skin Cancer” to bring attention to the communities to make changes to combat this disorder. This report calls upon federal, state, and local governments to take action to implement policies to provide increased sun protection for both children and adults.

It also specifically recommends provisions to allow the application of sunscreen to children during school activities. While S.B. 922 addresses one important part of skin cancer prevention, I would urge that your committee examine the issue of sun protection for our citizens in a broader context appropriate for this important public health issue. The Surgeon General’s report calls upon federal, state, and local governments to take action to provide more shade protection structures in the planning of our public spaces and our communities.
Planning of our schools and public spaces does not routinely consider provision of shade and existing zoning regulations in many of our towns do not make any differentiation between structures intended for shade or accessory buildings.

This has created barriers to the provision of such structures to help prevent skin cancer. To conclude, I would urge support of S.B. 922 and respectively request to this committee to also consider the other strategies outlined in the Surgeon General’s report in the interest of health, safety, and welfare of our citizens. Thank you for your time.

SEN. ABRAMS (13TH): Thank you, Doctor. Those are some frightening statistics that you shared and I also appreciate your broadening of the concept. Those are some good ideas to consider for this committee. Are there any questions or comments?

REP. PETIT (22ND): Thank you, Madam Chair. Thank you for your testimony, Doctor. The second part of this under B says each local and regional board of education may adopt policies and procedures necessary by such board to carry out the provisions, etc., etc., I’m wondering if you would perhaps submit to us if you think it’s appropriate whether or not there would be recommendations in terms of type -- some people are concerned about benzones and kids in terms of risks, the different kinds of chemicals that are used.

STEPHAN ARIYAN: I’m sorry. I have hearing aids because I have high frequency hearing pause, so I have difficulty with consonants. It’s not volume,
so if you talk a little slower, I’ll be able to decipher what you’re really asking. I can’t tell the different between hat, cat, and bat because I can’t read your lips from here.

REP. PETIT (22ND): My wife agrees with you completely. I’m wondering if under separate cover whether you’d have specific or general recommendations in terms of recommended products versus products to avoid since there is some concern about things like the benzones and avobenzones in terms of exposure to kids?

STEPHAN ARIYAN: I think the most important thing is to make sure that it’s the proper kind of a sunblock. What we recommend is SP30 or higher. The specifics of the contents are not much of an issue from our standpoint.

REP. PETIT (22ND): Thank you. Thank you, Madam Chair. Anyone else? Representative Arnone.

REP. ARNONE (58TH): Yeah, thank you. I’d just like to take this moment, too. There was a constituent of mine that was supposed to come in today for testimony and she could not. She has emailed everyone her testimony today. Her husband had passed from melanoma and she just would like you to read that if you could, but you bring up a point that I have seen in schools with shade, especially with baseball teams, they don’t do dugouts anymore, exposures of many children to hours and hours of sun. Great point and I’ll bring that home to our board of education. Thank you.

STEPHAN ARIYAN: Thank you very much. I think that’s a very important part about structures because one of the issues that we see in communities
is that the zoning boards have set back rules and even though under the provisions of that community, people may actually have patios that are already established, even though it’s within the setback, it’s allowed because it was already there before the ruling was put in. They are not allowed to put shade structures on it which absolutely does not make any sense.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments from the committee? Thank you, Doctor, for your time and testimony. Dr. Gary Price, please. Welcome.

GARY PRICE: Good afternoon, Senator Abrams, members of the committee. Thank you for the opportunity to allow me to comment today on S.B. 922. My name is Gary Price and I’ve been practicing plastic surgery in Connecticut for 34 years. Skin cancer is a daily part of my practice and I am the former president of the Connecticut Society of Plastic and Reconstructive Surgeons, the New England Society of Plastic Surgeons, and the Connecticut State Medical Society. Representing the Connecticut State Medical Society, I would speak in favor of this bill. Skin cancer in general, and malignant melanoma in particular, have become increasingly important public health issues, as you have heard in the proceeding testimony. They are largely preventable through minimizing harmful exposure to sunlight and artificial sources of UV radiation.

Studies have shown that many individuals receive between 40 and 80 percent of their lifetime sun exposure by the time they reach the age of 18. This underscores the importance of interventions to minimize exposure and prevent sunburns in our
children. According to the Surgeon General’s call for action, which Dr. Ariyan referred to earlier, 44 percent of school systems in 2012 in this country already allow for the application of sunscreen as a strategy for reducing sun exposure during school activities. The country of Australia through its longstanding nationally implemented Sun Smart Program includes sunscreen application as well as many other strategies to reduce sun exposure to students.

The Surgeon General’s report outlines a broad set of public health initiatives to not just focus attention on personal prevention, but also calls on state and local governments to foster policies which promote the provision of shade structures in our educational, recreational, and public spaces. Considerations regarding these concerns have been in general sadly lacking and may also conflict with policies developed long before sun exposure was a public health programs -- excuse me, problem. I believe also that your committee could play an important role in addressing these issues and beginning a dialog at the state level regarding this important matter of public health. In concluding, I would like to thank the committee for entertaining testimony regarding strategies for limiting sun exposure and reducing lifetime risk of skin cancer in our children and affirm our support for S.B. 922. Thank you.

SEN. ABRAMS (13TH): Thank you, Dr. Price, excellent testimony. Any questions or comments from the committee? I think we share your concerns and look forward to working on this. Thank you. I don’t
have anyone else signed up to speak to S.B. 922, so we’ll move on to Senate Bill 923 and Maureen Dinnan.

MAUREEN DINNAN: Thank you, Senator Abrams, Representative Petit, and members of the Public Health Committee. I am Maureen Dinnan. I am the chief executive officer of Haven. Haven is the healthcare professional assistance program that was created pursuant to general statute 19A-12A and that is the statute that the Connecticut Association for Behavior Analysts have asked on that be expanded in order to include behavior analysts within the purview of our Haven program. Haven essentially is a health accountability program. It was created by this statute so that we could encourage our healthcare professionals within the state of Connecticut to take care of their health and wellness, to be mindful of mental health, chemical dependence, chronic physical illness issues without the fear of public discipline.

So Haven is in support of having the licensed behavior analysts be part of our program, but since Haven’s creation in 2007, the referrals to Haven have been really exponential and in 2015, we came to the legislature and professionals agreed that the licensing fees could be increased by $5 dollars in order for the Haven program to continue and sustain. So attached to my written testimony, you will see proposed substitute language and that substitute language indicates that the licensing renewal fee, because all the other professionals who are covered within Haven, it’s their renewal license fee that was increased by $5 dollars.

We’re asking that the same $5 dollars be added to the behavior analysts under Section 20-185K and then
to follow, the Section 19A-12D would need to be revised so that that $5 dollars would be transferred to the professional assistance account and that account essentially enables Haven -- it accounts for approximately 50 percent of our operating budget. We really could not continue without that funding.

Since 2014, our referrals have increased by more than 50 percent and so we are more than willing embracing of the behavior analysts within the program, but we ask that the same funding provisions that apply to the other professionals apply to that category. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony and thank you for all the good work that you and Haven do on behalf of people with serious needs. It is alarming that the exponential growth of the referrals you describe have put you in such a difficult situation and I take you at your word that if we fail to take some sort of appropriate action, it’s going to put the entire program in jeopardy. This is not the first time we’ve had this bill. We’ve struggled in the past to find a way to assure transfer, any fees raised to support the program, so I’m hopeful that this year we’ll get it right. Thank you explicitly for your recommendations on what needs to change. Any other questions? Yes, Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you very much for your service to hundreds if not thousands of people, but I wonder, there’s a lot of new people on the committee and I wonder if you would just take 30 seconds, 45 seconds, and tell people on the committee the groups of people that
Haven provides services to because it’s not just MDs or MDs and nurses, it’s many groups.

MAUREEN DINNAN: So in 30 seconds or less, essentially Haven is responsible for all licensed healthcare professionals that are providing healthcare services, so it goes from acupuncturists to veterinarians. We have within Haven currently, you’ve heard a lot about social workers today, we have licensed clinical social workers, we have physical therapists, we have respiratory therapists, we have nurses, we have doctors, we have veterinarians, we have dentists, we have dental hygienists. These -- You know, this is such a human condition that we’re dealing with, so essentially anyone who has human DNA is potentially vulnerable to the mental health conditions that could potentially impact them at work, so there is more than 30 different disciplines and pretty much all of them are represented.

REP. PETIT (22ND): Thank you very much. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): So to clarify, are there any other organizations in the state of Connecticut that do what you do or can supplement it?

MAUREEN DINNAN: No. When the law was created, it was required that there be a single assistance program and the reason for that is because we’re serving also under some circumstances as an alternative to discipline program, so if a professional is not compliant with our programs so there could potentially be a risk in the patient care that they deliver, we are required to notify the Department of Public Health.
REP. STEINBERG (136TH): Thank you. I wanted to make sure that that was into the record so everybody understood. Any other questions or comments? If not, thank you again for all your good work and for testifying today.

MAUREEN DINNAN: Thank you.

REP. STEINBERG (136TH): I believe that’s the only person to testify on Senate Bill 923, so we’re going to move on to House Bill 7195 and Jim Leahy from the Physical Therapists.

JIM LEAHY: I haven’t testified in a while actually. Thanks for the opportunity to testify here today. We have submitted testimony from Michael Gans, who is the president of the Connecticut Physical Therapy Association. He’s not available to make it today because snow wreaks havoc with healthcare providers’ schedules and patients and staffing and so he asked me to fill in. We are here to testify in support of House Bill 7195, which changes the composition of the physical therapists’ board of examiners. The same bill was passed by this committee and the House of Representatives in 2012 before failing to be acted on in the Senate. The last time the Physical Therapy Board of Examiners was changed was in 1977. Suffice it to say that physical therapy doesn’t look like it did in 1977. At the time, it was a Bachelor’s degree. It is now a Doctoral program. At the time, we didn’t have direct access. We’ve now had direct access comprising as much as half of patient loads for physical therapists since then and we’ve had that for more than a dozen years.

If you look at the ten healthcare licensing boards at the Department of Public Health, this is the only
one that includes a healthcare professional license in something other than the section of the statutes that the board applies to. This is really a modernization of the practice act to comply with and comport with what practice looks like currently and also, the MD position on the Physical Therapy Board of Examiners has been vacant for five years and hasn’t been filled I assume because there’s no interest. Connecticut Physical Therapy Association would like to names forward for that slot so they can have a full register on the board. There are currently two openings which can make it challenging to get a quorum for meetings and the purpose of the board is to protect the public and we’d really like to do that, so we thank you for the time and I’d be happy to answer any questions.

REP. STEINBERG (136TH): Thank you, Jim, for responding quickly and stepping into the shoes, dare I say the snowshoes, of your association president and it does seem eminently sensible to bring physical therapists in line with virtually every other organization that DPH has oversight and I’m still scratching my head as to why it didn’t get through the Senate last time. Perhaps we can get it started earlier this year. Are there any other comments or questions? If not, thank you for your time. Enjoy the rest of the day.

JIM LEAHY: Thank you.

REP. STEINBERG (136TH): We are going to move on to House Bill 6148 with Mina Ahn Madore. Is she not here? So then next up would be Patricia Donovan. We’re going to move on then to House Bill 6146 and Patrick McCabe. As we zip through the bills today, we are up to Senate Bill 921, Nathan Tinker.
NATHAN TINKER: Chairman Abrams and Chairman Steinberg, Senator Somers and Representative Petit, and members of the committee, my name is Nathan Tinker. I’m the chief executive officer of the Connecticut Pharmacists Association which represents more than 1,000 pharmacists, technicians, and students across all sectors of the pharmacy industry in Connecticut. I am pleased to submit testimony in strong support of S.B. 921, but I’d also like to comment on S.B. 4 and H.B. 6543 as we go through. You have my written testimony so I’m just going to summarize a little bit. Regarding 921, a pharmacist’s expertise can help unveil medication adherence problems, medication interactions, and in general, can increase patient satisfaction as their collaboration with providers help to tailor a patient's medication regimen to their individual goals and needs.

This has already shown to be successful in collaborative practice agreements between physicians and pharmacists. Here in Connecticut, we have some 41 health professional shortage areas, or HPSAs, where primary care needs are not being met, yet we have over 2,800 highly trained pharmacists ready to provide advanced healthcare services to our citizens. Allowing APRNs and pharmacists to work together through collaborative practice agreements presents a huge opportunity to address this crisis. Regarding S.B. 4, pharmacists are squarely at the interface of drug cost and patient access. We encourage you to move forward aggressively to study, understand, and respond to this challenge and as I said in my written testimony, if you want to have real insight into how consumer drug costs work, how
patients respond and potential strategies to fix it, ask a pharmacist.

And finally regarding H.B. 6543, pharmacists understand that cigarette smoking impacts the health of their patients, but community pharmacists have something else to worry about. Cigarette smoking has been shown to affect drug therapy by both pharmacokinetic and pharmacodynamic mechanisms. Quitting smoking is difficult, but tobacco cessations aids paired with counseling can help research -- can help, I’m sorry. Research shows that patients who use a tobacco cessation medication are much more likely to quit. Recognizing the safety and efficacy of varenicline (Chantix) and bupropion (Zyban), the FDA removed their black box warning labels in 2016, something that had never been done before. Pharmacists are a great solution for increasing access to tobacco cessation services and tobacco cessation products and medications and concerns related to the side effects or other rare, unlikely safety concerns pale in comparison to the fact that for every three people who continue to smoke, two of them will die of a smoking-related illness. No matter what statistics are reviewed, helping people quit smoking will always be the best outcome from a public health perspective. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. With regard to Senate Bill 921, I’m not sure I’m clear as to your testimony about the collaborative relationship between nurses and pharmacists. Could you please explain a little further what you were referring to?
NATHAN TINKER: So collaborative practice permits, right now in Connecticut, permits doctors and pharmacists to work together in certain collaborative arrangements and agreements that allows them to work as a -- basically as a team; 921 would extend that same capability to APRNs and pharmacists, which right now they cannot do. So basically it’s taking the statute that’s already been applied to doctors and applying APRNs into that as well so that pharmacists and APRNs can work collaboratively.

REP. STEINBERG (136TH): Could you give me an example of how that is currently done between MDs and pharmacists?

NATHAN TINKER: Well, one might be that they’ll work on a particular -- work together on a particular patient. The pharmacist will follow the pharmacovigilance, designing, assessing, and understanding how the medication process and here as its taking place while the physician is working on other aspects of that relationship, so the pharmacist actually takes over a certain part of the patient responsibility, takes off the doctor’s hands, and focuses on specific parts that the pharmacist has specialty in.

REP. STEINBERG (136TH): And just to clarify further, then the pharmacist would be responsibility for subsequent interactions with the patient and also advising the doctor --

NATHAN TINKER: They can be, yes.

REP. STEINBERG (136TH): Thank you for that. Are there other questions or comments? Yes, Representative Michel.
REP. MICHEL (146TH): Thank you, Chairman, thank you for testifying today. Just curious about the use of tobacco, do pharmacies currently have any written regulation about the danger of smoking and steps like that or outreach campaigns, pictures of --

NATHAN TINKER: Informally, yes. They do. They are not necessarily a standardized process for that in Connecticut, but they do have that. Other states have had pharmacists prescribing tobacco cessation products for quite a while, New Mexico for almost 15 years, so there’s a long history of this being safe and efficient and a way of expanding that access.

REP. MICHEL (146TH): Okay. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you for your testimony today.

NATHAN TINKER: Thank you.

REP. STEINBERG (136TH): Next up is Danielle Morgan. Is Patrick McCabe back in the room?

PATRICK MCCABE: Thank you. Sorry to miss my turn in the queue. Thank you.

REP. STEINBERG (136TH): I expected with your vast experience, that would never happen.

PATRICK MCCABE: Thank you. Members of the community, Chairman Steinberg, ranking members, thank you for the opportunity. I’m here on behalf of Dr. Larry Newell, Vice-President for Education Services and Co-Medical Director of Ellis and Associates. Larry’s plane was cancelled today, so he couldn’t be here, so I get to do this. I rarely get up in this position, so I will do my best. I’m
here to testify in support of H.B. 6146. Ellis and Associates would like their CPR/AED and first aid training courses recognized by the state as equivalent to other national training organizations currently written into Connecticut law. By doing so, they can meet the demands of their current Connecticut clients, expand their operational footprint here, enable them to better achieve the company’s mission of saving lives through education and training.

So when the company approached DPH and the Office of Early Childhood, they were informed that the agency does not have the authority to certify an organization for CPR training. Now that’s pretty unusual. Most all other states certify organizations for CPR training another way than listing them actually in state statute as we do here in Connecticut. So currently the statute lists four organizations approved to issue CPR training certificates.

The legislature last added to that list in 2014. So what the bill would do would permit the Department of Public Health to approve organizations that are certified to provide CPR, AED, and first aid training rather than having them specifically listed in statute. Just a brief background on Ellis and Associates, they have been in operation for 33 years. They are an international company, second largest provider of lifeguard and aquatic supervisor training in the world. They certify 40,000 lifeguards annually. They were the first to provide a comprehensive lifeguarding curriculum that incorporates water rescue skills, CPR, AED, first aid, and oxygen administration. So what happens is,
in Connecticut, they will do some lifeguard training for their client, whether it be a town pool, municipal rec, high school swim club, who has to then get another organization that is certified to do CPR. It costs them more money, it’s not as efficient.

I will jump to the end or not. Quickly, so Connecticut we believe has the most restrictive wording relative to acceptance of CPR training. Other states use language like in accordance with the programs at AHA, ARC, or other programs approved as equivalent, which would include Red Cross, American Heart Association. In fact, I did find today, Connecticut does that in one section for athletic trainers in institutions of higher education. I will note that DPH has submitted testimony so they did not have the resources likely to take on the certification, so we go back to the position saying then the language should either list the company or say that it is certified in accordance with the standards that the others are and that would be -- that would be fine with us.

I’d be happy to answer any questions.

REP. STEINBERG (136TH): Thank you for stepping in to testify today. Yes, this is a bill that we’ve considered before and I’ll admit that my preference is not to name companies explicitly and I appreciate your comments with regard to a way in we might be able avoid that statutory language going forward and ideally not create an undue burden for DPH as well. I’m hopeful that we, with your help, get to that appropriate language this time. Are there other comments or questions? Representative Comey.
REP. COMEY (102ND): Hi, thank you. So regarding your -- the bill is saying that the automatic external defibrillator and other training courses in the use of DPH would approve is in the administration of first aid, I see, so I was wondering if epinephrine and that is a part of that training, administration of epinephrine and training on that?

PATRICK MCCABE: I would assume it is, but I can’t answer that a hundred percent, so I will get that answer for you.

REP. COMEY (102ND): That would be fantastic.

PATRICK MCCABE: Sorry.

REP. COMEY (102ND): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other comments or questions? If not, thank you for your testimony.

PATRICK MCCABE: Thank you.

REP. STEINBERG (136TH): We’re going to go backwards once again to those who were going to testify on 6148, Mina Ahn Midore, please?

MINA AHN MIDORE: Good afternoon, Chair Steinberg, Chair Abrams, Vice-Chair Lesser, Vice-Chair Young, and distinguished members of the committee. My name is Mina Ahn Midore and I ask that you pass out of committee House Bill 6148, AN ACT ESTABLISHING A TASKFORCE TO STUDY ANAPHYLAXIS AND THE FOOD ALLERGY EPIDEMIC. I’ve been a resident of Ridgefield for the past 23 years and I was also born and raised in Connecticut. I have a 17-year-old son who was diagnosed with several life-threatening anaphylactic
food allergies at 18 months. I have personally advocated for my son as well as other food allergy families. Unfortunately over the years, I have witnessed that with little or no support, awareness, and education in Connecticut, food allergy families have to fight for safety and equal access in every environment outside of their homes, including in schools and in restaurants.

Presently there are 15 million people that have food allergies, one in 13 children and one in ten adults. According to the CDC, food allergies are responsible for approximately 300,000 emergency department visits and 150 to 200 deaths each year. Also, Connecticut is among the top five states in the country for food allergy diagnoses and anaphylactic reactions, as studied and reported by Fair Health Report. The need to establish a taskforce to study and ultimately regulations for the food allergy population in Connecticut is essential for various reasons. As I mentioned, the safety of any food allergic person is a constant struggle in environments across the board in order to prevent a life-threatening reaction.

Our state is currently dealing with a fiscal crisis and addressing and accommodating food allergies would help decrease the cost burden on food allergy families and ultimately draw more people to live in Connecticut. I know that my son and other children with food allergies are looking to go to colleges in states that have implemented food allergy laws and ultimately reside in those states. These children are your future workforce and I know we would all benefit from making Connecticut a destination place to live.
I’ve also been working on trying to pass a restaurant safety law in Connecticut, which when passed, would also help the economic welfare of Connecticut. Restaurant safety laws have been successfully implemented in several other states. According to the recent CDC report, less than half the restaurant staff that was surveyed received training on food allergies and half of fatal food allergy reactions over a 13-year period were caused by food from a restaurant or other food service establishments. I personally know many food allergy families that refrain from eating out or limit their dining experiences to restaurants that are knowledgeable about food allergies.

Due to this fact, the restaurant industry is currently losing revenue and the revenue loss will escalate since the food allergy epidemic continues to rise. Restaurants are in the business of food, so it is only logical that the restaurant staff be trained in food allergy awareness. Additionally, with that knowledge and education, any restaurant liability would decrease while again revenues would increase.

I recently had an experience while dining out with my son and the waitress did not know that cheese contained milk and vehemently argued with us about this. These types of interactions and accidental exposures are too numerous to list and could be prevented with some basic food allergy training. I’m so grateful that these food allergy bills are being considered and I’m confident that the Department of Public Health in the state of Connecticut will recognize the growing food allergy epidemic as a public health concerns as it has been
recognized on a federal level. Thank you so much for your time and consideration today.

REP. STEINBERG (136TH): Thank you for your testimony and I’m particularly taken by your economic and young people’s jobs argument that we ought to consider as well. Tell me, do you know for what reason there might be for why Connecticut ranks so high in terms of number of allergic reactions and anaphylactic shock? Fifth among other states is really an extraordinary ranking.

MINA AHN MIDORE: I actually don’t know scientifically why that is. I do know that possibly with some added education and resources and awareness building, that may prevent the emergency room visits and prevent anaphylactic reactions. Therefore, the taskforce for the food allergy, the taskforce I’m supporting here, could possibly help that situation.

REP. STEINBERG (136TH): Thank you. Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you -- don’t go away.

MINA AHN MIDORE: Oh, I’m sorry. I thought you were excusing me.

REP. PETIT (22ND): No. Thank you for your testimony and advocacy. I’m wondering if you have, since you’re on the front lines every day, if you have one or two or three very specific recommendations, what would be at the top of your list for simple recommendations that would make a different when you and your family walk into a place? Education is a broad issue, trying to
educate everybody. It’s going to be hard to get everyone to figure out, you would think it would be easy, but obviously if someone doesn’t know that there’s milk products associated with cheese, we have a big issue. So what do think is the most straightforward things that could be done from your point of view on the front lines?

MINA AHN MIDORE: With respect to which environment, restaurants, schools, or just in general?

REP. PETIT (22ND): Probably restaurants because I think there’s lots of them, lots of types. They employ people all the way from part time, you know, kids that are 16 years old, to people who have been there for 30 years, so it’s a wide array of people at different levels of education. It makes it difficult to get everybody on the same page, I think.

MINA AHN MIDORE: Right, and as I stated, restaurants are in the business of food, so I feel as though they should especially be educated on the prevention and treatment of food allergy and also with respect to cross-contact, I think that a lot of the restaurant staff is not really educated say about the detrimental anaphylactic -- potential anaphylactic reactions due to cross-contact when preparing a meal, so with respect to restaurants, I think having perhaps the certified food protection manager trained and certified and therefore embedding the food allergy training within the typical staff training would help. Also perhaps a notice on the menu stating which dishes contain the top eight food allergens, possibly incentives, as well built in.
REP. PETIT (22ND): Well, that’s an interesting point. I wonder from your point of view the incentives, given that people are very motivated in this regard in the way social media works these days, do the parents or the families of folks with food allergies communicate and say hey, this place and this place and this place are really sensitive to it and drives business that way because of the service they provide?

MINA AHN MIDORE: Yes, there are several states that have passed the food -- the restaurant food allergy law and they become -- once they are certified, I think Massachusetts is one of the states, that they have a database and their restaurant is then deemed food allergy friendly and then patrons can go and look up those restaurants and it actually helps draw the customers and increase revenue for some of those restaurants.

REP. PETIT (22ND): Do you know in Massachusetts if restaurants have to do that or that’s an elective certification?

MINA AHN MIDORE: I believe it’s elective, I believe it is.

REP. PETIT (22ND): Interesting. Thank you. Thank you for your testimony. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Representative Hennessy.

REP. HENNESSY (127TH): No, don’t leave yet, one more. Thank you, Mr. Chair. Thank you for your testimony and your leadership on this issue. I know when I was growing up in the 1960’s, I didn’t know anybody that had food allergies and now there’s lots
of people with extremely dangerous food allergies. Do you have any comments on that?

MINA AHN MIDORE: I was born in '68 and I had the same experience. I didn’t know a single person with food allergies and there are so many and I’ve advocated for many children within the school system and I just see just growing and the rates are continually arising and it’s just -- it’s very difficult because food is something that you have to encounter every day and just navigating the school system alone is difficulty, but I’m with you, that I actually didn’t grow up knowing with anybody with food allergies and in fact, it’s not really just a childhood illness, either, anymore, because more and more adults are being diagnosed with food allergies, as well, so that’s also what I’m seeing in the population.

REP. HENNESSY (127TH): Okay. Well, thank you again for your testimony. I would just posit that this increase in food allergies go along with increases in ADD and autism. We’re having a spike in that that’s not being addressed by public health officials and I posit that these are a direct relation to vaccines. Unfortunately, we are supporting that and I hope we can change that dialog. Thank you.

REP. STEINBERG (136TH): Representative, I would agree with you that we have seen an increased incidents of all of the things that you mention, but I would also argue there are over 30,000 chemicals of which only a few hundred have been evaluated by the federal government and it’s probably an issue much broader than simply vaccines. The number of chemicals we’ve introduced into the environment, our
foods and you name it, and we do not know the ramifications of this. This is really sort of a silent spring for humans in a very different fashion, but I think -- I would argue that it’s much broader than just one type of something we’re ingesting. Representative Michel, you had a question followed by Representative Comey.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for testifying today. So I deal with this issue just about every day. I’m vegan and part of the vegan community and some, not myself, but some of the -- a lot of my friends actually are vegan and also have allergies to dairy products, so they can’t go to a restaurant because they’re really like scared and in fear of any cross-contamination. Are you familiar with any ways where cross-contamination had been addressed? I truly believe that education is key here and that hopefully the taskforce, which I’m in support of, would probably bring in some ideas of how to make sure that everybody that works in a restaurant or in a school kitchen understands do you have an understanding of cross-contamination, are you aware of any -- sorry, going back to my question, but any ways that have been addressed to lower the cross-contaminations or?

MINA AHN MIDORE: Well, I am aware of certain restaurants that have separate sections of the kitchen where they cook foods that are allergen free and/or they will use utensils and such to cook allergen-free foods once communicated.

REP. MICHEL (146TH): Is it required by the health department?
MINA AHN MIDORE: It is not in Connecticut, so I’ve been working on trying to pass a restaurant safety law.

REP. MICHEL (146TH): Okay. Thank you for that and thank you for testifying again. Thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): To Representative Comey.

REP. COMEY (102ND): Thank you, Mina, for coming up and coming through for this issue as the first one here practically when the doors opened. So actually you quoted 15 million as a statistic, I think, in your testimony and actually it is 31 million because of a survey that was just released last month, so I just wanted to update that. It’s, you know, moving very fast here and much of them were adults. It’s one in 11 adults, 1 in 13 children under 18. The taskforce will be important to look at not only I think the restaurants, which is something that you’ve been working on, you’ve spoken with the Surgeon General’s office, you’ve spoken with Ming Si on the great work that they did at the Massachusetts, but I think that we’re also talking about some of the first line responders that were -- that -- as well as the education issues that you mentioned and I think that this taskforce is an important -- will play an important part in that, so thank you very much. Thanks for coming up. I won’t ask you any more questions, but I appreciate you supporting the bill.

MINA AHN MIDORE: Thank you so much for your time and consideration today.

REP. STEINBERG (136TH): Thank you. Next up is Patricia Donovan.
PATRICIA DONOVAN: Good afternoon, Chair Steinberg, ranking members, and distinguished members of the committee. My name is Patricia Donovan from Southport, Connecticut, and I ask you to support and joint forward H.B. 6148. I’m a parent of children with multiple life-threatening food allergies and a food allergy advocate at the state and local level. I have co-initiated two food allergy related bills which have both been enacted into law and served as a panel member on food allergies as a school health issue at the last two Connecticut school nurse conferences. Food allergies are an epidemic which is increasing in prevalence and its most dangerous consequence, the severe and potentially fatal reaction called anaphylaxis is becoming more common. I am not a scientist, but I have been thrust into the world of translating health and science into public policy in order to help my children and others safely and fully navigate their world.

Food allergies affect how families feel their children, impact how and where they buy their food. It affects how children attend school, needing Section 504 accommodations plans to safely attend and be included in their learning environment, how they participate in before and after school activities, access the school nutrition program, and receive emergency care. It affects how a family can travel, eat out at restaurants, buy shampoo and soaps, how often we see our doctors and access specialists like allergists, pulmonologists, and nutritionists. It affects a family’s income by requiring expensive emergency medication, special foods, and we are heavy users of healthcare. It affects how a child can safely attend a university,
how a young person enters the workforce, and how often we end up in the ER.

When my children were diagnosed about 17 years ago when they were born, the prevalence rate was one in 25 children and no one talked about adults having food allergies as it was believed that this was only a childhood condition that resolved with age. Today, food allergies affect one in 13 children, one in 11 adults, and are more than 30 million Americans. Let me be clear; there is no cure for food allergies. Food allergies affect every aspect of a person’s life, as well as those living around them and its impact is felt throughout our state and our communities. According to the Fair Health Report published in November of 2017, as stated, in Connecticut, we are among the top five states in 2016, both with the highest percentage of food allergy diagnoses and anaphylactic food reactions. This has a definite fiscal impact on our state, as well as having an impact on the quality of life of our citizens.

From 2007 to 2016, claim lines with diagnoses of anaphylactic food reactions rose 377 percent. Laboratory services associated with diagnoses of anaphylactic food reaction increased 871 percent in utilization, while charges for those services increased over 5,000 percent in the same period. Let me add that the food allergy had the highest average cost in services per patient in 2016 and generally tends to be associated with the youngest and most vulnerable patients, our infants and toddlers, as it has to do with prescription formulas as milk allergy poses an eminent risk to nutrition and growth. The state must be covering the cost
differential of these expensive formulas for our low-income families.

Despite these facts, the CPH, the Connecticut DPH has been decidedly absent and completely silent on food allergies; it has provided neither information, policy, analytics, nor advocacy to those of us affected by it. For example, we have been experiencing a national shortage of epinephrine auto-injectors which has made it near impossible for us to fill our prescriptions. The impact is real and serious. In December, my 16-year-old daughter had an anaphylactic reaction and I had to make the split second decision to use an expired Epi-pen so that she could retain possession of her current prescription which was not expired. No family should have to face this. The DPH has never yet mentioned this shortage and it’s coming up on almost a year. It has never promoted the availability of the alternative injector called Auvi-Q, which is available free of charge to patients with commercial insurance and now a year later, still nothing.

As a committee, you recently discussed the switch from auto-injectors to syringe for the administration of epinephrine by EMTs. I wonder if the DPH even knows there’s a new product on the market called Symjepi, which is a prefilled epinephrine syringe. If you took --

REP. STEINBERG (136TH): I’m going to ask you to summarize shortly.

PATRICIA DONOVAN: Yes. I would like to just say that the Connecticut Department of Public Health claims in its most recent strategic plan that it should be the lead agency in the protection of the
public’s health in providing health information policy and advocacy. It further states that it is a source of up-to-date health information and analytics for the governor, the general assembly, the federal government and local communities. How can the DPH lead when it so far behind? Thank you

REP. STEINBERG (136TH): Thank you for your testimony. We do count on DPH to be the authority and the information resource on this. Perhaps some of their issues are what the legislature has inflicted by cutting their budget on a regular basis, so we need all the help we can get to make them as efficient as possible in the communication task. You mention the shortage which is approaching the year. Can you explain the reason for the shortage of those?

PATRICIA DONOVAN: Mylan suffered a -- well, a manufacturing delay. There was a problem and there was a recall on some of the injectors and they were looking at their manufacturing plan and nothing has resolved since then, although if I’m connect to Food Allergy Canada and they’ve announced in Canada that there’s no longer a shortage there, but we’ve heard nothing from Phizer U.S., so I’m wondering what’s going on, if it has to do with the fact that Auvi-Q is being released on the market in Canada, so it could be a market share play.

REP. STEINBERG (136TH): It sounds like we need to involve our federal congressional delegation.

PATRICIA DONOVAN: And we are in touch with Senator Blumenthal, but where is the DPH on this.

REP. STEINBERG (136TH): We will look into that. Thank you. In terms of the taskforce, would you be
prepared to share some very specific criteria that the taskforce should be looking at?

PATRICIA DONOVAN: Oh, absolutely. I didn’t have time to mention that in my -- Data collection is one of the biggest deficits here in the state. We don’t collect any data on food allergies, what age groups are being affected, what types of allergies do they have, what is the severity. The biggest captured audience we have are our school children and the school helps survey that is administered through the nursing department is voluntary. We should be collecting data through the school health survey and we could certainly get a real handle on what the situation is amongst our children and we don’t even do it.

REP. STEINBERG (136TH): Thank you. Representative Klarides-Ditria.

REP. KLARides-DITRIA (105TH): Thank you, Mr. Chair, thank you for your testimony here today.

PATRICIA DONOVAN: Thank you.

REP. KLARides-DITRIA (105TH): Great information. I’m just wondering, I’m looking on DPH. They submitted testimony about the Conference for Food Protection Allergen Committee, did you know about that and --

PATRICIA DONOVAN: Well, I know the food code is changing, but that certainly doesn’t alleviate or take away the responsibility for the DPH. If you look at our universities in the state of Connecticut, many universities across the country, those food service providers are already adapted to the dietary restrictions and allergen safety rules.
How is that our universities in the state of Connecticut are already operating on a daily basis, safely serving students, thousands of them, several times a day and our restaurants can’t figure it out.

REP. KLARIDES-DITRIA (105TH): Right. Did you sew what their task is?

PATRICIA DONOVAN: Yeah, they’ve got a lot going on.

REP. KLARIDES-DITRIA (105TH): Right, that evaluation of major food allergen disclaimers about the methodology and --

PATRICIA DONOVAN: Yes, and certainly federal legislation regarding food labeling is an issue because food labeling, some of it’s voluntary and it’s not very clear and we have new top allergens, like sesame that is being asked to be added to the list, so it is complicated.

REP. KLARIDES-DITRIA (105TH): I guess my question is, do we want to two studies going on at the same time? I mean, theirs is supposed to come out by 2020.

PATRICIA DONOVAN: Right, but the taskforce is not specifically geared toward just restaurants and certainly we could start activating by using training programs like Aller-Train, who is active in many states in training restaurants and universities, and they have training programs that are not expensive that go in and talk about what are the top allergens, how can you eliminate cross-contamination, how can you safely communicate between the patron and the server and the back office.
REP. KLARIDES-DITRIA (105TH): So are you -- So you’re under the impression that we’re not doing that now?

PATRICIA DONOVAN: We’re not doing that now.

REP. KLARIDES-DITRIA (105TH): None of our restaurants are doing that?

PATRICIA DONOVAN: No.

REP. KLARIDES-DITRIA (105TH): And they’re supposed to per DPH?

PATRICIA DONOVAN: No, there’s not. There’s no rules concerning safely serving patrons with food allergies.

REP. KLARIDES-DITRIA (105TH): Okay. Thank you for your testimony.

PATRICIA DONOVAN: You’re welcome.

REP. STEINBERG (136TH): Thank you. The representative brings up a good point that we have an ongoing study, but it also sounds like you have specific recommendations that don’t require the conclusion of a taskforce to be of use to us and we’ll take those very seriously.

PATRICIA DONOVAN: Absolutely.

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. So I’m new to this committee. I got on the Public Health Committee pretty much for these kinds of reasons that I really feel that we are not serving the public, protecting their safety. We see spikes in so many areas that are epidemic to this time that is requiring an incredible amount of resources and
if it continues along this trajectory, which it seems that it will, our finances are going to be absorbed more and more into helping people that are injured.

PATRICIA DONOVAN: Right.

REP. HENNESSY (127TH): Your comments?

PATRICIA DONOVAN: Well, prevention is always cheaper than responding to emergency care and one of the things that would prevent all these emergency response needs is to educate. If we go onto the DPH site currently for Connecticut, you will not find one link or one piece of information related to allergy, food allergy, anaphylactic, epinephrine, atopic or eczema. These are common names and words and conditions that should be defined and should have links. We have guidelines published by the CDC, by the State of Connecticut, none of those are linked up there.

REP. HENNESSY (127TH): Thank you. Like I say, I’m very disappointed. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you. Any other questions? Yes, Representative Comey.

REP. COMEY (102ND): Well, first of all, thank you, Patricia, for coming today. I know you’ve been working on this a long time. You served, like you said, on the taskforce and working with the food allergy education and the education environment and the fact that you would still want to be involved in a taskforce says a lot about how much you really care about this issue and how important you know it is, so thank you very much. I know that you had some folks -- Who was on the taskforce last time.
PATRICIA DONOVAN: For the food allergy taskforce that looked food allergies in schools, we had basically people from the school environment, such as a principal, a teacher was never appointed, we had a school climate professional, we had a legal consult because what I forgot to mention was that food allergies is actually a federally recognized disability, so there are federal laws that come into play with accommodating children with food allergies in the school environment or any place where the ADA would be applicable. We also had a member of the DPH who had absolutely zero knowledge of food allergies and didn’t know who she could report the information to within her department. We had a member of the CSDE, who was also very disinterested in the topic, so hopefully in the creation of this taskforce, we would engage with partners who are interested in being fully engaged and coming up with solutions.

REP. COMEY (102ND): Did you have a legislator?

PATRICIA DONOVAN: We did not have a legislator, so I would ask that you please include a legislator on the taskforce committee should this go forward because it’s really important to timely appointments. It took us a year and a half to get people appointed to the last taskforce.

REP. COMEY (102ND): I would be happy to serve as that legislator.

PATRICIA DONOVAN: Great.

REP. COMEY (102ND): Thank you.

PATRICIA DONOVAN: Thank you for asking.

REP. STEINBERG (136TH): Representative Michel.
REP. MICHEL (146TH): Thank you, Mr. Chair, thank you for testifying. To follow up on what my esteemed colleague was just asking, who appoints -- who is in charge of appointing the taskforce?

PATRICIA DONOVAN: Basically, I think what happened last time was when the bill was written, different members of the assembly were allowed to appoint -- were assigned different members competencies to be appointed, so that was something that should be discussed very carefully in committee and you should take very seriously.

REP. MICHEL (146TH): Sure. Thank you for that answer. And then, we’re working in this state with having a discussion on the state level, is there anything that can be done more with municipalities in the meantime or did you try?

PATRICIA DONOVAN: Well, yes, I -- we have reached out to some of the health educators that are local board of health in terms of starting campaigns because social media campaigns do not cost very much. We would very easily at the local levels put out social media campaigns that talk about food allergy awareness, that show videos for epinephrine administration. Let’s start training programs at local levels for your youth coaches so that our children are covered in their different programs. We could talk about May is food allergy awareness week. We could start talking about that. There’s lots of different things out there already. There’s no recreating the wheel. It’s just putting the information out there.
REP. MICHEL (146TH): And my own community, not to take too much time from the committee, but Stamford, are there any attempts there?

PATRICIA DONOVAN: Recently I was actually advocating for a family in Stamford and I’m sad to report that your school district didn’t even know there were state guidelines that require schools to have food allergy management plans. They were extremely uneducated on the issue and extremely difficult to work with, so you have --

REP. MICHEL (146TH): That was our board of ed?

PATRICIA DONOVAN: Yeah.

REP. MICHEL (146TH): Okay, thank you, duly noted. I appreciate your answers. Thank you.

PATRICIA DONOVAN: Thank you.

REP. STEINBERG (136TH): I really do like your idea about using social media effectively. Again, it sounds like something that might be initiated without necessarily involving DPH other perhaps making sure we have all our facts straight. It sounds like there are many things we can do in the near term as we’re waiting for the final committee report and for other actions, so thank you for your testimony.

PATRICIA DONOVAN: Thank you.

REP. STEINBERG (136TH): Any other comments or questions? Senator Somers, long awaited.

SEN. SOMERS (18TH): Thank you for your testimony this morning and I realize that this is a very important issue. It’s also a monumental task for our DPH to really make sure everything is done in a
way that it affects schools and retail establishments, etc., and we did last year start a group that is part of the Conference for Food Protection and Allergen Committee and it’s comprised of subject matter experts, regulators, industry, academia partners from across the nation and it’s been working since 2018 and we also have our Shoreline Health District coordinators, district directors that function as the committee’s chair and they’re looking at a variety of tasks that we as the legislature have asked them to look at to come back to us to find out what actually should be implemented, so rather than develop a whole other taskforce because we have seen that here.

It’s taken us two years sometimes to get people appointed. There are no legislators on taskforces. They are appointments by the leaders and sometimes they’re very specific, although if you make them very specific in the criteria, sometimes you can’t get somebody to fit that criteria, so a taskforce is a really good way sometimes for the legislature to come up with a plan to just sort of kill something because the taskforce never gets put together. So it would be the onus of the person in charge to try to go and make sure those taskforces are put together. They are expensive.

They’re run through the DPH is the clerk that has to run them, so I would like to suggest in the event that is not something that we can do, to look at going back to this particular group that’s already established, and I’m certain that in talking with the Department of Public Health, they would be willing to talk to you and have this group look at the things that you are most interested in looking
at and make those a priority. I’m sure we could ask them to do that.

That might be another way to expedite exactly what you would like in a way that is not having one taskforce that may or may not get put together on top of something that’s already there, so I just want to throw that out as a suggestion and I think that’s something that maybe we could talk about DPH about because they have admitted that this is a huge issue, so it’s not going to be solved overnight, but maybe there are things in going back and talking to them that we could do immediately rather than waiting for a taskforce to try to get up and running, so I just want that out as an option.

PATRICIA DONOVAN: I appreciate that and if I can ask, when I saw that written out, I found it sort of confounding that there are so many food allergy advocates like myself in the state and we’ve never heard of this commission, so is there anybody on that commission who is actually a parent or someone who manages people with food allergies who comes up against all these barriers every day?

SEN. SOMERS (18TH): Well, if you look at the makeup, we certainly can get you the names of the people. Parent was not one of the criteria. It was regulators, industry and academic partners, subject matter experts, so I’m sure that’s something -- if they’re meeting, there is no meeting that happens that the public cannot attend, so I’m sure we can talk to DPH. I know there is DPH sitting in the audience listening right now, that we could find out when those meetings are and what the criteria and background are of the folks that are on it and make
sure that that schedule is available for somebody to come and provide public comment.

PATRICIA DONOVAN: Okay, thank you.

REP. STEINBERG (136TH): Thank you, Senator.

Representative Comey for the second time.

REP. COMEY (102ND): Can you talk to the role of first responders and when anaphylactic happens and the differences between communities?

PATRICIA DONOVAN: Yeah, actually I addressed that in my testimony for S.B. 706, which I didn’t have time to address here today, but I did send in testimony late. You may not have it in front of you, but in terms of emergency response, not all towns are equipped with the same types of responders, some have basic life support, some have advanced life support, so you may get an EMR responding to an allergic reaction versus an EMT or a paramedic.

If an EMR comes to your house and your child is in anaphylaxis, they cannot administer epinephrine, which really leaves you in a tough spot. They can just transport you to the hospital and that is it. If an EMT comes to my house, they can administer epinephrine as well as a paramedic and administer all the other things that may be necessary. We need to expand the scope for EMRs. If auto-injectors are truly made for laypeople, there’s no reason why an EMR should not be able to administer epinephrine and if you’re going to so far as to allow any individual under S.B. 706 to administer epinephrine, why would we not allow our EMRs, who are first responders, and not go as far as allowing police officers as well?
REP. STEINBERG (136TH): Thank you, Representative Cook.

REP. COOK (65TH): I don’t know if I have a question as much as much of a statement. This is one of those things that just make a little bit of logic sense to me, but, you know, and our good Senator Lesser isn’t here, but I think there’s something to be said about the fact that, you know, last year he had, you know, an allergic reaction and did not have an Epi-Pen. Capitol Police could not even administer it if he had it and he had to be taken to the hospital, so in my world, food allergies -- and he has an allergy, but things aren’t labeled.

These are just common sense things that I think that we should truly get out of the way and get things done. We have the ability to shock somebody’s heart, the machine is outside in the capitol lobby, but we can’t give you a measured dose of a medication that could save your life. So I’m just hoping -- thank you for all of your testimony and I wasn’t trying to derail that. I’m just saying that this is common sense legislation and I believe that’s why we’re here. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. I think you make a good distinction that we may not want to mandate the required presence of a particular thing, but to get out of the way, as you say, is to enable those to be good Samaritans and address an immediate problem, something we should consider very seriously. Other comments or questions? If not, thank you for your testimony.

PATRICIA DONOVAN: Thank you very much.
REP. STEINBERG (136TH): We’re going to move now forward to Senate Bill 394, Susan Yolen.

SUSAN YOLEN: Hi. Good afternoon, Representative Steinberg, members of the Public Health Committee. Thanks for this opportunity to comment on Senate Bill 394, AN ACT ESTABLISHING A COUNCIL ON PROTECTING WOMEN’S HEALTH. I’m Susan Yolen and I’m vice-president for policy and advocacy of Planned Parenthood of Southern New England. We are the state’s largest provider of reproductive health and family planning and we provide services to over 65,000 patients every year at 16 health centers here and one really big one in Providence, Rhode Island.

Senate Bill 394 is a really welcome signal for us in a country where just this morning, the U.S. Department of Health and Human Services posted on the federal register its version of a gag rule that is going to be levied on the Title X, the National Family Planning Program. This is a rule that will probably deprive my organization of more than $2 million dollars in federal family planning dollars every year, money that we have overseen in our state since the 1970s and which supports important basic health care; annual visits, cancer screenings, pregnancy testing, counseling and referral, and coverage of effective birth control methods.

Some of you were at the Appropriations Committee the other night, so I’m not going to bore you with the details with what the gag rule includes, but it is an egregious overreach by the federal government on healthcare and made really intrusive in the state that does not necessarily agree with that sort of policy, so I think Senate Bill 394 address that kind of a situation so that we would marshal the
resources, affirm the will of our state, and reject or protect those of us in Connecticut who might be impacted by dangerous federal policies.

So we’re really grateful that this bill recognizes the need for an active response to that sort of a situation and I will say that Connecticut has done a pretty good job in general in responding to federal regulations and the erosion of our rights. The gag rule is a really good example. Just the other day, the Lamont Administration signed a letter to HHS on this and Attorney General Tong is pursuing litigation. But I would rather suggest that instead of a new council and I’m sort of channeling you maybe, Senator Somers, in that, we’ve already got and just newly created a Governor’s Council on Women and Girls, which we think is also going to be monitoring federal action, reporting to committees of cognizance, and suggesting legislative strategies and possible litigation to ensure that the actions of the federal government don’t impede the provision of healthcare to women and others impacted here in Connecticut.

The composition of the council we think is appropriate and would also reflect these needs and so we hope that our suggestion is taken as a friendly amendment to a bill that we know was well-intended, but maybe perhaps redundant and we think the Governor’s Council could probably do the job just as well. So thank you.

REP. STEINBERG (136TH): Thank you for the understanding our intent here. Can you be -- just sort of reiterate the point you’re making about what change you think might be appropriate in this context or whether you really are arguing that we
have the current in-house resources to accomplish this?

SUSAN YOLEN: Well, I think the Governor’s -- I was on the transition team women’s issues work group and that was the idea of Governor’s Council on Women and Girls that flowed out of that work group and was, I guess, accepted by the administration, so we took that as a great signal that, you know, the many issues that women and girls uniquely experience were going to be a priority for the administration. I think that there are issues also relative to speed and that when sometimes these things get posted for comment, federal comment, and we need the state to decide whether we’re going to address them and comment formally as a state that, you know, these things have to be sort of done with, you know, quickly and note needs to be made, so I think, you know, if the Governor’s Council is prepared to do that, it probably can easily serve that function and we believe that also the Commission on Women, Seniors, and Children is interfacing with that council and I think that’s a good connection, as well. We’ve worked well with them for years.


SEN. ABRAMS (13TH): Good afternoon.

SUSAN YOLEN: Hi.

SEN. ABRAMS (13TH): Thank you for being here and thank you for your attention to this matter. I think it’s important that we continue this discussion. I think it’s important that we keep our eye on women’s health issues and what’s happening both at the state and the federal level and I
appreciate all of your comments and your constructive problem-solving in helping us get there, so thank you very much.

SUSAN YOLEN: Thank you, thanks.


SEN. SOMERS (18TH): Yes, thank you for your testimony. You were reading my mind because I was saying this is very much what the new Commission on Women and Girls if focused on, healthcare is one of them. I’m honored enough to have a seat on that council and we are going to be meeting, I believe, in the next week or so.

SUSAN YOLEN: I think soon, yes.

SEN. SOMERS (18TH): Yes, so it’s soon, so I’m sure that this is something that’s on the radar, so I don’t know whether this bill was put in before that commission was established, but this is exactly what they’re supposed to be doing.

SUSAN YOLEN: Well, I’m also mindful of the fiscal, you know, I mean, it costs money to run councils and taskforces.

SEN. SOMERS (18TH): Absolutely. So, you know, I look forward to, you know, keeping an eye on the things that are happening, both on the state and the federal level and, you know, working with your input, etc., that that established Commission on Women and Girls will be able to handle everything that you’re talking about within this bill.

SUSAN YOLEN: Thanks.
REP. STEINBERG (136TH): Thank you, Senator. Any other comments or questions? If not, Susan, thank you for your testimony today.

SUSAN YOLEN: Thank you.

REP. STEINBERG (136TH): We’re going to move on now to House Bill 7196, Pina Violano.

PINNA VIOLANO: Good afternoon, Chairman and committee members. My name is Pina Violano and I’m testifying on behalf of Yale New Haven Health System in support of House Bill 7196, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S RECOMMENDATION REGARDING SEAT BELTS. With over 38 years’ experience as a registered nurse in critical care and emergency medicine and a PhD in public health, I know firsthand about the devastations that impact individuals, their families, and the community as a whole. In my current role as manager for Yale New Haven Hospital’s Injury Prevention Community Outreach and Research program, I am responsible for implementing evidenced-based interventions that are proven to prevent injuries and ultimately saving lives.

House Bill 7196 seeks to change the seat belt requirement statute and would be a major step forward in attempting to reduce avoidable injuries and deaths on our roadways. Motor vehicle crashes are a leading cause of death among those aged 1 through 54 in the United States and seat belt use is one of the most effective ways to reduce deaths and serious injuries to vehicle occupants during a motor vehicle crash. More than 2.5 million drivers and passengers were treated in ERs or emergency departments as the result of being injured in motor
vehicle traffic crashes in 2015 with over 22,000 people who died. Of those who died, more than half were between the ages of 13 and 44 years of age and did not wear seat belts at the time of the crash.

At Yale New Haven, we believe the safety of everyone, regardless of age, traveling in motor vehicles and we believe that implementing this data driven law change would save countless lives.

Two years ago, you and your colleagues took an historic step by approving changes to the existing child passenger restraint law that brought Connecticut to the forefront of child passenger safety. This proposed bill would be a similar history making change for our state. Not only are passengers putting themselves at risk by not wearing a seat belt, they are also putting the driver and other passengers at risk as their bodies could become a projectile in a crash if not properly restrained. A body flying through a vehicle during a crash can seriously injure or kill the driver or fellow passengers. Another concern is vehicle airbags when a seat belt is not properly used. An airbag is only effective if the passenger is in the proper place at the time of deployment. A seat belt is an integral part of making sure that happens.

We believe it is time for the state to make it a requirement for all passengers in motor vehicles to use their seat belts. On behalf of Yale New Haven Health, thank you for your consideration for our testimony and we urge you to support House Bill 7196 to move it forward in the legislative process in hopes of it becoming a much needed change to our current state. I do also have data if you need some of what we’ve seen at our own hospital, as well as
some research that I’ve done personally with 3,000 teens in the state, so I’m happy to share that if anybody is interested.

REP. STEINBERG (136TH): Thank you for your testimony and yes, I’m sure the committee would benefit from the data that you have to share and I’m also sure you’ve seen the direct consequences of --

PINA VIOLANO: Absolutely.

REP. STEINBERG (136TH): -- of failure to maintain seat belts and obviously, that’s the worse case outcome is what you have to experience and address, so thank you for your testimony. Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. You do have your submitted testimony, there’s data on the third page?

PINA VIOLANO: Yes.

REP. PETIT (22ND): And you have the total number of patients admitted following a motor vehicle, total number who died, and total unrestrained. Do you have it broken down that the people who died, how many of the people who died were unrestrained per se?

PINA VIOLANO: Yes, if you see the middle column there, it’s 110, if you have that in front of you.

REP. PETIT (22ND): Yeah.

PINA VIOLANO: And that’s specific to our organization, our specific hospital and not all the hospitals in the state.
REP. PETIT (22ND): And then the total number of patients, were they all unrestrained? Were they all unbelted?

PINA VIOLANO: Yes, those --

REP. PETIT (22ND): Those are all unbelted?

PINA VIOLANO: Yeah.

REP. PETIT (22ND): Okay.

PINA VIOLANO: They were specifically unbelted. Sorry.

REP. PETIT (22ND): Yes, I didn’t know if they included both restrained and unrestrained. Okay.

PINA VIOLANO: And what I had -- one of the research that I have done and why I cited the 13 to 44 age group is that I did a study with 3,000 students across all schools in Connecticut, both private and parochial schools as well as just all female, all make schools, and looked at asking them different types of behaviors with passengers in the car and less than 1 percent said that folks use seat belts while they were driving as passengers, so we already know that our teens are our highest risk and the passengers that are in their car aren’t wearing seat belts, so again, I’m in the middle of having -- I submitted the manuscript for publication on that, so that will be coming out soon, but it’s self-reported as well, but we know that, you know, they will be honest with us and tell us pretty much we want to hear on that, so if they’re telling us in, you know, self-reported stuff that it’s that low, it’s probably even lower than it really is.
REP. PETIT (22ND): Well, thank you for your advocacy from those of us old enough to have ridden in the back of the station wagon completely unrestrained with our three or four siblings.

REP. STEINBERG (136TH): I remember those days as well, sleeping in the --

PINA VIOLANO: And one of the things that comes to mind too, you know, if you’re looking at in the news all year long that, you know, there’s been celebrities as well and if you go back a few years, you can look at Princess Diana, you know, high profile things that, you know, and with another grandchild coming, she’ll never see that grandchild, so it hits home on all kinds of socioeconomic levels, you know, and categories.

REP. STEINBERG (136TH): Thank you for coming here to testify. You really do dimensionalize the problem what we think it’s worthwhile to save even on life, but you’re able to catalog how many lives have been affected by this. Any other questions or comments? If not, thank you for your testimony today. Next up is Alec Slatsky -- Slatky, excuse me.

ALEC SLATKY: Slatsky is the most common mispronunciation, so you’re in good company there. It’s still good afternoon. My name is Alec Slatky. I’m director of public and government for AAA Northeast and I’m also delivering this testimony on behalf of the AAA Allied Group. Together the two AAA clubs serve over 1 million members here in Connecticut and I want to express our strong support for H.B. 7196, the rear seat belt law. AAA has long supported seat belts laws and in fact, Connecticut
was one of the first states in the country to pass a seat belt law back in 1985, but now we’ve actually fallen behind because most state do require everyone to buckle up in the back seat and Connecticut, only those under 16 must do so and this has tragic results.

According, you know, our analysis of the UConn Crash Data Repository, this decade since 2010, more than 50 unbelted rear seat occupants age 16 and older have been killed and here in Connecticut, more than 1,700 have been injured and these are such preventable tragedies and we see those injury and death rates spike right at 16, right when belt use is no longer required, but as was just mentioned, this affects older adults as well. The oldest casualty was actually 89 years old, so this is something that really impacts everyone.

And when Connecticut passed the front seat belt law, you know, conventional wisdom posited that, you know, adults didn’t have as much need to wear a seat belt in the back seat because they were relatively safer. That’s a misconception that actually continues today. That’s the top reason in an IIHS survey that respondents cited as being less likely to wear a seat belt in the back than in the front, but it’s totally, totally false. If you don’t wear your seat belt in the back, you’re three times more likely to be killed, eight times more likely to be seriously injured, and twice as likely to kill a front seat passenger by becoming a projectile.

You know, when we -- when we talk about teaching drivers, whether be high schoolers or seniors at AAA, we tell them don’t leave loose objects on the back seat because if you have a 15-pound back pack
in the middle of the back seat and you’re driving at 50 miles an hour, that backpack is going to continue going at 50 miles an hour until meets a force, which might be the back of your head. Now imagine it’s not a 15-pound backpack, but 150-pound human, the results are obviously going to be much worse. It’s a lot more dangerous for everyone else in the car and the driver is certainly going to be less able to control the vehicle and now I’ll summarize.

I think we’ve got a great coalition. We’ve got law enforcement, we’ve got hospitals, we’ve got safety organizations, and we know passing a rear seat belt law is one of the most effective ways to enhance traffic safety, so we are hopeful that 2019 is the year and we’re going to work to make that happen and happy to take any questions.

REP. STEINBERG (136TH): Thank you for your testimony. I think I just realized I need to take a look at my back seat immediately. I have literally hundreds of projectiles. I could be at risk, particularly the way I drive. Your testimony was really very helpful. I think you make some key points, particularly as it relates to the continuing myth that people are safer in the back seat and how much the design of our cars have changed and the speeds at which we drive, all those are factors that make it a very different from when we passed the front seat belt laws. Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman, and thank you for your testimony. You raise a very important issue, but one thing we’re not particularly good at is consistency. If we all agree that seat belts are really important and they
help with the safety, where would you be on having seat belts on buses, school buses, and trains?

ALEC SLATKY: Well, I think the scientific research, it’s a lot more compelling when it comes to seat belt use in passenger vehicles, that the research on seat belts on school buses is not as clear-cut, at least what I’ve seen. Certainly we’d encourage students to wear seat belts on school buses because I think what’s important is really starting the habit and a lot of folks that don’t wear it grew up in an era when there may not have been seat belts in the cars at all and so they never were ingrained with that habit and I think starting that, you know, mindset when children are young is key to helping them continue doing that good behavior going forward.

REP. BETTS (78TH): It’s interesting because I get confused. I mean, either seat belts are important to our safety or they’re not regardless what the vehicle or transportation that’s used. I would submit to you that buses go very fast. Certainly if you’re going from city to city, some of these big, you know, Peter Pan buses and they’re going 70 miles an hour. Certainly school buses when they’re transporting kids to sporting events. I’ve seen them go at a pretty good clip. I hadn’t even thought about shuttles or small buses. Trains are certainly going at very fast speeds. Would you also apply this, if we’re going to do this, what would you do with, for example, police officers when they’re riding around in their cars and anybody sitting in the back seat, would they be required to wear seat belts as well?
ALEC SLATKY: I have to take another look at the language. I mean, I think we think in every vehicle, folks should be properly restrained. Now, is a police officer going to pull over another police officer to write a ticket for that? I mean, probably not, but I think you’re right in saying that, you know, proper restraint use is an important thing in basically every vehicle. I just want to -- You know, when I’m talking about the rear seats for say passenger vehicles or vans or things like that, that’s what the scientific research that I’m citing has been base on, so I don’t want to, you know, say that something applies -- that those numbers apply to vehicles where they haven’t been researched, but I think you’re definitely right, that seat belts are important everywhere.

REP. BETTS (78TH): And that’s the reason why I’m concerned about passing laws because you’re picking ones that should or should not. I think it’s an educational process and I also think it’s one where people have to make a decision for themselves. I was raised in the year where I didn’t have to wear -- but the reason I ended up wearing and believing it were because of my kids, not because of the law, but I thank you for your testimony. I hear you loud and clear, but I hope people will understand some of the questions that I raised and the other issues that people are pondering about, so I thank you very much.

ALEC SLATKY: And if I can just take a moment to say, I think you’re right that education is absolutely key. There was a survey from the Insurance Institute For Highway Safety that looked at why people don’t buckle up in the back and what
could be done to make sure that people do buckle up in the back and the top two changes or impetus’ for people to buckle up in the back that currently don’t do so that much, number one is if the driver told them don’t -- you’re not riding in my car unless you buckle up and that’s something I had to do for my passengers. I was actually very gratified a few months ago when my old roommate, who I forced her to buckle up whenever I drove her around. She said, you know, she was in the back of a cab and got into a fender bender and she was wearing her seat belt and thankfully wasn’t injured, but she, you know, reached out to thank me.

So number one is the driver reminding folks and number two is the presence of a law in this state and we do find that states with rear seat belt laws have consistently higher usage rates that states without rear seat belt laws.

REP. STEINBERG (136TH): All right, thank you, Representative, for those comments. I was going to take a different conclusion that maybe this committee ought to consider a seat belt for buses, school buses, rather choose one, let’s do it for all. Of course, the consolation in my community is that there are virtually no students on those school buses, sort of like the beltway in 4 in morning, the busway at 4 in the morning.

REP. BETTS (78TH): That’s the magic busway. You’re right. Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chairman, and welcome. I’m wondering if AAA has any suggestion. I was reading through the bill and I see there are some exemptions, particularly if a person has a
disability and can’t wear a seat belt, that they carry a note with them to that affect, but I don’t see anything in the language of the bill that speaks to what would happen if a car were pulled over and the passengers were not wearing seat belts. It doesn’t give cause for the police to search the vehicle, but do you have any recommendations on that?

ALEC SLATKY: Well, the way that I read the law is that the passengers themselves would get the ticket, assuming their 16 and over. I think it would apply the same as if a front seat passenger is 16 and over, they would get the ticket, whereas if someone is under 16, the driver is responsible for them and I think the same framework would apply based on my reading of the law.

REP. MCCARTY (38TH): Well, thank you, and I also looked aside and it’s how many lives we can save by instituting the seat belts in the rear, but also looking at the brain injuries that occur and reading the testimony that it’s really one of the number one causes on brain injury in Connecticut, so thank you for that.

ALEC SLATKY: Absolutely. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? Representative.

REP. PETIT (22ND): Just quickly, Mr. Chair, when I asked somebody earlier on that, maybe one of the public officials, is there any downside to back seat belts that -- I haven’t heard it in the couple of years this has been presented.

ALEC SLATKY: No.
REP. STEINBERG (136TH): Thank you, Representative. Thank you for your testimony today. It was very helpful.

ALEC SLATKY:

REP. STEINBERG (136TH): Last up on this bill is Chief Gavallas.

JOHN GAVALLAS: Good afternoon, Senator Abrams, Representative Steinberg, members of the Public Health Committee. Let me first say that I completely agree with the --

REP. STEINBERG (136TH): I’m sorry, Chief, could you just identify yourself for the record?

JOHN GAVALLAS: Sure. My name is John Gavallas. I’m the chief of police in Watertown and I’m chair of the Connecticut Police Chiefs Traffic Safety Committee. Let me just say I completely agree with the testimony or previous speakers regarding this important legislation. I’m here on behalf of the Connecticut Police Chiefs Association to give our wholehearted support for Bill H.B. 7196, a bill requiring mandatory compliance of all rear seat passengers to utilize their seat belts.

Our current law only requires front seat passengers to comply. Connecticut has one of the highest compliance rates in the nation for seat belt use, yet we only require front seat passengers to buckle up. In many cases, our rear seat passengers are young children, our most vulnerable. The rear seat occupants do not have the advantages of some of the safety mechanisms afforded to front seat passengers. Data from the National Highway Traffic Safety Administration is clear; unrestrained back seat
passengers are more likely to suffer serious injury or death in a traffic crash than those occupants who buckle up. This is common sense legislation. If we can save the lives of those riding in the front seat by seat belt compliance, why shouldn’t we do the same for those in the rear seat? So on behalf of all Connecticut law enforcement, I urge you to pass the Department of Public Health’s recommendation regarding the rear seat belt compliance.

REP. STEINBERG (136TH): Thank you, Chief, for taking the time to testify before us today. You’ve heard a lot of the conversation about the consequences of failure to wear back seat belts. You’ve heard a bit about the importance of education. Perhaps you could elaborate a bit further on the role of enforcement in this equation. At what point do you become involved with this and is that the effective point and what more might we do from the law enforcement standpoint?

JOHN GAVALLAS: Well, twice a year, as you’re probably aware we do out Click it and Ticket campaigns and that’s where we have determined that Connecticut has one of the highest compliance rates. It’s difficult for law enforcement to determine whether a back seat operator has their seat belt on when a car is driving by, however, if the vehicle is stopped for another motor vehicle violation, we would be checking to determine if all the occupants are safely buckled in and we would take enforcement action if they weren’t.

REP. STEINBERG (136TH): Thank you for that. Representative Klarides-Ditria.
REP. Klarides-Ditria (105th): Thank you, Mr. Chair, thank you for your testimony today and thank you for your service. What is the current law, what’s the penalty for not wearing your seat belt?

John Gavallas: It’s a fine. I believe is $137 dollars or $140 dollars for noncompliance.

REP. Klarides-Ditria (105th): And is it different if you’re under 18? Is it higher if you’re under 18?

John Gavallas: No, I believe the fine is the same.

REP. Klarides-Ditria (105th): So if you’re 16, 17, if you’re driving then it doesn’t -- it’s the same?

John Gavallas: Right.

REP. Klarides-Ditria (105th): Okay. And is there a difference -- are there points on your license as well or is it just a fine?

John Gavallas: No, I don’t believe there are points. It’s just a fine.

REP. Klarides-Ditria (105th): And is there a second penalty, like if you get caught again within a certain or no?

John Gavallas: I’m not sure on the seat belts if there are. There perhaps may be. I’m not sure.

REP. Klarides-Ditria (105th): Okay. So I would -- I’m guessing that the same penalties would apply for the rear seat drivers if this is passed?

John Gavallas: Yes, they would.

REP. Klarides-Ditria (105th): Okay. Thank you for your testimony, thank you, Mr. Chair.
REP. STEINBERG (136TH): Thank you, Representative.
Representative Betts.

REP. BETTS (78TH): Thank you. Thank you, Chief.
At least I don’t know, maybe you could educate the
committee, if you bring in somebody or you arrest
somebody and they’re in the back seat, are you
required to put a seat belt around them if they’re
in the back seat?

JOHN GAVALLAS: Well, our policy, we would do that
because chances are if we have an individual that’s
under arrest in the back seat of the car, they would
be handcuffed so for their safety, we would also
belt them in, buckle them in.

REP. BETTS (78TH): That’s good to know. Thank you.
And in your experience or in your judgment, do you
think people are wearing the seat belts because of
the law or they’re worried about a fine or do you
think they’re wearing it because they feel it’s in
their best interest to be safe and that’s why they
wear it as opposed to it being a law?

JOHN GAVALLAS: I would say they do it to be safe.
I think everyone recognizes that seat belts save
lives.

REP. BETTS (78TH): Okay. I appreciate that. Thank
you very much.

REP. STEINBERG (136TH): Thank you, Representative.
Any other questions or comments? Representative
Petit.

REP. PETIT (22ND): Thank you, Mr. Chair. Thank
you, Chief. I’ve actually done legislative research
about this, but in terms of enforcement on this
bill, I’m not sure I understand the legalities, is
it better to crop the bill to say you don’t necessarily have to enforce this unless you stop someone for some other reason or do you think it’s best left to the officer’s discretion in the field?

JOHN GAVALLAS: Oh, I think it’s best left to the officer’s discretion as opposed to -- calling it say a secondary law that if they’re stopped for a motor vehicle violation, then you see the violation. That would be a secondary seat belt law and our seat belt law as exists is not a secondary law. It’s a primary law and the rear seat belt should be a primary law as well.

REP. STEINBERG (136TH): Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Chief, for coming to testify. I just had a question, I don’t know what you call them, but every day drivers like cab drivers, bus drivers, or particularly cab drivers, is there some rule if they’re not wearing their seat belt because it explains when I was really young, I would drive cabs at night to make extra money and I remember as not being really -- that law not being enforced on us as it would be on regular drivers. Do you know the same? I guess it depends on police departments, but.

JOHN GAVALLAS: Yeah, police officers have a wide range of discretion, so I can’t really speak for the use of all that discretion with every officer, but they do have a wide range of discretion when it comes to motor vehicle law. They can either give a verbal warning, a written warning, or a citation depending on what enforcement action they think is appropriate.
REP. MICHEL (146TH): It would seem to me that if you’re a professional driver and you have -- one more comment, Mr. Chairman, if you had a passenger in the back, you definitely want to ask them to put their seat belt on, liability --

JOHN GAVALLAS: Well, we’re setting an example or being a good role model.

REP. MICHEL (146TH): Okay, thank you very much.

REP. STEINBERG (136TH): Thank you for making sure that we are setting a good example. We appreciate that and again, thank you for taking the time out of your day to come testify. This is very important to us and we appreciate your input.

JOHN GAVALLAS: All right, thank you, my privilege.

REP. STEINBERG (136TH): Thank you. That concludes testimony on 7196. We will now move on to House Bill 6543 and Fei Wang.

FEI WANG: Good afternoon, Mr. Chairman, members of the Public Health Committee. Thank you for the opportunity to provide testimony in support of the Raised Bill 6543, AN ACT PERMITTING PHARMACISTS TO PRESCRIBE TOBACCO CESSATION PRODUCTS. My name is Fei Wang, and I am an associate clinical professor at the UConn School of Pharmacy and the director of the Tobacco Cessation and Prevention Program at Hartford Hospital’s Brownstone Clinic, so the data shows currently that there is a substantial reduction in smoking in the United States, which represents one of the most important public health advances in the last 50 years; however, disparities in tobacco use continue to persist across defined groups. Prevalence is disproportionately higher in
people of low socioeconomic status, on Medicaid insurance, people without insurance, and in those with mental illness and substance use disorders. Today, we are also facing high-tech e-cigarette products that are capable of delivering nicotine levels comparable to or higher than traditional tobacco cigarettes and addicting a whole new generation of youth to nicotine. According to a survey from 2018, the percentage of high school-aged adolescents who report using e-cigarettes during the past 30 days rose by 78 percent from 2017 through 2018.

So what do we know? That success in cessation can be increased with the combination of behavioral counseling and medication therapy to support withdrawal symptoms. Therefore, barrier-free access to tobacco cessation counseling and approved medications will increase population-level smoking cessation and improve public health of our most vulnerable citizens. Community pharmacists are highly accessible and convenient locations and therefore pharmacists are uniquely positioned to reduce the prevalence of tobacco use because of their accessibility to these vulnerable and hard to reach populations.

Pharmacists in the community can improve access to tobacco cessation services through appropriate screening and assessment, delivery of brief interventions, prescribing cessation medications, and improving referrals to the state tobacco quit line and other local in-person cessation services. Currently, we have seven FDA approved medications on the market, three of which are over the counter and medication therapy to support withdrawal symptoms.
requires adequate patient education for effective use of these medications. Recently, eight states have created pathways for autonomous pharmacist prescriptive authority that enables pharmacists to prescribe smoking cessation medications to facilitate access of patients to smoking cessation medications.

In support of this initiative, UConn School of Pharmacy received funding support from Connecticut Department of Public Health to develop a certificate program in tobacco cessation for pharmacists in Connecticut and nationwide. This will be an ACPE-approved continuing education on-line curriculum consisting of 15 contact hours. I have included an addendum with the course outline. I’m also the primary investigator of this initiative to —

REP. STEINBERG (136TH): Can I ask you to summarize, please?

FEI WANG: So in conclusion, I strongly urge this committee to consider passage of this proposed bill which will improve public health and provide broader access of the tobacco cessation medications and counseling to our most vulnerable citizens. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. You make mention of your support for the bill. Would you support pharmacists’ ability to prescribe all seven of the products that are currently available for smoking cessation?

FEI WANG: I do.

REP. STEINBERG (136TH): I can’t help but ask the question, then, if you view vaping products as a
smoking cessation tool, would you recommend that pharmacists also be involved in any way with vaping products?

FEI WANG: They should be aware when it’s appropriate to be used as the tobacco cessation intervention effort because they are, you know, new information that’s coming on a daily basis that demonstrates efficacy in patients who are trying to attempt to stop smoking using these products.

REP. STEINBERG (136TH): Well, that’s an interesting one. So let me end with one last question, which you made mention of smoking cessation services, for which I imagine education is a large component. Could you expand a little further on what you mean by services as opposed to products?

FEI WANG: Sure. So part of what a clinician would be able to do is to screen for people that use tobacco and determine if these people are ready to make an attempt or thinking about quitting because the interventions those directed at those patients would be different and so, you know, assessment is important. A determination of a treatment plan that is personalized is also important. Recognition of triggers that encourage somebody to continue to smoke and making sure that there is appropriate development of strategies to cope with those triggers is important for long-term abstinence, so medication is only part of this solution in terms of trying to mitigate the nicotine withdrawal symptoms that can make a patient feel terrible in terms of trying to go back to attempting to smoke again, but yes, there is quite a few things that I think that requires a pharmacist to be trained appropriately to
receive those components in addition to the prescribing of appropriate medications.

REP. STEINBERG (136TH): I take it that you are recommending that they all take a program similar to the particular course that you make available at UConn?

FEI WANG: Yes, sir.

REP. STEINBERG (136TH): Thank you for your testimony. Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you for your testimony. Tom Buckley came in, one of your colleagues and gave a nice presentation on this to the group. From your point of view, do you think this would be an opt-in system, in other words pharmacists would have to agree to go through the extra training to be eligible to do so, so they could -- they’d have to opt in and could potentially opt out if they felt like they weren’t inclined nor didn't have the time?

FEI WANG: I truly believe that this is a part of what we provide in our pharmacy curriculums at the undergraduate level, but not to the degree what we would be offering this, you know, after training. With a rigorous program, I think this would provide adequate education in terms of trying to determine when it would appropriate when to prescribe these medications for the different patients and personalize that treatment.

REP. PETIT (22ND): Would you envision, I don’t know what the right term is, a fail safe? My fail safe when I was in practice was, you know, I saw someone with diabetes on 12 medicines and I was thinking if
they needed number 13, I’d call my friendly pharmacist and say can you run this through the system, there’s, you know, 13 interactions here, could you consider the reverse here if you’re seeing a patient and send the electronic by computer or by fax saying hey, Dr. Petit, we have such and such here. We’re thinking about -- any objections to this per se? You know, would that be too onerous? Do you envision that being part of the system?

FEI WANG: Oh, absolutely, absolutely, Dr. Petit. I think that, you know, with the pharmacists, we don’t operate in silo. This has to be, you know, communicated to the provider and other people who take care of the patient and I think it’s important also to communicate if the pharmacist does not -- is not comfortable in or has questions that they would reach out and communicate that with the provider in order to determine whether a medication is appropriate or not.

REP. PETIT (22ND): And finally, at least as I understand this, about eight states that allow it and seven or eight that are considering it. Do you know if there’s been any feedback on the eight that do so, if they -- what their success or lack of success has been in terms of this approach?

FEI WANG: That’s a great question. As of this time, I’m not aware of the outcomes. I’m sure, you know, in some states that have been doing this for a little bit more time that they would be some sort of outcome. I have not looked at that, I’m sorry to say.

REP. PETIT (22ND): Okay. Thank you very much. Thank you, Mr. Chairman. Representative Carpino.
REP. CARPINO (32ND): Thank you, Mr. Chairman. Thank you for your testimony. Can you offhand tell me -- Can you give me a comprehensive list of what pharmacists can prescribe in the state of Connecticut currently?

FEI WANG: They cannot prescribe, as far as I know, there’s nothing that they can do outside of what we’re proposing. They can do it if they have a collaborative practice at -- that they develop in an agreement with a primary care provider or a practice. This is -- This is something new.

REP. CARPINO (32ND): Thank you.

REP. STEINBERG (136TH): Thank you. Any other questions or comments? If not, thank you for your testimony today. We appreciate it.

FEI WANG: Thank you.

REP. STEINBERG (136TH): Before we continue, I just want to point out that we recognize how difficult it has been for so many people who have chosen to come to the capitol and testify today. The weather has impeded many of us and that also is true for some of our colleagues on the committee. Representative Ryan, who serves on this committee for many years, wanted to make sure everybody realized that he is not here because he had difficulty getting out of his own neck of the words due to plowing issues at his house and we hope that for those who are unable to make it today, they go out of their way to submit written testimony because there’s still plenty of opportunity for members of this committee to consider other viewpoints. This is an unusual circumstance. We felt it was important to move forward with the hearing given all the other
hearings we still have before us and the limited
time frame, but we recognize this has been an usual
day for both members of the public and members of
the committee. Last up on this bill is Stephanie
Luon.

STEPHANIE LUON: Good afternoon, Mr. Chairman, and
Senator Lesser and the Public Health Committee. My
name is Stephanie Luon and I’m a licensed pharmacist
practicing in the ambulatory care clinic setting
within a health system in the state of Connecticut.
I’m also a member of the Connecticut Society of
Health Systems Pharmacists. I am here to speak on
behalf of myself in strong support of H.B. 6543; AN
ACT PERMITTING PHARMACISTS TO PRESCRIBE TOBACCO
CESSATION PRODUCTS. Cigarette smoking is estimated
to cause more than 480,000 deaths annually
contributing to smoking-related illness costs of
more than $300 billion dollar per year in the U.S.
alone.

There has been an increase in the utilization of
tobacco use and vaping products in young adults
according to the Centers for Disease Control and
Prevention and the Connecticut Department of Public
Health respectively. As highly accessible health
care professionals, pharmacists are well positioned
to initiate treatment and support individuals
throughout the duration of their quit efforts.
Approximately 91 percent of Americans live within
five miles of a community pharmacy and visit the
pharmacy an average of 30 times per year, while they
see their physician only an average of three times
per year. Patients who are able to quit smoking
significantly reduce their risk for developing lung
cancer, heart disease, and certain other lung
diseases. They also significantly prolong the quality and length of their lives.

The risk of developing lung cancer drops by 30-50 percent after quitting and abstaining from smoking for five years according to the *Journal of the National Cancer Institute*. Currently seven states do have statutes or regulations that permit pharmacists to prescribe therapies to assist patients with tobacco cessation. Legislation has also been introduced in seven other states and several more states are considering proposing similar legislation. Pharmacists are highly educated and graduate with a Doctor of Pharmacy Degree prior to completing national and state licensing exams. They then often participate in one or two years of additional residency training and sometimes fellowship training before settling into clinical roles.

The Connecticut Department of Public Health has collaborated with the University of Connecticut School of Pharmacy to produce a nationally accredited 15-credit hour certificate program on tobacco cessation therapy. This program will provide training for pharmacists to initiate treatment, provide support to individuals throughout the quitting process, and be a referral to resources such as the CT Quit Line for continued support of tobacco abstinence. So due to our current shortage of primary care physicians, pharmacists are frequently filling in gaps of care. Pharmacists have the ability to work closely with patients and check in frequently if necessary to assist, which is often helpful for patients seeking to abstain from the use of tobacco-containing products.
For these reasons, I support the bill -- I support this bill that permits pharmacists to prescribe tobacco cessation products in order to improve access to care for patients in the state of Connecticut. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Let me ask you one question, in many pharmacy settings, they’re very busy, very active, the phone is ringing, there’s a lot of people to pick up prescriptions, to submit prescriptions, and also to receive consultations. Do you think it’s reasonable that the pharmacist in many of these settings would have the time necessary to get into the deep conversation, the education necessary to advise consumers about their range of smoking cessation options?

STEPHANIE LUON: So I do feel that that would be the case. I think that the same question could have been asked when CMS was requesting that pharmacies start performing medication therapy management services and pharmacists were thinking the reimbursement on this is not excellent, but really overall I’m improving our patients overall quality of life, I’m getting reimbursement from my health insurance. If pharmacists theoretically are prescribing these tobacco cessation products, they are able to generate revenue from what they’re selling, but they’re also able to continue to improve the quality of care of those patients and to really develop relationships with them. If you have a patient whom you’re seeing in your pharmacy and you’ve been there every step of the way with them, very accessible to help them continue to abstain from nicotine therapy, your patient is going to kind
of build a trust with that pharmacist and keep coming back and filing their prescription at that pharmacy, so I can see where independent pharmacies specifically might see that as an opportunity where they can boost their business.

REP. STEINBERG (136TH): Thank you for that answer. It is a good point where we’re seeing primary care practitioners often times finding their relationship with patients eroded given their other responsibilities and reimbursements. Maybe it is appropriate to consider that the pharmacist may have an opportunity to get to know a particular patient with the other drugs that patient may be on. It’s an interesting point. Any other questions or comments? Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chair. Welcome. So naturally we see that the pharmacists have greater accessibility to a lot of people and we’re interested in cutting that down as much as possible on the smoking, but I’m concerned. So we’re talking about part of the prescription, don’t we have several medications that are over the counter already that people can go to and what would these -- how would these products differ and just as another comment, happy to see the training program at the University of Connecticut.

STEPHANIE LUON: Yes, thank you, so that’s -- I’m really glad that you asked that question. A lot of patients will come to the pharmacy. I work at a health system now, but I worked in retail as an intern and a lot of patients would come to the pharmacy and want to purchase nicotine replacement therapy, but it’s significantly more expensive if it’s not pursuant to a prescription. If it’s not
covered by the patient's insurance, it can be cost prohibitive. So if a patient is able to -- or a pharmacist is able to prescribe nicotine replacement therapy, then it would payable theoretically by the patient's insurance if they have the appropriate coverage and I know that that is a barrier.

Another consideration is there are studies that show that sometimes nicotine replacement therapy really isn’t sufficient for our patients, so if a patient were to purchase in our current state at a retail pharmacy and say oh, I’ve already tried lozenges, I’ve tried the patch, I tried gum, none of them seem to work and if you were in a primary care setting, we would think escalating therapy at that point to some alternative agent, so if the patient didn’t have to take that additional step to go and see their primary care provider and they could just do it at their pharmacy, I think that that would be very beneficial.

REP. MCCARTY (38TH): And thank you. I know the conversation already took place, but part of this training that would take place would include some of that?

STEPHANIE LUON: Oh, yes.

REP. MCCARTY (38TH): In that curriculum? Okay.

STEPHANIE LUON: Correct.

REP. MCCARTY (38TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you very much for your testimony today.

STEPHANIE LUON: Thank you very much.
REP. STEINBERG (136TH): This brings us to the final bill on today’s agenda, which is House Bill 7200. First up is Dr. Andrew Salner.

ANDREW SALNER: Thank you, Mr. Chairman. Good afternoon, members of Public Health Committee. I’m Dr. Andrew Salner, director of the great Cancer Center at Hartford Healthcare’s Hartford Hospital on behalf of the American Cancer Society, Cancer Action Network, and Hartford Healthcare, thank you for the opportunity to speak to increasing the sale age of tobacco products 21. As a practicing oncologist, I see the scourge of tobacco each and every day as the leading cause of cancer deaths in Connecticut and the United States. Why increase the sale age of tobacco products, including e-cigarette, to 21 and what is the benefit?

Nationwide and in Connecticut, electronic cigarette use among middle and high school students has now surpassed combustible cigarette use, doing so at an alarming rate. The 2017 Connecticut Youth Risk Behavior Survey points out between 2015 and 17, the rate of current use of electronic cigarettes more than doubled from 7.2 to 14.7 percent and we think that’s probably a major underestimate. In response to a nationwide increase in e-cigarette use of 78 percent, the U.S. Surgeon General labeled you e-cigarette use an epidemic and urged states to act to address the crisis. A 2016 U.S. Surgeon General’s report concluded e-cigarette use is strongly associated with the use of other tobacco products amongst youth and young adults, particularly combustible tobacco products. Unfortunately, last month the CDC confirmed the fact, indicating a spike in combustible cigarettes use for the first time in
eight years, largely due to explosion in youth e-cigarette use.

E-cigarettes are a gateway drug to cigarette use. ACS CAN is concerned that e-cigarette use is creating a new generation of Connecticut children who will suffer from a deadly, lifelong addiction to nicotine and tobacco. From a medical perspective, adolescents brains are more susceptible to the effects of nicotine and nicotine addiction. Symptoms of dependence, withdrawal, tolerance can occur with just minimal exposure to nicotine. Powerful interventions are needed to keep youth from lifelong addictions. From an access perspective, almost half of eighth grade students and two-thirds of tenth grade students say it’s easy to get cigarettes because older youth smokers are a major supplier for younger kids who rely on daily contact with an 18 and 19-year-old friend and classmates to buy them.

The benefits could be significant. According to an Institute of Medicine report, increasing the national minimum age, legal sale age, to 21 is predicted to significantly reduce smoking prevalence by at least 12 percent. Tobacco use remains the leading cause of preventable death in this country. The U.S. Surgeon General estimates 56,000 Connecticut youth alive today will lose their lives prematurely if we don’t do more to reduce current smoking rates. Increasing the sale age for tobacco products to 21 is a promising intervention as a complementary part of a comprehensive tobacco control strategy that reduces tobacco use so our children can grow up not the next generation of
smokers, but as the first tobacco free generation. Thank you.

REP. STEINBERG (136TH): Thank you, Doctor. I hope your last sentiment proves to be correct, that that goal has been extremely elusive for many, many, many years. Obviously the most alarming aspect of your testimony is many of us have taken as accepted wisdom that e-cigarettes are going to lead to the reduction in tobacco use, but yet, the recent data you allude to suggests just the opposite. We’re not here today to address the issue of adult use of vaping products, but it certainly underscores the importance of trying to reduce access for people under age 21 which might become a lifelong problem, so thank you for your testimony. Others with comments, questions? I think you said it all, Doctor.

ANDREW SALNER: Thank you.

REP. STEINBERG (136TH): Next up is Mary Stuart. We will move on to Ken Farbstein.

KEN FARBSTINE: Yes, Co-Chair Steinberg and Co-Chair Abrams, thanks very much for listening to me and I’m Ken Farbstein of the NIATx Foundation, the Network for the Improvement of Addiction Treatment. I’m based in Needham, Massachusetts, which was the first town in the country that had tobacco at 21. Regarding H.B. 7200, in working at the local level here, we gathered more than 200 letters of support for Tobacco 21 with strong enforcement from Connecticut voters all over the state. There were just two state legislators. The largest chunk of them are from Torrington, 74 letters to state legislators are here and in addition to that,
Torrington voters had written 99 other letters to their city councilors, but they were not addressed to state legislators, so a total of 173 letters of support from Torrington alone.

So here I have all the letters with me organized by their voting location. Now that might surprise some people think that Tobacco 21 is a red versus blue issue. It’s not. Dr. Jonathan Winickoff wrote in the journal Tobacco Control that more than 70 percent of the general public supports Tobacco 21. Indeed, smokers support Tobacco 21 by almost the same margin as they’ve tried many times to quit and usually can’t and they definitely don’t want their kids to smoke or use tobacco. That strong support for Tobacco 21 is across the board as Professor Winickoff reported that every demographic group also strongly supports Tobacco 21.

He said, and I quote, “majority support is consistent across age, education, geographic region, race, sex, and smoking status.” I’d like you to see the products that are actually for sale at every bodega and convenience store, often just a block or a few yards away, 100 yards away from a high school, so grape cigars, two for 99 cents, tropical cigars, two for 99 cents, white peach, same price, black cherry, same price. This is a wrap which is blueberry flavored, so the wrap, the idea is the outside is a cigar leaf and then you can put tobacco or marijuana or whatever inside it. This one is a berry blast, two for 99 cents, another wrap which is strawberry, and pineapple also two for 99 cents.

Mr. Chair Steinberg, you had mentioned the idea of whether or not it’s cessation for adults that it’s really not -- that really don’t want to get kids
started and I’d just like to very briefly quote from
the National Academy of Sciences their conclusion,
number 16-1, “there is substantial evidence that e-
cigarette use increases risk of ever using
combustible tobacco cigarettes among youth and young
adults” from the National Academy of Sciences in
January 2018. Please protect your youth. Thank you

REP. STEINBERG (136TH): Thank you for that
testimony. Representative Cook.

REP. COOK (65TH): Thank you, Mr. Chairman. You’d
think I’ve been here long enough I could find that
button. Thank you for your testimony. I’m hoping
that you’re going to leave that for us?

KEN FARBSTEIN: I would, for sure.

REP. COOK (65TH): I would very much. Torrington is
my district and I think it’s extremely important and
I really encourage the conversation on the ground
level at the community. You know, people get very
angry that government is overreaching, but I think
if we can -- you know, and I also believe that all
government and things start local and I think that
it is extremely important and I commend the
communities that have started the 21 conversation at
their local level and I don’t know if there’s
anything more horrifying than seeing someone die
from lung cancer and the rapid rate of which it
moves and it has no age and there’s no guarantee how
quick that happens or what day it might be your day
that if you’ve been smoking, whether it be for five
years or 15 years or 50 years, on whether or not
it’s going to be your time and I lost my stepmom in
August on her 67th birthday because she was
diagnosed with lung cancer in February and it moved that fast.

And when you see somebody beg to end their life because the pain is so severe at that age, the last gift she gave was told her grandkids please never smoke a day in your life. This is what it does. Nobody should ever have to do that, so I’m really hoping that the things that we do make those life-changing impacts and this is one of them, so I would encourage that everybody realize this is something that could truly save lives, so thank you.

KEN FARBSTEIN: Thank you. My mother-in-law had died from chronic obstructive pulmonary disease, COPD, and my grandfather from heart disease from very heavy smoking. I’m very sorry for your loss.

REP. STEINBERG (136TH): Thank you, Representative, for that. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair, thank you for your testifying today. Just a question, maybe I’m a little worried that I might be culturally speaking because I grew up in Europe like people smoke. Like when I was growing up, it was smoking everywhere so it was very easy to be in the presence, but I also remember when it came to regulating and putting it into law, it didn’t seem like it was the most deterring factor, so I’m a little bit worried that we’re not focusing on the outreach and the education, which I think are probably might trump the rest. What is your comment on -- I might be really culturally speaking. You know, when you forbid something to kids, then they would tend to be more attracted to do it, so that’s
kind of the direction where I’m going here. I’m probably a little controversial, but.

KEN FARBSTEIN: It’s a -- And to some extent it’s a matter of what the norm is and so in Europe or wherever, if it’s the norm of smoking, then kids grow up expecting to smoke. If -- We’re trying to de-normalize these products and so, you know, if these are not shown on the shelves, then it’s out of sight, out of mind, so to some extent that’s part of the education, which is extremely important.

REP. MICHEL (146TH): Also in Europe, just as a comment, they -- in France, sorry, they’ve recently passed a law that every cigarette company, tobacco company, has to have the same packaging, so it blends everything in the tobacco shop and you don’t, you know, less marketing possible, etc. These would be probably things to consider. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you for your testimony today.

KEN FARBSTEIN: Thank you.

REP. STEINBERG (136TH): Next up is John Gale.

JOHN GALE: Good afternoon. Thank you, Mr. Chair, members of the committee. My name is John Gale and I’m the assistant majority leader of the Court of Common Council for the City of Hartford. I bring you greetings from the City of Hartford this afternoon. I think we all know in government that there’s nothing more important than protecting the health, safety, and welfare of our residents and I would certainly note, as I’m sure everybody does, that over time government has been very successful
in regulating tobacco products. I grew up in a time when I saw advertisements on television of doctors saying which cigarette they preferred. We’ve certainly come a very long way from that, to the point where you rarely see cigarette smoke in public anywhere anymore.

Today we’re here to try to move the ball a little bit further down the field and you’ll be doing that by adopting for the state of Connecticut regulation of all tobacco products, including now vaping products by preventing their sale to folks under 21 and I think we’ve been referring to this as Tobacco 21 and certainly I urge you to do so and I dare say following the lead of the City of Hartford, as we were the first municipality in the state to adopt a Tobacco 21 ordinance and to the representative from Torrington’s point, we’re a community that talked about the issue and in fact, we heard from both of the two speakers that you’ve now heard from this afternoon before we made that decision and when we made the decision, it was a unanimous decision.

In the process of making that decision, we learned some interesting facts and I’ll just give you an idea of the scope of the issue, when we talk about the products that were just shown to you and their availability, in our discussion about the -- enacting the ordinance, we heard from our public health director and asked how many outlets there were in Hartford that sold these products and we were told that there are about 400 outlets just in the city of Hartford that sell these tobacco products, so we’ve committed to regulating them in this regard and we hope that the state will do
likewise, as has been said by other speakers, for the protection of our children. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony and thank you for your leadership on this at the municipal level and we’d like to see if we can follow in your footsteps on there. Are there any other comments or questions? If not, thank you for your patience waiting today to testify. We really appreciate it. Next up is Bryte Johnson.

BRYTE JOHNSON: Good afternoon. I’m Bryte Johnson with the American Cancer Society, Cancer Action Network. We have submitted lengthy testimony, so I will just touch upon a couple of points in regards to H.B. 7200. This is an important issue, as nationally 95 percent of adults smoke start before they are 21. In Connecticut, 1,300 kids under 18 will try tobacco for the first time this year and many of them will move on to using multiple tobacco products. In fact, the U.S. Surgeon General estimates that 56,000 Connecticut alive today will lose their lives prematurely due to tobacco use. As was said before, last month, the Center for Disease Control reported that overall tobacco use among middle and high school students is on the rise for the first time in almost a decade, driven largely by the overwhelming increase in youth e-cigarette use.

In just one year, the number of youth using tobacco products rose by 1.3 million kids in 2018. E-cigarette use has increased 78 percent between 2017 and 2018 with flavors as a key reason for youth use. In 2018, two-thirds of high school e-cigarette user have used a flavored e-cigarette in the past month and one-half had used a menthol or mint-flavored e-cigarette and over 60 percent of them didn’t know
that their electronic cigarette contained nicotine. The time to act is now. This epidemic has hit home right here in Connecticut, with disturbing increases in youth e-cigarette use in our schools. From 2015 to 2017, the number of Connecticut high school students who used e-cigarettes doubled and at the same time, school disciplinary actions associated with the use of e-cigarette went from 349 to 2,160, a six-fold increase.

Indeed, there is work that can be done and should be done right here in Connecticut, passing common sense legislation to protect our kids and reduce access, such as increasing the sale age of tobacco products to 21, as with the bill before you today. Effective legislation to raise the minimum age of sale to 21 should cover all tobacco products, including electronic cigarettes. It should provide public education and training and technical assistance to retailers. It should implement measures for active enforcement, such as retailer licensing and penalties, including a license suspension and revocation, and it should incorporate FDA recommendations regarding sampling to persons under the age of 21. This is a critical issue, the FDA and the Surgeon General calling e-cigarette use across the country an epidemic and now is the time to -- now is the time to act.

And then very briefly on S.B. 922, the sunscreen bill, we did not weigh in with written testimony as of yet, but we are planning to, but in the meantime, good bill, ought to pass.

REP. STEINBERG (136TH): Haven’t heard that all session. Thank you for that. Thank you, Bryte, for your years of advocacy with regard to Tobacco 21 and
for your very clear and determined efforts to provide us with workable language that this committee can consider this year. We know we still have a few issues left to wrangle, but it’s been very helpful to have stakeholders from across the spectrum involved with this process and I think it’s been a very good process to bring us to this point. Suffice it to say, we’re hopeful that the committee will have a bill for it to consider voting on at committee shortly and that we appreciate your input ongoing to make sure that we do it in an appropriate fashion that’s fair to everyone. Are there any comments or questions? Representative McCarty followed by Representative Petit.

REP. MCCARTY (38TH): Thank you, Mr. Chair, and thank you, Bryte, for I know you’ve been working on this for quite a long time and agree with many of the comments today, but I’m reading through some of the testimony. Some of the -- For instance Trinity Health makes mention that there may or should be possibly an exemption for therapeutic or for medical purposes for some of the vaping products and wondered if you had an opinion on that.

BRYTE JOHNSON: Well, I know the concept of vaping, not necessarily specific to e-cigarettes, but there are medical applications that involve vaping. I think that their concern is that they want to make sure that those products under the medical umbrella are available. I believe that specific to electronic cigarettes, those absolutely I think do need to be regulated and included in Tobacco 21. I think it’s important to note when we’re talking about -- you’re hearing and I’m sure you have heard and will hear about the potential for these products
-- electronic cigarettes to be used as a smoking cessation tool.

I think it’s important to note a couple of things. A lot of that information is based off of studies that were conducted in Europe. The European Union a couple of years ago passed a law that required that the milliliter content of those products be no greater than 2 milliliters per. We do not have such regulations here in Connecticut or here in America. As a matter of fact, JUUL, which is the number one selling product right now, those regularly come in 5 milliliter sizes, so that’s more than two and a half times what is appropriate and what is being used in Europe.

Additionally, there are considerable marketing regulations in Europe that we do not have here. We have over 15,000 flavors available here in America. None of them are regulated, which is obviously incredibly problematic and the concept of these being cessation devices, it’s very important to note that the FDA has not approved a single one of these for cessation devices. It would be as if I came up to you and said look, I drink a pint of vodka every night and I haven’t smoked a cigarette since I started this. It doesn’t mean vodka is a cessation tool, you know. These -- Part of the problem is -- Part of the problem is because they’re not regulated, we have wildly different examples, wildly different products, some that can be refillable, some that are throw-aways, and you can vape other things with these products. You can vape pot, you can vape heroin, you can vape alcohol.

How can we possibly say that’s a smoking cessation tool when at one moment you can be -- you can be
vaping something that is relatively not as dangerous compared to the very next thing that you might use in the same device that could be heroin or something -- it’s virtually going to be impossible. The FDA is not going to approve all e-cigarettes as a cessation device. If they were to ever prove something, it would be one device or two devices that meet specific specifications. None of that is in play right now, so when they say these are cessation tools, they’re not. None of them have been -- have been designated as such by the FDA yet, just to put that out there.

REP. MCCARTY (38TH): Thank you for your response. I was looking more at nebulizers for asthma and things of that nature.

BRYTE JOHNSON: Yeah, I think that the CHA has some language that they have been working on to -- for the bill to exempt those specific devices for those specific purposes.

REP. MCCARTY (38TH): Thank you.

REP. STEINBERG (136TH): Representative Petit followed by Representative Zupkus.

REP. PETIT (22ND): Thank you, Mr. Chair. Thank you, Bryte, for your testimony. You tend to have a fairly encyclopedic knowledge of a lot of data, so I’m wondering if the ACS has a position on vaping for getting people off cigarettes given -- My understanding, and I’m happy to be corrected and educated, we have cold turkey, we have nicotine replacement products, we have varenicline and we have bupropion. Now we have vaping. I thought the current thought was that vaping and decreasing amounts was actually more effective than the other
products, so it’s not been out there for long and there are no long-term studies, so I’m working if the ACS has any insight into that or any opinion in terms of getting people off of tobacco products?

BRYTE JOHNSON: Well, for one, I think part of this is also the marketing of these products. They’re not -- if you pay close attention to the marketing, they’re not saying quit, they’re saying switch, so while on the one hand I think that there could be an argument made about the benefit of switching to a combustible nicotine product to an electronic cigarette, the fact is that nicotine is still nicotine and it’s still an addictive product and they’re not -- they’re not marketing these things as use as a cessation tool and then you’ll never use nicotine again. They’re marketing -- They’re being used to okay, go away from your Marlboro and instead use this, but again, one JUUL has enough potency to equal a pack of cigarettes, so part of this is just a semantic issue. They’re claiming them to be less harmful and, you know, a match is less harmful but an acetylene torch, but I’m not letting my kid have either one of them

REP. PETIT (22ND): Yep, I hear you. We were both at the vaping forum together, but I’m still wondering if ACS, in terms of their scientists or people, did they review? Do they feel in terms of the products that are combustibles versus vaping, excepting the issue of super-heated heavy metals that may get into vaping products because the way the coils in there, whether or not they think it’s less harmful in general if used the way it was intended, to try to get people off of cigarettes, you know, which is what I’m driving at, not to get
people to vape, but to get people off of cigarettes completely?

BRYTE JOHNSON: Less harmful, yes, but that doesn’t mean safe.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): That is somewhat where I was going down the road of you are a wealth of knowledge and you know, vaping, I guess I could say at one point, was less harmful maybe than smoking cigarettes if it was done correctly. What about smoking pot? Now legalizing pot is going to become available probably at some point. What is -- Is it less harmful to vape it or then it would be -- because to me is horrible.

BRYTE JOHNSON: I’m sorry, to vape pot?

REP. ZUPKUS (89TH): Yeah.

BRYTE JOHNSON: Is less harmful to vape it versus smoking? I have no earthly idea. That’s an issue area that -- I know my organization is strongly urging that for one, the feds reclassify marijuana from Schedule to Schedule 2 because Schedule 1 precludes research being done on it and we have long argued that there needs to be significant research to continue on marijuana, including delivery methods as to whatever potential health benefits or health problems could be caused and one of the impediments of that research is that drugs that are listed as Schedule 1, it is not legal to test them for medicinal purposes and that needs to change. We do not support the legalization of marijuana, but I can’t speak from my personal knowledge base as to
whether or not one delivery system is safer than another for that.

REP. ZUPKUS (89TH): Because if it passes, I’m sure that vaping it would be legal, too.

BRYTE JOHNSON: You know, obviously very gratified in all the conversations related to the potential legalization of marijuana that the conversations have always included making 21 the age, if that helps at all.

REP. ZUPKUS (89TH): Thank you.

SEN. ABRAMS (13TH): Any other questions, comments? Thank you very much for your testimony.

BRYTE JOHNSON: Thank you.

SEN. ABRAMS (13TH): Pareesa Goodwin? Is it Charmchi?

PAREESA CHARMCHI GOODWIN: Charmchi.

SEN. ABRAMS (13TH): Charmchi, lovely. Welcome.

PAREESA CHARMCHI GOODWIN: Thank you so much. Good afternoon, Senator Abrams, and Honorable Members of the Public Health Committee. My name is Pareesa Charmchi Goodwin. I am the executive director of the Connecticut Oral Health Initiative, a nonprofit that advocates for protecting and improving oral health across the state of Connecticut. I strongly support this bill because tobacco, including smoking and vaping or e-cigarette use, is detrimental to oral health as well as overall health. I wanted to thank Representative Cook for sharing your story and I also wanted to let you know that my father began smoking at the age of 14. He then in his 20’s met my mother, who is a registered dental hygienist and
she told him that he better stop it because he already had a bunch of dental problems related to it. He still battles with the addiction, but he is not a daily smoker, which is a wonderful thing.

So as my colleagues have said, there’s a lot of research showing that the most effective way to avoid becoming a smoker is to delay use. We know that about 90 percent of adults who smoke daily started in their teen years and 80 percent of them already started daily smoking before the age of 21, so we need to delay the use in order to prevent a lifelong harmful smoking habit. Raising the age to 21 is going to decrease high school students’ exposure to tobacco products because they’re likely to be in the same social circles as people who will be able to legally purchase the product.

We know that 15-year-olds are getting the tobacco products from 18-year-olds because they are in the same school with them, they might be friends with them, etc., so the more distance we put between really the young teens that we don’t want to start smoking, the better. The Department of Public Health found that about 18 percent of Connecticut high school students are smokers. The majority of that group are e-cigarette smokers and while about half of high school smokers report that they try very hard to quit, the addictive nature of nicotine is very difficult and statistically three out of four of those teens will become adult daily smokers.

In addition to the many health implications of tobacco addiction, tobacco use can lead to serious dental problems, including oral cancer, loss of bone in the jaw, tooth loss, gum disease and inflammation and infection that contributes to diabetes, heart
and lung disease, poor birth outcomes, such as low birth weight, and other health conditions. E-Cigarette use is also associated with smoking initiation amongst young people and can lead to dental problems that are very similar, oral mouth cancer, mouth and throat infections, gum disease, tooth loss, etc. A number of Connecticut municipalities have already passed local Tobacco 21 ordinances and six states have done so as well. Raising the tobacco age to 21 is going to decrease tobacco use, nicotine addiction, and ultimately improve health, save lives, and reduce healthcare costs. Thank you so much for the opportunity.

SEN. ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Representative Comey.

REP. COMEY (102ND): I was wondering if you had -- if there’s data -- are there higher incidences of -- for the vaping, the effects of vaping? We all know what the effects of tobacco is on the teeth, what about for vaping?

PAREEESA CHARMCHI GOODWIN: For vaping? You mean like discoloration and bad breath or what do you mean specifically?

REP. COMEY (102ND): No, probably just chronic, you know, chronic oral health issues?

PAREEESA CHARMCHI GOODWIN: Absolutely. I don’t have specific statistics on that. I did cite -- I did cite a source that had some information about the associations. There aren’t as many studies yet on e-cigarette use, but they are seeing that there is a lot of the same inflammation, bleeding, recession of gum tissue, really a lot of the same problems and
there -- and there have been some cases of the battery actually exploding in the mouth and causing some pretty disturbing problems.

REP. COMEY (102ND): Thank you very much.

PAREESA CHARMCHE GOODWIN: Thank you.

SEN. ABRAMS (13TH): Any other questions or comments?

PAREESA CHARMCHE GOODWIN: If you’re in for a fright, you can Google it, but prepare yourself.

SEN. ABRAMS (13TH): Thank you for your testimony.

PAREESA CHARMCHE GOODWIN: Thank you so much and please reach out to me if you want to follow up.

SEN. ABRAMS (13TH): Geralyn Laut.

GERALYN LAUT: Good afternoon and thank you all for being here despite the storm. My name is Geralyn Laut and I live at 126 South Mill Drive in Glastonbury. I am here to speak to you in my own personal behalf, but also as a board member of the Region 4 Behavioral Health Action Organization, soon to be known as AMPLIFY. As an organization committed to the health and wellbeing of individuals with mental illness and substance abuse disorders, as well as advocates for the delivery and promotion of prevention strategies, we urge you to pass 7200, House Bill 7200. Tobacco 21 will diminish youth access to tobacco and nicotine in all its forms; cigarettes, cigars, skinny cigars, cigarillos, snus and the hundreds of electronic delivery devices now available in every corner store, gas station and on the internet, in essence, within walking distance of
adolescent or at the fingertips of every adolescent in our state.

We currently know that nearly one out of every two tobacco users will die from a tobacco related disease. For me, that fact says it all. As a tobacco treatment specialist offering group support and individual counseling over a span of 30 years, I’ve never ceased to be amazed at the powerful hold that nicotine has on an individual. Fear of the known risks and consequences of smoking, nor an actual diagnosis, seem to be enough to deter long-time smokers from continuing to feed their nicotine addiction to nicotine. I know this from my first-hand experience.

While serving as a smoking cessation counselor for the Meriden Health Department from 2011 to 2017, I am aware of the death of seven of my successful clients, cases where quitting could not offset the damages. I'd like to think that I've saved some, that I’ve improved the quality of life for many and added life years for others, but I'm here to beg you to prevent tobacco related deaths from occurring in the future. We all should be concerned about the epidemic we are seeing among youth with regard to the use of E-cigarettes and vaping. Although the proponents of vaping will tell you how it is intended to help smokers quit, they don't tell you how much money those individuals are going to spend on the latest device on the market, on the E-juice or the nicotine cartridges they’ll be buying forever.

Unlike approved cessation medications, there is no prescription or time limits for the use of a nicotine delivery device. Mimicking the ritual of
smoking and the high nicotine content and the frequency of use because there’s no barriers to smoking indoors or at your desk or in a restaurant, the higher frequency of use will result in an even higher level of nicotine dependence both for adults and youth. The industry, with their predatory marketing tactics --

SEN. ABRAMS (13TH): Excuse me, Ms. Laut --

GERALYN LAUT: -- are merely luring lifelong consumers.

SEN. ABRAMS (13TH): Excuse me, your time is up. Can you please sum up? Thank you.

GERALYN LAUT: Developing brains that become dependent on nicotine will be long-term consumers of nicotine delivery products. Please raise the legal age and while you’re at it, raise the tax on all related products, regulate and/or restrict flavorings and other marketing ploys. Thank you.

SEN. ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments from the committee? Thank you very much. Byron Kennedy. Welcome.

BYRON KENNEDY: Thank you. Good afternoon, distinguished members of the Public Health Committee. So thank you for the opportunity to submit testimony in support of H.B. 7200, AN ACT PROHIBITING THE SALE OF CIGARETTES, TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS, AND VAPOR PRODUCTS TO PERSONS UNDER THE AGE OF TWENTY-ONE. You know, my name is Byron Kennedy, you know, and I’m the health director for the City of New Haven and as director, I’m responsible for ensuring
the health and safety of nearly 130,000 residents. I am also a physician board certified in preventive medicine with clinical experience in providing care to both children and adults.

According to the National Academy of Medicine, raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives. Research indicates that many smokers transition to regular, daily smoking between the ages of 18 and 21. Many young adult smokers in this age group serve, they serve as a social source of tobacco products for other youth that are younger than them, so it’s not surprisingly, you know, that the tobacco industry has long targeted -- history in focusing on this particular age group. Importantly, you know, the same National Academy of Medicine projects that by raising the minimum age, smoking rates will be reduced by 12 percent and smoking-related deaths will be reduced by 10 percent, so that’s insignificant given how common this is.

And then when you think about what’s going on nationwide, we know that there’s a growing number of jurisdictions have increased the minimum legal sale age for tobacco products to 21 in six states, you know, which are California, New Jersey, Massachusetts, Oregon, Hawaii and Maine. In addition to that, we also have about 380 localities around the country that have taken similar efforts that includes New York City, Chicago, San Antonio, Boston, Washington DC, Cleveland, Minneapolis, and both Kansas Cities. According to the Centers for Disease Control and Prevention, the overwhelming majority of adults, including seven out of ten smokers, support raising the tobacco age to 21.
Further, there are many other organizations that endorse this change as well and I’ll cite, you know, some of those, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American Cancer Society, which you heard from earlier, the American Heart Association, the American Lung Association, the American Medical Association, and the American Public Health Association, as well. So in summary, I strongly support H.B. 7200 because it will protect the health and safety of Connecticut's youth by reducing their exposure risk to tobacco and smoking. Thank you for your consideration and I’m available for questions.

SEN. ABRAMS (13TH): Thank you very much. Are there any questions? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chairwoman. Same question, Dr. Kennedy, that I’ve asked other people because you have a specialty in preventative medicine, where would you place vaping in terms of helping people get off of cigarettes? Do you still think it’s useful and we’re talking about the age of 21 and it seems like most people are really in favor of pushing that initiative. There’s not a lot of pushback on that, even when we met with folks from industry. I’m wondering what’s your thoughts or if you’re up to date with the literature in terms of the positive effects in terms of people trying to get off of tobacco that are over 21?

BYRON KENNEDY: I think when you consider, you know, harm reduction strategies to help someone get off, you know, tobacco products, generally you’re going to be talking about a percentage who is nicotine dependent and for somebody who is nicotine dependent, that’s often times going to be somebody
who is smoking at least one pack and day and they’ve been doing that for a while and the data kind of show when you’re talking about the younger age group, they’re not, you know, quite maybe at that level often times and so to actually frame, you know, that, you know, these vaping products are a way to help them reduce their tobacco. I think, you know, it may sound ingenious, but in many cases that same age group is not nicotine dependent early -- at least many of them are not nicotine dependent at that time and so rather than actually providing them with a harm reduction to cut them off of nicotine dependence, you know, I think some of the studies that we’re seeing right now, which are early albeit, it looks like it’s becoming a gateway to, you know, further smoking and use of nicotine products.

REP. PETIT (22ND): I appreciate that. Thank you, Doctor. Thank you, Madam Chairwoman. Any other questions or comments? Thank you very much for your testimony.

BYRON KENNEDY: Thank you.

SEN. ABRAMS (13TH): Jane Reardon, please.

JANE REARDON: Distinguished chairpersons and members from the Public Health Committee, my name is Jane Reardon. I’m a pulmonary clinical nurse specialist and a long-time volunteer for the American Lung Association. I am deeply committed to the American Lung Association’s mission, which is to save lives by improving lung health and preventing lung disease. I am here today to express support of House Bill 7200, a comprehensive approach to preventing youth tobacco access and use. As others have testified, tobacco remains the leading cause of
preventable death and disease in Connecticut. Every day in my role as a pulmonary clinical specialist, I see the negative impact tobacco has on our Connecticut residents. I’ve been a nurse for over 50 years and as a nurse, I’ve worked with people who are addicted to tobacco products, who are motivated to quit, but lack the ability and resources to do so.

Many continue to smoke, despite knowledge of its effect on their failing health. They can no longer participate in work and family activities that bring them joy. Most of them desperately want to quit smoking, but lack the resources to do so on their own. They are not weak or unmotivated people. These are people who have become addicted to a legal product that has been peddled to them by an industry that spends billions on clever marketing every year. Quitting using tobacco can be one of the most challenging things a person does in his or her life. Helping to prevent youth from ever starting down the path of nicotine addiction would be an incredible success. There are currently, as others have said, 56,000 kids alive today in Connecticut that will die prematurely due to their tobacco use and nearly ninety-five percent of adult smokers tried their first cigarette by the -- before the age of 21. We must do more to protect youth from this horrible addiction.

Thank you for your time and consideration of this important issue and again, tobacco takes a huge toll on our state and I appreciate having the opportunity to talk about reducing the burden of tobacco use we see today day in and day out. I urge you to pass House Bill 7200. Thank you.
SEN. ABRAMS (13TH): Thank you very much for your testimony. I appreciate you being here today and waiting to testify. Are there any questions or comments? Thank you very much.

JANE REARDON: Thank you.

SEN. ABRAMS (13TH): Jim Williams, please. Welcome.

JIM WILLIAMS: Thank you and thank you for the opportunity to speak today on support of the bill. We’d like to request an amendment be made to the bill. In line 88, menthol, mint, and wintergreen are excluded from the ban of characterizing flavors. We respectively request that these flavors be banned as well. Flavors including menthol, mint, and wintergreen make it easier for beginners, primarily youth, to experiment with the product and to ultimately become addicted. Why ban flavors? Well, first, you’ve heard a lot today about how youth are utilizing these products in high school and middle school.

They’re also using it in elementary schools, as was highlighted in an October article in Stratford, Connecticut, which I’m happy to share after, but the tobacco industry has understood for a long time that adding flavors to their products are extremely helpful in hooking a new generation of users. They refer to kids as replacement smokers to replace those that are no longer able to purchase their products because they have since died from tobacco-related disease. Nearly 82 percent of kids who have used e-cigarettes have done so because they come “in flavors I like”.

The latest data shows an 75 percent increase in e-cigarette use among high school students in
Connecticut this year compared to 2017. Finally, according to a recent Yale University study, e-cigarette users are seven times more likely to eventually smoke cigarettes compared to those youth who have never used e-cigarettes. Would this bill’s flavor ban in vaper products interfere with adult consumer choice and be unfair? Youth risk is paramount. It seems clear to me that in closing the on-ramp for kids, we’re going to have to narrow the off-ramp for adults who want to mitigate off combustible tobacco and onto e-cigarettes.

I would also like to share with you the New England Journal in Medicine has addressed this concern; the public health problem that e-cigarettes can help solve by helping people who are uses of combustible tobacco products stop smoking by switching to vaping is adequately addressed by liquids that are not flavored to appeal to adolescents.” I also wanted to quickly comment on a conversation earlier this morning about potentially carving out the military. I served eight years in the Marine Corps, the majority of which was spent deployed overseas. RJ Reynolds and other big tobacco companies were always very generous and constantly supplied with cases of free products. I don’t believe it was patriotism first and foremost, but rather the never-ending quest to identify replacement smokers.

Today I have friends that I served with that have struggled to quit and are dealing with smoking-related disease. The Department of Defense, I’m summarizing, the Department of Defense has a stated goal of being tobacco free by 2020. They want their troops healthy and mission capable, not wheezing and out of breath. Like the Department of Defense, we
would not support a military carve-out. We hope we can count on your support for this bill. Thank you.

SEN. ABRAMS (13TH): Thank you very much. Are there any questions or comments? Representative Cook.

REP. COOK (65TH): Thank you very much and thank you for being here. I do have a really quick question as you were just discussing the military piece of this and they provide tobacco products or other companies, obviously, provide tobacco products, but the military has a dedication to being tobacco free by 2020 you said?

JIM WILLIAMS: Correct.

REP. COOK (65TH): Do you know, do they offer tobacco free products as far as like the patch or other things if you’re trying to quit?

JIM WILLIAMS: I could certainly find that out for you. It’s been quite some time since I served. I got out in 1996. I can tell you that the Department of Defense spends $1.6 billion dollars on tobacco-related medical expenses currently and also $5 billion dollars annually at their VAs on COPD. I am very sure that they do provide those products and I’m more than happy to follow up with you after the hearing with some citation to that.

REP. COMEY (102ND): Yeah, anytime you could get some information, that would be interesting to see that if they’re welcoming -- I mean, as much as they’re trying to push the removal of tobacco products, are they still welcoming the donations, if you will, to their soldiers -- the military men and women and if they do offer the ability find some
type of a product to help somebody become tobacco free, that would be great. Thank you.

JIM WILLIAMS: You’re welcome.

SEN. ABRAMS (13TH): Thank you. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Madam Chair, thank you, Jim, for coming today. Thank you for your service. I was the one that brought that up with the military and I do not believe in any way shape or form that smoking or vaping is good for you. I smoked when I was cool young, right, and never smoked again. But my question is in regards to the flavor. I still feel that way about the military, though, if they’re going to get rid of it, then that’s fine and then we can follow along, we don’t have to worry about them, but until the military does it, I think we should consider that. As far as the -- I just lost my train of thought what I was going to ask you.

JIM WILLIAMS: Flavor ban?

REP. ZUPKUS (89TH): Oh, flavors, thank you. As far as the flavors go, cigarettes have flavors, right, so they have menthols and they have regulars, but then they’re all different kinds that taste differently, maybe not blueberry or cherry, but there’s chive -- I think they’re called chives or something cigarettes, there are all different kinds of flavors, so should we ban those flavors? If we’re banning flavors for vaping, should we ban flavors for cigarettes? Should we ban flavors for alcohol because alcohol has all kinds of flavors?
JIM WILLIAMS: Well, I believe the way the bill is written is it would ban flavors in all tobacco products. It just exclusively carves out menthol and wintergreen. I mean, I can share my personal opinion with you on this. You know, I’ve lost my father, a grandfather, a grandmother, and a brother-in-law to smoke-related disease and I have two young boys who are 10 and 12 right now and I strongly believe that banning flavors would make it more difficult for them to initiate, you know, a tobacco habit. I think by increasing the sales age to 21 makes it more difficult for them to get their hands on those products in the first place. I would agree with you that, you know, potentially if a flavor ban could be viewed as a taking away a right as an adult, however, the charge of the committee, the public health for the people of Connecticut, adults and children, I think perhaps more weight should be put on protecting children with the flavor ban, even though it would also apply to adults, so all flavors should be banned. The FDA, I believe, a number of years ago banned the flavoring of combustibles with the exception of mint, menthol, and wintergreen.

REP. ZUPKUS (89TH): Okay, thank you.

JIM WILLIAMS: You’re welcome.

SEN. ABRAMS (13TH): Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you for your testimony and service. This is more a point of information, Madam Chair, that as far as I’m aware, I think this goes to Representative Cook’s question, through you, Madam Chair, is that the VA offers tobacco replacement -- nicotine replacement products, varenicline, bupropion,
counseling. They have a quit line seven days a week and they have a text system where you can daily texts to get you off cigarettes and will offer coaching for people, so they’re doing everything in their power and as I recall, people were here two years ago, we had a number of people in the military come in. we received testimony from folks who had banned tobacco products, I think Hawaii was one of the bases and western U.S. service, a half a dozen bases where tobacco products were banned because even though they were legal for people above 18, they didn’t want their folks in service to be exposed to cigarettes, so they -- actually the commanders at those bases banned them from those bases. Thank you, Madam Chair.

SEN. ABRAMS (13TH): Thank you for that, Representative Petit. Are there any other questions or comments? Thank you for your testimony.

JIM WILLIAMS: Thank you.


NATALIE SHURTLEFF: Hi. So I’m Natalie Shurtleff. I’m with the American Cancer Society, Cancer Action Network, and you already heard from my colleague, Bryte Johnson, who Representative Petit mentioned, is kind of the encyclopedia, so he talked about the facts. We submitted our written testimony, but I just wanted to speak on a personal note. My grandparents were smokers. They started at a time when smoking was normal. We didn’t know all of the negative health facts, at least they certainly weren’t as well known, and they both spend a lifetime battling nicotine addiction, trying to quit. Both were eventually able to quit smoking,
but I mean, I still remember going to my grandfather's house when I was kid and it being smoke filled and he wanted to quit, but he couldn’t, and unfortunately, by the time they quit, it was too late.

My grandfather, we lost him a year and a half ago to tobacco and so he didn’t get to see me get married. He was too sick to travel to my wedding. He didn’t get to see any of my cousins or my siblings get married. He never got to meet my son or any of his great-grandchildren. Tobacco took that from us. And my grandmother, you know, fortunately she’s still here with us, but she has COPD, she has heart disease, and she spent the last decade and a half in and out of hospitals, not a life that I would want to live.

And we have been making progress. My generation was using cigarettes, using tobacco products, at a far lower rate than my grandparents’ generation, but unfortunately, we’re seeing all of that progress rolled back. We’re seeing a new generation getting addicted to e-cigarettes. It’s a rising epidemic and I fear that we’re going to lose all of the progress that we’ve made as more and more kids are becoming addicted and we’re seeing, you know, young people starting to use e-cigarettes and then transitioning to other tobacco products, as well. It’s not just e-cigarettes that they’re addicted to. And so I urge you guys, I beg you guys, to please do something, increase tobacco sales age from 18 to 21 so that we can finally have, you know, make steps towards the first tobacco free generation. Thank you.
SEN. ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony.

NATALIE SHURTLEFF: Thank you.

SEN. ABRAMS (13TH): Ruth Canovi. I’m sure I’m killing it, right?

RUTH CANOVI: It’s Ruth Canovi, that’s very close, thank you. So distinguished members, chairpersons and members of the Public Health Committee, thank you so much for the opportunity to talk today. My name is Ruth Canovi. I’m the director of advocacy for the American Lung Association in Connecticut. We support increasing the age -- sales age of tobacco to 21. You’ve heard lots of statistics; that 4,900 Connecticut residents die to tobacco annually. Tobacco costs Connecticut more than $2 billion dollars annually in healthcare costs. You’ve heard all of the electronic cigarette data, so I wanted to take a little bit to talk about all tobacco products. We kind of think, you know, traditional cigarettes, those are kind of a thing of the past, but when we look at demographics and kind of the underserved populations, use of combustible cigarettes and other tobacco products is still really high.

So 19.9 percent of people over -- 18 and over use tobacco products. When we look at households with an annual income less than $25,000 dollars, we’re looking at 29.3 percent of those households compared to 15.9 percent of households with an annual income of $75,000 dollars or more use tobacco. When we look at education, we’ve got 31.6 percent of people over 18 with no high school diploma use tobacco
compared to 11 percent of college graduates use tobacco, so I think there’s a lot that still needs to be done when we’re looking at the disparate populations or underserved populations with traditional tobacco as well, so another reason to increase the age.

This is also why it’s so important to include all tobacco products and to include the sale of -- or prohibit the sale of flavored tobacco. Menthol cigarettes do not affect everyone equally. Use of menthol cigarettes is more common among youth, female smokers, LGBTQ smokers, those with mental illness, and racial and ethnic minorities, especially African Americans. Nearly nine and ten African American smokers age 12 years old or older use menthol cigarettes. This is not by chance. The sale and marketing of menthol cigarettes disproportionately burdens the African American community by the tobacco industry. Raising the tobacco sale age of all tobacco products in the state would help prevent more youth from succumbing to an addiction that could cost them their lives.

We already know that the teen brain is especially sensitive. One point I wanted to make was that we don’t know the long-term impacts of the electronic cigarettes. They have not been in the market long enough to know what they can do long-term and so they are not an FDA approved cessation device and I’d just like to point that out there and Connecticut was a leader in tobacco prevention and policy in the early 2000’s and so --

SEN. ABRAMS (13TH): I’m sorry, your time is up, so.
RUTH CANOVI: Yeah -- just to step it up again, so we really appreciate the dialog this year. It seems like there’s some good momentum and appreciate you hearing this today. So thank you.

SEN. ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony.

RUTH CANOVI: Thank you very much.


LINDA ALDERMAN: Thank you. Good afternoon and thank you for giving me the opportunity to speak today. My name is Linda Alderman and I’m a homeowner in West Hartford where I’ve lived for 30 years. I’m also a legislative ambassador for the American Cancer Society’s Cancer Action Network. I’m here to testify today in support of House Bill 7200 and I have two reasons for my support. My first reason for supporting the bill is that I am a two-time breast cancer survivor and there was no possible law that could have prevented my diagnoses. Most forms of cancer just can’t be prevented. This is not the case, however, with tobacco-related cancers such as lung cancer.

Smoking accounts for about 30 percent of all cancer deaths in the United States. The postponement of the legal purchase of tobacco products from age 18 to age 21 would decrease the number of young adults who start to smoke, thereby decreasing the number of people who eventually get smoking-induced lung cancer. I wish there was a law that could protect people from getting breast cancer, but there isn’t. This bill, however, can protect our youngest adults from starting an addictive habit that can
significantly increase their risk of getting lung cancer and I support its passage.

The second basis for my testimony and support today relates to my father who became a heavy smoker starting at age 17 after joining the armed forces when the United States joined World War II. He died of lung cancer at age 79 after a decade of suffering and his lung cancer was caused by his lifelong addiction to nicotine. His demise was slow and excruciatingly painful. When I was a child, I would beg my father to stop smoking so that he would live long enough to know his grandchildren, but he died when my children were very young. I miss him every day. My father was a brilliant attorney who loved his family and knew the risks of smoking. He wanted to stop smoking and he tried to stop many, many times, but he could not break the addiction. He had smoked for too long. He would often tell me that when someone starts smoking in their teenage years that it becomes too hard to quit. I watched him try to stop and I watched him fail time and time again until smoking eventually killed him. Had my father had the benefit of a legal smoking age of 21, he probably never would have started smoking and he would have had time to live his life to its fullest. He can’t be here to testify in support of H.B. 7200, but I know without a doubt that he would have wanted me here to testify in support of this bill as his proxy. Thank you.

SEN. ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee? Thank you for your testimony.

LINDA ALDERMAN: Thank you.
SEN. ABRAMS (13TH): Roger Levesque. I’m not even close, I know. You tell me.

ROGER LEVESQUE: It’s Levesque.

SEN. ABRAMS (13TH): Levesque, thank you.

ROGER LEVESQUE: Thank you. So my name is Roger Levesque. I’m from Newington, Connecticut. I’m here in support of Bill 7200. I dare you guys to try to find somebody who has not been affected by cancer. I’ve seen first-hand the devastation and sorrow it causes. My father-in-law who had become one of my good friends, Gary, heard those three words, “you have cancer”. He had a very aggressive form, they found it too late, and he ran out of time seven months later. Gary was a smoker, but think if he was educated about the dangers of tobacco when he first started as a teenager, when laws were in place to help stop him from trying, he might never started smoking and would have been around to watch his grandkids grow up. You have an opportunity to help reduce the number of children who use tobacco in this state. I have a 16-year-old daughter who you will hear from named Evelyn and a 13-year-old son named Brandon. It scares me to death that they will one day try some sort of tobacco product. I know how addictive it is. I was hooked on cigarettes for 28 years. Why not? It was easy and cool at the time. Until losing Gary scared me to quit, I may have been on his same track. You’ll hear from some of our youth how widespread vaping product abuse is. You see in the news students getting very sick from overdosing on JUUL products.

These products are advertised as safe alternatives to tobacco, safe. They make fruity flavors and
package it in pretty colors just to target the youth. They’re replacement smokers because when your product literally kills the people who use it, all of the efforts are to find replacements. They spend millions of dollars marketing our youth and as a state, we spend zero dollars to combat that. Next year, my son will be starting high school. He is an athlete and being an athlete, he is immediately going to be integrated with seniors, whether on the field or in the gym, he will be spending a lot of time with them, kids old enough to buy vaping products. Do you remember what’s like being around a bunch of seniors as a freshman, how you don’t want to do anything to draw attention to yourself. What of one of these upperclassmen is a JUUL-er and decides my son is the one he’s going to pressure into trying it.

I’m scared to death that he will be forced into this situation or any of his friends will be forced into this situation because an 18-year-old senior can legally buy these things. We need to get this stuff out of our schools. We need to make sure our children don’t have to choose between upper classmen ridicule and a habit that will eventually kill them. As a cancer advocate for the American Cancer Society, Cancer Action Network, it blows my mind that a conscious decision was made by this state’s leadership to do nothing when it comes to tobacco control. We must do more for my kids’ future and for the future of all the kids in Connecticut. Thank you.

SEN. ABRAMS (13TH): Thank you very much and I think you’re right. We do have an amazing opportunity here, so I appreciate your testimony.
ROGER LEVESQUE: Thank you

SEN. ABRAMS (13TH): Are there any questions or comments? Thank you very much. Evelyn Levesque. This time I get to get it right. Welcome.

EVELYN LEVESQUE: Hi. My name is Evelyn Levesque and I’m from Newington, Connecticut. I’m a volunteer for the American Cancer Society, Cancer Action Network. We have come a long way in our fight against tobacco, but that does not mean our work is done, that does not mean that tobacco has stopped its devastating toll on our communities. Are you aware that 56,000 kids who are under the age of 18 and living in Connecticut will die prematurely from tobacco use? I go to the Greater Hartford Academy of the Arts and I am a junior, right around the age where seniors begin to give us tobacco and pressure us to try it and sadly, most of them do. I have a friend who is 15 years old. Her sister just graduated last year and for her birthday, her sister bought her a JUUL. At 15, she is now addicted to a smoking replacement. She is ruining her life thanks to her older sister.

I also have a 14-year-old friend who has gotten so addicted to his JUUL that when he ran out of money to purchase pods from the seniors, he decided to smoke a cigarette that he took from his parent’s kitchen and there are times when I’m at school and they have to completely shut down the bathrooms because the bathrooms are filled with smoke from people using their JUULs. I support Tobacco 21 because when I was 10 years old, I lost my grandfather to lung cancer. If he did not start smoking at an early age, he would still be around today to watch me grow up and maybe see me get
married. Tobacco has taken that away. My dad, Roger, was also peer-pressured into smoking at the age of 14 by 18-year-old seniors. I thank God every day that he quit, or I would be telling you about him. Raising the state’s tobacco age to 21 will save lives by preventing more of our young people from becoming addicted at an early age. We are the ones this policy impacts. We are the ones the tobacco industry views as the replacement smokers, but I refuse to be a replacement smoker. Thank you.

SEN. ABRAMS (13TH): Thank you, Evelyn. That was incredible testimony and it was really good for this committee to hear the perspective of a young person. It means a lot and I’m sure it has a big effect on the people in this room and the people who are watching, so have you ever testified before.

EVELYN LEVESQUE: Yes, I actually have.

SEN. ABRAMS (13TH): You’re very good at it and thank you for your voluntarism. Any questions or comments? Hold on a minute. Representative Petit.

REP. PETIT (22ND): She did a nice job with the vaping forum as well, so thank you for that. Thank you for coming in again. Glad we could do it on a snow day this time, so she doesn’t have to miss any school.

EVELYN LEVESQUE: So I didn’t have to miss school. Thank you.

SEN. ABRAMS (13TH): Wait a minute, Evelyn, hang on one second. Any other questions or comments? Thank you very much for your time.

EVELYN LEVESQUE: Thank you.
SEN. ABRAMS (13TH): Is that it? And that’s the end of my list. Is there anyone else in the room that wanted to testify today so you can have that opportunity? To the members of the committee, thank you so very much for your time today and on these important issues and thank you to the public and everyone who came to testify. Have a great evening.