The Senate was called to order at 3:21 o’clock p.m., President in the Chair.

THE CHAIR:

[Gavel] The Senate is Called to Order. Senators please take your seats and it is my great pleasure to call forward Reverend Bonita Grubbs of New Haven, our Senate Chaplain to lead us in prayer.

DEPUTY CHAPLAIN REVEREND BONITA GRUBBS:

Wise and loving God, you have called all of us to this noble task of promoting Connecticut's most promising future.

You have shown us many times how the impossible can become possible. Most recently, astronomers proved Albert Einstein's theory that black holes exist. We could never even view the light in them.

Therefore, I beseech you to lead us - legislators, staff, policy advocates and people in these hallowed halls - to see the light, be the light and show the light in, through the literal and metaphorical black holes around us. Amen
THE CHAIR:

Thank you, Reverend Grubbs and I would like to call Senator Christine Cohen forward to lead us in the Pledge.

SENATOR CHRISTINE COHEN:

(ALL) I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

THE CHAIR:

Mr. Clerk would you please call the Calendar.  Oops, so sorry, good afternoon Senator Duff, how are you?

SENATOR DUFF (25TH):

Thank you, Madam President.  Good afternoon, how are you today?

THE CHAIR:

Very well thank you and looking forward to starting business.

SENATOR DUFF (25TH):

Absolutely.  Thank you, Madam President.  Madam President, does the Clerk has Senate Agendas No. 1 and No. 2 on his desk?

CLERK:
The Clerk is in possession of Senate Agenda No. 1 and Senate Agenda No. 2, dated Wednesday, April 24, 2019.

SENATOR DUFF (25TH):

Thank you. Madam President, I move all items on Senate Agendas No. 1 and No. 2 dated Wednesday, April 24, 2019 be acted upon as indicated and that the Agenda be incorporated by reference to the Senate Journal and Senate Transcript.

THE CHAIR:

Thank you so much, Senator, so ordered.

SENATOR DUFF (25TH):

Thank you, Madam President. I have some referrals before we get to our Go List please.

THE CHAIR:

Okay. Please proceed.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar Page 1, Calendar 28, Senate Bill 560 like to mark that item to the foot of the Calendar, please.

THE CHAIR:

So noted.

SENATOR DUFF (25TH):
On Calendar Page 13, Calendar 141 Senate Bill 927 would like to refer that to the Energy and Technology Committee. Can the Senate stand-at-ease for a moment, please? Senate stand-at-ease for a moment.

THE CHAIR:

Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President and on that last marking encounter Page 1, Calendar 28, Senate Bill 560, we are going to take that off the Calendar and PR it.

THE CHAIR:

Thank you, so ordered.

SENATOR DUFF (25TH):

On Calendar Page 3, Calendar 51, Senate Bill 753 I would like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 11, Calendar 126, Senate Bill 4 would like to refer that item to Insurance Committee please.

THE CHAIR:
So ordered.

SENATOR DUFF (25TH):

On Calendar Page 13, Calendar 141, Senate Bill 927 like to refer that to the Energy and Technology Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 16, Calendar 162, Senate Bill 42 like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 18, Calendar 176, Senate Bill 356 like to refer that item to the Appropriations Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 21, Calendar 192, Senate Bill 134 like to refer that item to the Appropriations Committee.
THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 21, Calendar 193, Senate Bill 320 like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 23, Calendar 207, Senate Bill 48 like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 26, Calendar 228, Senate Bill 434 like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 30, Calendar 259, Senate Bill 702 like to refer that item to the Judiciary Committee.
THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 34, Calendar 290, Senate Bill 140 like to refer that item to the Finance Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 37, Calendar 216, Senate Bill 372 like to move that item into the foot of the Calendar.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 37, Calendar 317, Senate Bill 393 like to move that item to the foot of the Calendar.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 38, Calendar 319, Senate Bill 161 like to move that item to the foot of the Calendar.
THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 42, Calendar 353, Senate Bill 1070 like to refer that item to the Judiciary Committee.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

Thank you, Madam President and for our markings please.

THE CHAIR:

Thank you, so proceed.

SENATOR DUFF (25TH):

Calendar Page 41, Calendar 344, Senate Bill 1107 go. And if the Clerk could please call in that order.

THE CHAIR:

Thank you so much. Mr. Clerk. Would you please call the Calendar.

CLERK:

Page 2, Calendar No. 40, Substitute for Senate Bill 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES.

THE CHAIR:

Senator Maroney.

SENATOR MARONEY (14TH):

Madam President I move Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Will you remark?

SENATOR MARONEY (14TH):

Madam President, the Clerk is in possession of a Strike All Amendment LCO 7372, I would ask that the Clerk please call the Amendment.

THE CHAIR:

Mr. Clerk.
SENATOR MARONEY (14TH):

I move adoption of the Amendment and ask that its reading be waived and seek leave of the Chamber to summarize.

THE CHAIR:

The Question is on Adoption of the Amendment. Senator will you remark further?

SENATOR MARONEY (14TH):

Yes, thank you very much, Madam President. This amendment is a Strike-All Amendment and it is the result of work done by the Alzheimer’s Association and the Aging Committee to help promote awareness of Alzheimer and implement recommendations of a taskforce that had been previously established. What the Amendment does it requires, well it doesn’t require, it adds within one of the six categories concerning medical education to offer education on Alzheimer’s Disease awareness for both medical doctors and also Section 2 does the same for nurse practitioners. Currently, Connecticut is one of the, depending on what ranking you look at, it is the sixth or seventh oldest state in the country. This is going to be a rising need the education and there is no cure for Alzheimer’s right now you can only hope to slow down the progression of the disease so early recognition is critical. Currently there are 5.7 million Americans with Alzheimer’s and it is costing $259 billion dollars over the next 15
years the cost to treat dementia is expected to double.

THE CHAIR:

Thank you so much, Senator. Will you remark further on the Amendment? Will you remark further? Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. I rise to discuss the Amendment. I do recognize the Chairman’s good work with regards to this issue both in Committee and subsequently working with stakeholders surrounding this issue because as he stated Connecticut and particularly with Baby Boomers our aging population is exploding for two reasons. The Boomers are unfortunately getting older as well as individuals over 80 are the fastest growing segment of our population. Because of those trends it is becoming more and more important to recognize Alzheimer’s both from it’s early onset for two reasons, one is to protect the patient itself as well as to diagnose and to treat that disease because we know as Senator Maroney indicated it is a progressive disease. That is why the underlying Bill I think was so important and it is now important just for gerontology or gerontologists to understand Alzheimer’s. It is actually more important for individuals in the medical profession who do not treat Alzheimer’s to recognize, to detect and treat individuals at the earliest point.

For that reason I think the underlying Bill is the way to go with that. It is a Bill that came out of conversations with Yale School of Medicine, UConn
Health so it is medical professionals have brought this to the Aging Committee and while I recognize the good work of Senator Maroney in bringing forth an Amendment, I think, waters down the underlying Bill. And I think in this day and age with this population growing at the rate that it is, being able to identify and treat Alzheimer’s is becoming more and more important not only for the patient’s healthcare but also from a fiscal perspective because of its impact particularly on the Medicaid program. So I am going to rise in opposition to the Amendment because I think the underlying Bill is the better policy to pursue. It is the one that is more robust and will do more good for more people than watering it down. So for those reasons, I will be voting no on the Amendment. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Maroney will you remark further? Senator Anwar will you remark?

SENATOR ANWAR (3RD):

Thank you, Madam President. I rise to support the Amendment but I do want to make a couple of comments and as a physician in the community and interacting with the physicians and other clinicians in the community there are about some 11,900 physicians in the community so every time as a legislative body we say they are going to be required to do some continuing medical education programs that are mandated by the State of Connecticut you are, we are collectively 11,900 hours just from the physicians alone away from their work to take care of the patients and then the challenges people say we are
not able to get the patients in to be able to be taken care of because 11,000 human hours have been lost in some of these mandated medical education additions which most people would know without further training if you will. So I just want to make sure that while this is critical, it is a public health issue, it is important to have that education but we have to have a mechanism of protecting some of the time and everybody has a passionate disease, disease is a public health impact we just need to be cautious about this but I will be supporting this Amendment. Thank you, Madam President.

THE CHAIR:

Senator, thank you so much. Will you remark further on the Amendment? Senator Maroney.

SENATOR MARONEY (14TH):

I just want to thank Senator Anwar and Senator Kelly for their perspectives and their input. I thank Senator Kelly for all his work he was an invaluable resource throughout the Committee process and I would ask that a vote by taken by, a role call vote be taken on this Amendment.

THE CHAIR:

Thank you and with that we will open the machines to vote on the Amendment. Mr. Clerk would you please let everyone know.

CLERK:
An immediate roll call has been ordered in the Senate. An immediate roll call vote has been ordered in the Senate. An immediate roll call vote has been ordered in the Senate.

THE CHAIR:

Have all the Senators voted? Have all the Senators voted? Have all the Senators voted? The machine will be closed and the Clerk, will announce the tally.

THE CLERK:

LCO 7372 Senate Amendment A.

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THE CHAIR:

[Gavel] The Amendment is adopted and now for discussion on the Bill as Amended. Will you remark. Will you remark Senator Maroney.

SENATOR MARONEY (14TH):

Thank you very much Madam President. If there is no objection I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:
Seeing no objection, so ordered. And Senator Duff for a Point of Personal Privilege.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President I would like to yield to Senator Lesser please.

THE CHAIR:

Good afternoon, Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. I want to rise for a Point of Personal Privilege and I appreciate Senator Duff’s yield. I want to follow the House’s lead and for a moment of, take an opportunity to thank two exceptional young individuals who have helped my office out enormously this session without whom the Insurance and Real Estate Committee wouldn’t get anything done and they are my two interns, Olivia Frankline who is a student at CCSU studying political science and public administration and Dallas Emerly who is a student at Trinity College who is studying poly sci and sociology. So I would as that the Chamber please extend congratulations to them and I want to thank them for the work that they have been doing in my office. Thank you, Madam President. [Applause]

THE CHAIR:

Thank you, both and just watch carefully while you’re here before you make your final career choice. Senator Somers.
SENATOR SOMERS (18TH):

Yes, thank you, Madam President. I rise for a Point of Personal Privilege. I would like to introduce today Krista and Ray Jones they are up here in the gallery, Krista is a young student at Stonington High School and she is here to see the legislative process in, I guess, heated action today. Her and her father have come up and they have toured the Capital, looked at all the facilities and had a really interesting day looking at how we operate here and she will bring back the information to Stonington High School so I ask that you give her a warm welcome from the Senate. [Applause].

THE CHAIR:

Mr. Clerk.

CLERK:

Page 33, Calendar 280, Senate Bill 1001 AN ACT CONCERNING THE RECYCLING AND DISPOSAL OF SMOKE DETECTORS.

THE CHAIR:

Senator Cohen.

SENATOR COHEN (12TH):

Thank you, Madam President. Madam President I move for Acceptance of the Joint Committee's Favorable Report and Passage of this Bill.

THE CHAIR:
Thank you. Will you remark?

SENATOR COHEN (12TH):

Yes. Thank you, Madam President. This Bill concerns the recycling and disposal of smoke detectors. There are two types generally of smoke detectors, one that is commonly used contains an ionization chamber. In that chamber are the contents of radioactive isotope which obviously would cause some conflict upon disposal. There are conflicting instructions on how to dispose of these types of smoke detectors between agencies such as DEEP and our United States Environmental Protection Agency, so this Bill requires the Department of Energy and Environment Protection to submit a report inclusive of Best Practices with respect to the disposal and recycling of these particular smoke detectors.

THE CHAIR:

Thank you Senator Cohen. Will you remark further? Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. Madam President if I might just a few questions to the proponent of the Bill.

THE CHAIR:

Please proceed.

SENATOR MINER (30TH):
Thank you, Madam President. Madam President there is language here in Section 1 that talks about developing and program, let’s see, “Producer Responsibility Program” if I could, through you, is that been defined anywhere and in order for there to be some next step would the Agency be required to come back to the Environment Committee before establishing a fee if that is what the choose to come back with as a recommendation such as the fee that was established for disposal of mattresses or paint or anything else.

Through you.

THE CHAIR:

Thank you, Senator Miner. Senator Cohen.

SENATOR COHEN (12TH):

Thank you, Madam President. Through you and thank my good colleague for his question. The Bill states that the Agency would need to explore the efficacy of such an extended producer liability or responsibility program rather and as such would required them to come up with recommendations if you will but not go as far as to implement and EPR Program requiring any such fee from a manufacturer.

THE CHAIR:

Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. And as I recall during the testimony the concern was that in comparing the
number of smoke detectors that are sold on an annual basis and then knowing the pathway those might take for disposal the concern is I recall was that it ends up our MSW which could very well end up in an incinerator as opposed to some other recycled process where the topics of concern, the items of concern could be removed prior to that occurring. Am I correct?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Senator Cohen.

SENATOR COHEN (12TH):

That is also my understanding. Thank you.

And through you, Madam President.

To my good colleague it is my understanding that these particular portions of the smoke detector can indeed be removed from the smoke detector itself and again I would just reiterate that we are requesting that the agency report back on a means of disposal and recycling these devices and the hope would be that there would be some solid direction with which to take moving forward.

THE CHAIR:

Thank you, Senator, Senator Cohen. Senator Miner.

SENATOR MINER (30TH):
Thank you, Madam President. Madam President it is my intention to support the Bill here today. I did in the Committee. I think the Committee was very concerned that while we didn’t want to establish a policy that we were uncertain of we recognized that there was really something here that we should be sending a message about and trying to establish some process where the citizens of the State recognized perhaps the environmental defect in throwing them in their garbage. And so I think this is a good first step and I do support the Bill. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Will you remark further on the Bill? Will you remark further? Senator Cohen.

SENATOR COHEN (12TH):

Thank you, Madam President. If there is no objection I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:

Seeing, ah Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you, Madam President. I just wanted to object to the Consent Calendar. I would like a vote on this Bill.

THE CHAIR:
Thank you, Senator Sampson. Mr. Clerk if you would call the roll and the machines will be open.

CLERK:

An immediate roll call has been ordered in the Senate. An immediate roll call has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate.

THE CHAIR:

Have all the Senators vote? Have all the Senators voted. The machines will be closed and the Clerk will announce the tally.

CLERK:

Senate Bill 1001

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THE CHAIR:

[Gavel] The Bill is adopted. Mr. Clerk.

CLERK:

Page 12, Calendar No. 129, Senate Bill 919 AN ACT REMOVING THE TERM "HOMEMAKER" IN REFERENCE TO HOME HEALTH AIDE AGENCIES AND SERVICES.

THE CHAIR:
Senator Daughtry-Abrams.

SENATOR ABRAMS (13TH):

Thank you, Madam President. I move Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Will you remark?

SENATOR ABRAMS (13TH):

Thank you, Madam President. This Bill makes a technical change updating the terminology in the Statutes related to home healthcare by removing and replacing the obsolete term “Homemaker” with a more appropriate term “Home Health Aide.”

THE CHAIR:

Thank you. Will you remark further? Will you remark further? Senator Daughtry-Abrams.

SENATOR ABRAMS (13TH):

Madam President if there are no objections I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered. Mr. Clerk.

CLERK:
Page 4, Calendar 54, Substitute for Senate Bill No. 832 AN ACT CONCERNING REGISTRIES OF PERSONS FOUND RESPONSIBLE FOR ASSAULTS OR OTHER ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS OR PERSONS WITH DISABILITIES. There are Amendments.

THE CHAIR:

Senator Maroney.

SENATOR MARONEY (14TH):

Madam President, I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Will you remark?

SENATOR MARONEY (14TH):

Madam President the Clerk is in possession of a Strike-All Amendment LCO 7379. I would ask the Clerk please call the Amendment.

CLERK:

LCO 7379, Senate Schedule “A”.

THE CHAIR:

The Question is on Adoption. Will you remark Senator Maroney?

SENATOR MARONEY (14TH):
Yes. I move Adoption of the Amendment and ask that its reading be waived and seek leave of the Chamber to summarize.

THE CHAIR:

Thank you, Senator. Please proceed.

SENATOR MARONEY (14TH):

So this is a Strike-All Amendment and what we are doing is we are creating an information portal on the Website of the Commission Women, Children and Seniors that will link to seven existing public databases that can be searched and so the existing databases there are the National Sexual Offenders database, the Connecticut Sexual Offenders database, The National Judicial Criminal database, the State’s database, the Certified Nurses Database and a DPH database to check certifications. This will make this information readily available for people who are looking to find home healthcare aides for either elderly or disabled. Unfortunately over the last seven years the number of incidents of elder abuse in the State of Connecticut, investigations of elder abuse in the State of Connecticut have doubled. And so this will help provide a measure of sense of security to people who are looking for someone to provide care for their loved ones. In addition we will create an working group to help publicize this information and create an information campaign around the awareness of this.

THE CHAIR:

Thank you, Senator Maroney. Will you remark further? Senator Sampson.
SENATOR SAMPSON (16TH):

Thank you, Madam President. Just a question for the proponent of the Bill.

Through you if I could, Madam President.

THE CHAIR:

Please proceed, Senator Maroney.

SENATOR SAMPSON (16TH):

I would just like to ask if the Committee on Children, Families and Seniors currently hold any other registries or maintains this portal for any other type of, you know, searchable database vendors.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Sampson. Senator Maroney.

SENATOR MARONEY (14TH):

Thank you, Madam President.

At this time they do not.

THE CHAIR:

Senator Sampson.

SENATOR SAMPSON (16TH):
Okay, thank you very, very much and I appreciate the gentleman’s answer. So I support this Bill. I think it is a good concept and I am very much in favor of maintaining such a registry. I am going to vote for the Bill today but I do want to express a minor concern and that is, you know, some of these state agencies including this one, while they may do good work they are nonetheless state agencies and established for very little purpose other than to lobby the legislature and they exist on an expense to the taxpayers of the State. I don’t think that they are necessary and when we continue to give them more and more responsibilities its an inevitability that these different state agencies and bureaucracies will be with us forever and I would like to see our state government shrink and I think that our individual jobs as legislators is actually improved by having direct contact with constituents rather than hearing constantly from state agencies that exist for no other purpose than to lobby us. So again I will be voting for the Bill but I would just express my concern about continuing to move these type of responsibilities into these lobbying agencies that are created by our bureaucracy. Thank you, Madam President

THE CHAIR:

Thank you, Senator. Will you remark further on the Amendment? Senator Wong.

SENATOR HWANG (28TH):

Thank you, Madam President. I rise in support of this Amendment because it reflects the collaboration of our Committee leadership in Aging and listening to the concerns of people as it relates to
registries and to incorporate in this Amendment an existing registry to maintain contact of individuals that have violated the trust and have committed criminal action against our disabled as well as our seniors a very vulnerable population. And indeed I think the feedback that was raised by the fellow Senator Sampson is the fact that this Bill through its Amendment also incorporates local input. It is looking at the Commission on Women and Children and Seniors as well as local senior groups to offer input into this registry design. So I think that is important to note and I want to thank the leadership of the Committee to incorporate that into this Strike-All Amendment. That being said, this registry is critical because elder abuse and disability abuse is one of the most prevailing bases of abuse that we have in our society with an aging population but it is so underreported and there are perpetrators that commit these crimes that never, even get on a call to acknowledge their actions. So they go to the next town, they inflict this kind of pain and criminal action against other individuals without their ability, the innocent to find out where those people have purloined their criminal actions. So I support this registry. I want to thank the Chair for leadership and I want to thank the Ranking Member in the Senate for doing the great work in collaboration as well. Thank you, Madam Chair.

THE CHAIR:

Thank you, Senator Hwang. Will you remark further on the Amendment? Will you remark further? Senator Maroney.

SENATOR MARONEY (14TH):
Madam President I ask a vote be called by voice on this Amendment.

THE CHAIR:

Senators, all in favor of the Amendment, please signify by saying “Aye”.

SENATORS:

Aye.

THE CHAIR:

Opposed? Amendment is adopted. Senator Maroney.

SENATOR MARONEY (14TH):

Thank you, Madam President. If there is no objection I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered. Mr. Clerk.

CLERK:

Page 24, Calendar No. 216, Senate Bill 839 AN ACT CONCERNING THE REVISOR'S TECHNICAL CORRECTIONS TO THE GENERAL STATUTES.

THE CHAIR:

Senator Winfield.
SENATOR WINFIELD (10TH):
Good afternoon, Madam President.

THE CHAIR:
Good afternoon.

SENATOR WINFIELD (10TH):
I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:
Will you remark further?

SENATOR WINFIELD (10TH):
Yes, Thank you, Madam President. This is a Bill that comes to us through the Judiciary Committee on a unanimous vote. It is a technical Bill that assures that we have clarity and internal consistency and I would urge passage.

THE CHAIR:
Thank you, Senator Winfield. Senator Kissel.

SENATOR KISSEL (7TH):
Thank you very much Madam President. Great to see you there this afternoon. I stand in support of this Bill, its our annual tech revisors Bill. We do this every year and it just brings our Statutes into comportment with the intention underlying and I urge my colleagues to support it. Thank you very much.

THE CHAIR:
Thank you, Senator Kissel. Will you remark further? Senator Winfield.
SENATOR WINFIELD (10TH):

Yes, Thank you, Madam President. If there is not an objection I’d ask that this be moved to Consent.

THE CHAIR:

Seeing no objections, so ordered. Mr. Clerk.

CLERK:

Calendar Page 14, Calendar 150, Substitute for Senate Bill 935 AN ACT REQUIRING THE OFFICE OF EARLY CHILDHOOD TO DEVELOP A PROPOSED EARLY CHILDHOOD EDUCATIVE COMPENSATION SCHEDULE.

THE CHAIR:

Thank you so much, Mr. Clerk. Senator McCrory.

SENATOR MCCRARY (2ND):

Thank you, Madam President. I’d like to put this Bill as currently, right now. Thank you.

THE CHAIR:

Thank you, Senator McCrory.

SENATOR DUFF (25TH): Thank you, Madam President can we stand-at-ease for a moment?

THE CHAIR:

Yes, thank you. The Senate will stand-at-ease.

Senator Duff.

SENATOR DUFF (25TH):
Madam President for the purposes of some markings on some of the Bills that I marked go.

THE CHAIR:

Please proceed.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar Page 14, the last Bill Calendar 150, Senate Bill 935, going to mark that PR.

THE CHAIR:

Okay, so ordered.

SENATOR DUFF (25TH):

On Calendar Page 24, Calendar 217 Senate Bill 5, just going to mark that PT. We’ll come back to that.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

On Calendar Page 23, Calendar 208, Senate Bill 683 we’re gonna mark that PR.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

And on Calendar Page 2, Calendar 42, Senate Bill 800 just gonna mark that PT and we will come back to that Bill as well.

THE CHAIR:
So ordered.

SENATOR DUFF (25TH):

So next Bill up, the next two Bills that we will go with are Calendar Page 33, Calendar 283, Senate Bill 850 followed by Calendar Page 22, Calendar 198, Senate Bill 977.

THE CHAIR:

Thank you, Senator Duff. So ordered on both of those items. Mr. Clerk.

CLERK:

Page 33, Calendar No. 283, Senate Bill No. 850 AN ACT CONCERNING PUBLIC SCHOOLS. There is an Amendment.

THE CHAIR:

Thank you. Senator McCrory.

SENATOR MCCRARY (2ND):

Thank you, Madam President. Madam President, I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Will you remark?

SENATOR MCCRARY (2ND):

Yes, Madam President. Madam President the Clerk is in possession of a Strike-All Amendment LCO 7211. I will ask that the Clerk please call the Amendment.

THE CHAIR: Mr. Clerk.
Senator McCrory.

SENATOR MC CRORY (2ND):

I move Adoption on the Amendment and ask that its reading be waived and seek the leave of the Chamber to summarize.

THE CHAIR:

Please proceed.

SENATOR MC CRORY (2ND):

Thank you, Madam President. Madam President we have here an Amendment which will actually become the Bill and actually all it does is add the organization LEAP to the list of exempt organizations in regards to not having to go through the licensing certification from Early Childhood Education.

THE CHAIR:

Thank you, Senator. The Question is on Adoption of the Amendment. Will you remark further?

SENATOR MC CRORY (2ND):

Yes, thank you. Madam President the Amendment becomes the Bill.
THE CHAIR:

Thank you Senator, so what we will do is we will have a voice vote on the Amendment. All in favor of the Amendment please signify by saying, “Aye.”

SENATORS:

Aye.

THE CHAIR:

Opposed. Amendment is adopted. Will you remark further on the Bill.

SENATOR MCCRORY (2ND):

Thank you, Madam President, if there is no rejection, I will ask that this Bill be placed on the Consent Calendar.

THE CHAIR:

Thank you, Senator McCrory. Senator Witkos.

SENATOR WITKOS (8TH):

Thank you, Madam President. I am not standing to object to the item to be placed on the Consent Calendar. I had drafted an Amendment but in deference to THE CHAIR Pro Tem I will not call the Amendment because I wanted to make sure that those folks that are associated with the LEAD Program would fall within the guidelines of mandated reporting for certain offenses that are already on the Statutes and I am sure that will take place so there is no need for that. So I will stand or I will set and defer back to Senator McCrory for Consent placement.

THE CHAIR:
Thank you so much, Senator Witkos. Senator McCrory.

SENATOR MCC RORY (2ND):

Wow, thank you my colleague and again Madam President I request this item be place on the Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered. Mr. Clerk.

CLERK:  Page 22, Calendar No. 198, Substitute for Senate Bill No. 977 AN ACT CONCERNING EXPLANATIONS OF BENEFITS. There is an Amendment.

THE CHAIR:

Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. Madam President I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Thank you Senator Lesser. Will you remark?

SENATOR LESSER (9TH):

Yes. Thank you, Madam President. Madam President this is a vital Bill concerning medical privacy. The privacy of medical records designed to protect people who have an interest in protecting the privacy of the care that they receive. In most cases the person who is paying for medical care, or the policyholder has, there is no issue sharing medical records with the person who pays. But in certain circumstance, there is a vital public
interest in keeping medical records, medical information private. What are those circumstances? Incidents of domestic violence. We now have a large swatch of the adult population, people from 18 to 26 who are still on their parent’s health plans who need access to healthcare. This Bill would allow them in some cases when requested to suppress private medical information. Madam President the Clerk is in possession of an Amendment LCO 7188. I ask that the Clerk please call the Amendment and I be granted leave to summarize.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 7188 Senate Schedule “A”.

THE CHAIR:

The Question is on adoption of the Amendment. Will you remark. Senator Lesser.

SENATOR LESSER (9TH):

Yes. Thank you, Madam President. Madam President this is a Strike-All Amendment but it preserves the intent of the underlying Bill. What it does do though is make some a variety of changes designed to ease implementation so it requires that a request, an explanation of benefits, that is the notice of the services that have been rendered, that request be suppressed, that be made in writing and it gives up to three business days for an insurance company to comply with the request. Madam President I move adoption and as I ask that when the vote be taken it be taken by role.
THE CHAIR:

Thank you, Senator Lesser. Will you remark further on the Amendment? Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. Through you to Chairman Lesser. What is the underlying purpose of this Amendment to the Bill?

THE CHAIR:

Thank you Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Well this Amendment is the Bill. But the purpose of the Amendment which would become the Bill is to protect the people who receive medical care. The privacy of the care that they receive. So if a woman is survivor, a man is a survivor of domestic violence we want to make sure it’s possible that people, that they can go and get the medical care that they need without having that information disclosed via an explanation of benefits form to someone who might be the abuser. The idea is to protect the privacy in certain circumstances where there is a public interest in allowing someone to have that level of privacy.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. But specifically not so much to the Bill itself but to the actual purpose of
the Strike-All. Why do we need this instead of the Bill as drafted in Committee.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Keely. Senator Lesser.

SENATOR LESSER (9TH):

Thank you and through you Madam President to the Honorable Ranking Member, that is actually a good question. And it is simply, we were working with the industry on figuring out ways to ease implementation of this and it was their request that the request be made in writing. The underlying Bill had allowed verbal request and this is intended to ease implementation and make it easier to actually work in the real world.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. Now you did mention some, with regards to the issuance of this EOB which is the explanation of benefits. Now if I am an insured and I don’t want that shared with the individual who is actually paying the policy, how do I go about actually asking or achieving that information being withheld from the person who is the policyholder?
Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam.

Presently that is done in writing.

THE CHAIR:

Thank you, Senator. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. In writing to whom?

THE CHAIR:

Senator Lesser.

SENATOR LESSER (9TH):

To the insurer.

Through you, Madam President.

THE CHAIR:

Thank you. Senator Kelly.

SEANTOR KELLY (21ST):

So in this event, you have an individual who would write a letter to the insurance company saying I
want the EOB withheld from the actual policyholder. Is that the way this is the framework is constructed?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser

SENATOR LESSER (9TH):
Well it depends. So either in some cases it may be withheld altogether in other cases the EOB may be sent to a different address but the intent is the same is to keep the EOB from being seen by the policyholder.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):
Thank you, Madam President. Would this also be applicable if I had a high deductible insurance plan?

Through you, Madam President.

THE CHAIR:

Thank you, Senator. Senator Lesser.

SENATOR LESSER (9TH):
Thank you, Madam President. I think the answer is it depends. Certain high deductible health plans are governed by rules set forth in the Internal Revenue Code or by Administratively by the Internal Revenue Service and I would refer to Senator Kelly to Lines 99 through 101 or 98 through 101 which clearly state that no provision of this Bill is intended to trump a Federal Law. So we are trying to tread carefully on that because of that Federal Preemptive issue.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SENATOR KELLY (21ST):

Thank you, Madam President. You indicated that it depends. So you indicated one situation where it might be covered by ERISA what would be the other areas where you could withhold the explanation of benefits in a high deductible plan?

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Thank you. While there are other circumstances so for example if there is cost sharing that explanation of benefits would have to be issued. If there is a denial I believe an explanation of
benefits would have to be issued. Also the Bill as drafted does not apply to all covered individuals, it is simply limited to covered individuals who are capable of consenting to care, so most, the vast majority of cases, minors would not be able to access the EOB suppression.

Through you, Madam President.

THE CHAIR:

Thank you Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

You indicate cost sharing. Isn’t a high deductible a cost share?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSEER (9TH):

Through you, yes that’s why I indicate to the Senator, yes in many cases high deductible plan may not be eligible for this. Unfortunately we do not have the ability, much as we’d like sometimes, to trump the supremacy of Federal Law.

Through you, Madam President.

THE CHAIR:

Thank you Senator Lesser. Senator Kelly.
SEANTOR KELLY (21ST):

I’m not quite sure, Madam President whether this is applicable to high deductible plans or it is not applicable to high deductible plans. So I guess my question is, is this applicable to high deductible plans, yes or no?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Much as I would like to give a yes or no answer to Senator Kelly, I think the problem is it depends on a few different criteria. Are we talking about a self-insured plan, are we talking about a fully insured plan and a high deductible vignette.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. I’m trying to get clarification on the Bill, so could you explain to me the differences between a self-insured plan and the fully-insured plan and why the difference between the two has an impact on the issuance of an EOB?
Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Well self-insured plans, through you, Madam President are regulated via that ARISA Act by the U.S. Department of Labor and are not subject to regulation normally by the State of Connecticut. I would also add though that I think that the issuance of EOBs in general is governed by Federal Law in cases where there is cost-sharing. Whether or not a deductible counts as cost-sharing I think depends on the kind of policy but my sense is that if the person pays and there isn’t, and there isn’t a Bill sent to the policyholder then an EOB would not necessarily be required under Federal Law.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. So if I understand what you said correctly, if there was no Bill sent to the policyholder then there would be no necessity for the EOB.

Through you, Madam President.
THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

That is my understanding but again this is, that is a question of Federal Law and not anything that is on our Statutes here in Connecticut.

Through you, Madam President.
THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.

SEANTOR KELLY (21ST):

Because one of my concerns is in the event you have a situation in where there is a policyholder, there is an insured under the plan or under the policy who opts to have the EOB sent to their address. The policyholder then gets a bill but they don’t get the corresponding EOB so they don’t know exactly why they are getting the bill or what the services provided under that bill are. And let’s say there is a dispute between the policyholder and the medical provider. Are the EOB benefits at that point going to be available to the policyholder who is being perused by the medical provider so that the policyholder can properly defend themselves in that, what would be a contract claim?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.
SENATOR LESSER (9TH):

Through you, Madam President.

This is specific to the EOB form. So there are a variety of circumstances I think we could imagine where the EOB form might not be the only way a policyholder might understand what claims have been made under a policy and I want to emphasize that. This is not a perfect privacy Bill. There are ongoing concerns but this is an attempt to listen to the advocates out there who are dealing, who are serving vulnerable populations and trying to protect them to close one particular avenue whereby perpetrators of abuse are able to determine the care that their family members are receiving and that is imperfect and I fully concede that and I am humble about the limits of this Bill but it is an attempt to restrict one avenue whereby those folks might be able to get information about the care that covered individuals who are receiving the care are getting.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lessor. Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. And I understand that and that was one of the concerns at the Committee level with the Bill is that it really wasn’t at least in my opinion drafter particularly well and narrow to achieve the goal of the protections that I think folks are looking for and the advocates are
looking for and that while we are endeavoring to get to a place for protection we can’t just look and turn a blind eye to the unintended consequences and I think in one area in particular we can actually, while we think this is a protection or a shield for individuals who may be subject to abuse, it could also be a sword in the sense that you can have somebody now ask for the EOB to go somewhere else to the exclusion of a policyholder who might be the protector of a insured child but now isn’t going to get the information and a now potential abuser could have those EOBs sent to them rather than to the individual or parent policyholder who would be the individual who would be there to protect the child. So until we properly and narrowly draft the Bill there are these concerns, that’s one. The other is in this context where as a policyholder I am responsible for financial payment of these medical providers and would like to matchup in these instances the bill that I received from the medical provider with an EOB. But if that doesn’t come in and just this medical provider says I want the money, there is a potential for abuse there by the medical providers and if I am not going to get the information to be able to defend that claim, it is really putting policyholders at a disadvantage. So while we strive for perfection and protection I think there is a way to do it, I don’t think this Bill necessarily gets us there and while there is, you know, an effort to make sure that we’re trying to make this a little more administratively friendly, it still doesn’t overcome these other substantive problems that persist in the underlying Bill and still persists in the Strike-All Amendment. Now you mentioned earlier that there is an age of consent what is that age of consent?
Through you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser.

SENATOR LESSER (9TH):

Through you Madam President.

The age at which a person can consent to medical care is not set in Statute. It is a matter of Common Law and as a matter of practice as I understand it in Connecticut, the Common Law in most cases has the age of consent at the age of 18. Now there are specific exceptions that exist in Statute that are carved out of that but except for those exceptions it is normally 18. Now there is one other exception which is in the case of an emergency but by understanding, my expectation is that because of the three day limit regarding an emergency here it would be unlikely that a person facing an emergency would be able to write to their insurance company and wait three days prior to receiving treatment.

So Through you, Madam President 18 but with a few carved out exceptions that exist in existing law and Statute and I am happy to detail those if the Honorable Ranking Member so choses.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Kelly.
SEANTOR KELLY (21ST):

Thank you, Madam President and thank you Senator Lesser for that explanation. That is what I thought is that you have generally speaking an age of majority at 18 but there are some circumstances when someone younger than that might have the requisite standing in order to assert consent. But in all instances I think when we look at this issue, the issue is really one where the policyholder as I was indicating before is the one at risk. They’re the ones that have to financially bear this burden and it’s often a parent. And when we’re looking at situations of particularly children below the age of consent as well as individuals under the age of 18 who may have or possibly fit into one of those categories. Maybe then what we should do is allow or enable the parents to continue to have the proper responsibility over their child and in those instances maybe what we should do with the Bill is to give the parent the ability to choose whether or not to allow the EOB to go to another place and this way we would have that protection I just spoke about before where you may have a potential abuse. You have a parent who is a policyholder and this information could be held without their consent or knowledge. This would put that ability back in the hands of the parent to protect their child and so to that end the Clerk has in it’s position Amendment LCO No. 7462.

THE CHAIR:

Senator Kelly, what we will do is have the vote on the Amendment that is being considered and then we can consider yours.
SEANTOR KELLY (21ST):

Thank you, Madam Chair or Madam President for that clarification. Okay, we can do that at a time in the future here today. So that is the point I am going to make in a couple of minutes when I call the Amendment but for now getting back to your Strike-All I do have these underlying reservations. There are, I understand the intent, I know where you’re going. I believe that medical privacy and privacy with regards to medical records is a very important and personal issue and that there are individuals that need protection. This Bill doesn’t get there. I think there are enhancements to the Bill that could make it better, that would be more comprehensive in its protection and where the Bill could not be used as a sword as I mentioned before. So at this point I would urge all my colleagues to vote “no” on the Amendment. Thank you very much, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Lesser will you remark further?

SENATOR LESSER (9TH):

Thank you, Madam President. I will pretend to act surprised in a few minutes when Senator Kelly does put another Amendment on it, but speaking seriously to the underlying issue, you know, this is a complicated issue protecting medical privacy but it is so important if you look who testified in support of this Bill, we heard from the people providing frontline services, some of the most vulnerable individuals in Connecticut. This is a serious
issue. We have to figure out in most cases, in the vast majority of cases we’re fine. Everybody is fine sharing whatever medical information with every member of their family but there are exceptions. We know they exist and we heard from the Connecticut Collation Against Domestic Violence which serves something like 44,000 residents in our State each year. And what they said was this was a vital tool to making people safer. So it is not perfect, Senator Kelly is absolutely right, it is not perfect. This Amendment isn’t perfect. There are ways around it. There may be ways people in some cases who are perpetrating abuse may still be able to find out the care that people received and that is why we need to strive for even strong legislation going forward and we need to work with our friends in Congress to make sure that Federal Law also protects the privacy of people seeking care but it is a step and the folks in this State know this, the healthcare advocate, the Connecticut Collation Against Domestic Violence, clinics providing care to women all say that this will help increase privacy for people in this State and I urge all of the members of this Chamber to follow the Insurance Committee and support this Amendment as the underlying Bill and move it forward. Thank you, Madam President.

THE CHAIR:

Will you remark further on this Amendment? Will you remark further on the Amendment? Seeing, ah, Senator Miner. Please proceed.

SENATOR MINER (30TH):
Thank you, Madam President. Madam President if I might just a few questions to the proponent of the Amendment please.

Through you.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR MINER (30TH):

Thank you, Madam President. Madam President am I correct that this language of the Amendment is gender specific or is it gender neutral?

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

Through you.

I hope it is gender neutral.

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. I thank the gentleman for his answer. I thought I understood the gentleman to say in his conversation with Senator
Kelly that in the case of an emergency room visit it all likelihood this would not occur in a timely enough fashion and so for the most part an individual would not be able to avail themselves of having this information send to another address. Is that correct, did I understand that correctly?

Through you, Madam President.

THE CHAIR:

Thank you. Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

So the Bill, through you, Madam President.

Allows three business day for the insurance company to put the EOB suppression into effect. One once the EOB suppression is in effect, it remains in effect until the end of the policy or such time as the person who has sent in that request sends another request that it be lifted. So it depends on whether there is an EOB suppression currently in effect.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. And so with that explanation so my son seeks treatment for sexually
transmitted disease. Is that a circumstance under which he would be able to give permission and that treatment then would in theory, qualify for this type of EOB suppression.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

Yes, Through you, Madam President.

STD testing and treatment is one of the conditions specifically carved out in Statute that a miner is permitted to consent to. So Senator Miner is correct that is something a minor can consent to but whether or not and EOB is still generated depending on whether or not there is cost sharing associated with that insurance policy.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. And so sticking with the same subject matter of my son, so if my son were to get stabbed after that is there a treatment that he can consent to on his own or would he be required to wait around at the age of 17 for his mother or father to come sign paperwork?
Through you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

So I am happy to defer to my good friend, Senator Abrams the Chair of the Public Health Committee on what procedures are and aren’t covered by the existing carveouts but I don’t see anything about stabbing as a or a treatment for trauma as something that a minor can consent to without their parents and this is all a matter, I would remind Senator Miner.

Through you, Madam President of existing law that exists and is governed by the Public Health Law.

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. So Madam President where I was going with this is that I thought I understood the gentleman to say that there is a timeframe under which you probably couldn’t avail yourself of this even if you wanted to. And so I was establishing that once you have availed yourself of this opportunity and my son has chosen another address to have the EOB sent, I thought I understood him to say that unless there was some other direction from him to change it back to his parents
or somewhere else it would continue to go there for any treatment after that, was that not correct?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

So except that like another procedure would fall within the ambit of emergency care that would also be something that a minor could consent to. But to the extent which it is not fall within the specifically to limited categories, regardless whether it is covered under this Bill the parent would have to consent before treatment could begin. There are only a very few specifically delimited conditions that a 17-year-old child could consent to and all other procedure would require a parent’s or guardian’s consent?

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

An so while, you know, it has nothing to do with the money end of this, my concern and where I was going with this was that there certainly seems to be a growing population within the State of Connecticut that makes the news whether it is stealing cars, gang violence, whatever and it is this age group in many cases and so I would want to make sure that this language doesn’t provide an opportunity where
someone maybe involved well beyond what their parents maybe aware of and but for the notification that might come through on something not related to a sexually transmitted disease but rather something far more violent, something that might be one of those things as a parent I might say, boy if only I’d know, it might have been helpful to me in the process. And I think about drugs, I think about alcohol, I think about all those things.

And so through you to the gentleman, are any of those that would qualify for this type of an EOB exemption?

Through you.

THE CHAIR:

Thank you, Senator Miner. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. I do want to answer that but before I get to that specific answer I do want to say that I don’t believe any insurance policy in Connecticut would lack some level of cost sharing. I think in every circumstance I can think of an EOB would be generated for an issue regarding trauma when an emergency room visit happens, I think an EOB would be generated in that case and I don’t think this Bill could necessarily cover that except if the, so I think that probably would not apply in that circumstance. But in the case you question so you had asked about substance abuse, so treatment of drug and alcohol abuse is one of the exceptions as is hospitalization for mental disorder, for outpatient mental health treatment up to six visits.
Those are all things that minors can consent to today. The question is whether or not they can consent to that on their own without a parent or guardian’s weighing in. That is something that exists today. The only question is whether or not they are able to use their insurance at any point in the process and that is what we are trying to discuss today is the use of insurance and whether or not that is disclosed to the parent. So it is difficult for me to understand why we would allow a child to use their insurance, to consent to a procedure without their parent’s permission but we still require them to tell their parents that they are doing this anyway.

THE CHAIR:

Thank you, Senator Lesser. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam Chairman. As the father of three, I’ll tell you why. I have had conversations with many constituents that are concerned about the direction their child’s life has taken. And on occasion it is because they weren’t aware. They didn’t know that their child had developed an opioid dependency. They weren’t aware that alcohol had become a large part of their life. They didn’t know some of the things that I think under this provision they would never know and we’re facilitating that. And that is the concern that I have. On a prior Bill I had an Amendment drafted that would allow teachers and administrators to administer Narcan because I’ve had teachers say to me under the current law the only one that can administer it is a school setting is a nurse.
Madam President, we are at a critical point in this State, maybe in this country, we are taking away any of the tools a parent might have to try and assist their children in the growth process in the maturing process is critically important. I get some of them are very sensitive and I’ve lived long enough to have some very difficult conversations with my children which I would not trade for anything in the world and the decisions did not always go my way. But this has very serious consequences, very serious. If we want to be serious about opioid use we can’t provide an opportunity for the very individuals that are drowning to somehow fly under the radar until it’s too late. And so that’s my reason for opposing this. I get the fact that some of these are difficult. I get the fact that growing up today is very different that it was growing up in the 70s. I would argue much more difficult now than then but I think this is a bad mistake, Madam President. Thank you.

THE CHAIR:

Thank you, Senator Miner. Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you, Madam President. I want to align myself with the remarks of Senator Miner. I think he touch on many of the same topics that I was going to speak about. I also want to acknowledge the proponent of the Bill for stating several times that the Bill is not perfect. I certainly echo that sentiment, in fact I think on some levels this Bill is very not perfect. It is absurd in some of the situations that might result be from this policy. I understand
that the focus of this legislation is pretty singular in nature and that is to potentially protect the victims of abuses by allowing the medical records to go directly to the victim instead of the perpetrator. But I first start by taking about whose insurance policy are we referring to. It seems to be that if you are concerned about your medical privacy that you should purchase your own insurance policy. It is hard for me to imagine a situation where me as the person making the purchase of my insurance plan that I don’t have the right to understand what the plan is covering and what claims are being paid out on my behalf. I think that is somewhat even absurd. Do we have a right to medical privacy if we are not providing for our own payment for that medical procedure or that insurance plan? The other question is simply in these cases where minors are carved out, I would argue that the vast majority of parents would think that it is completely relevant whether or not their child is being treated for an STD and certainly for drug abuse.

My main concern on this Bill though really is that it has the potential of protecting abusers and not just protecting victims. Imagine a situation where a young person is caught up in drugs or they are raped or there is some other situation that comes up and they are coerced by their abuser to have a medical procedure and with this policy in place the records of the medical treatment from that could be hidden from that parent forever. This is the main problem I have with this is that it potentially protects the abuser as much as it protects the victim. I don’t think it is well thought out and unless it is amended to basically reflect those concerns and change that situation so that we are
not enabling potentially negative activity I am not going to support it today, Madam President. Thank you.

THE CHAIR:

Senator Sampson, thank you so much. Will you remark further on the Amendment before the Chamber? Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Madam President. Madam President, if I may to Senator Lesser? Thank you Senator Lesser. Madam President, you had stated earlier or.

Thank you, Madam President.

You had stated earlier that the EOBs was not the only documentation for which you would receive that if a parent were to receive it that they may receive that medical information from another source. Wondering if you could describe for me, other than an EOB, what those other sources are?

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President and it is difficult for me to describe all of the ways with absolute certainty but it is possible that a policyholder may be able to access the information via patient portal. It may be that they may be able to get it one way or another through a provider. This is not
a comprehensive medical privacy Bill, this is a Bill about protecting the privacy of explanations of benefits which are specific documents that are issued at the time of service.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):
So there would be, if a policyholder had access to portals there is nothing in this Bill that prohibit the parent for instance to go into the porthole to find the information relative to his or her child. Is that accurate?

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

I think that is correct. I would also just remind the Chamber that the Bill is not just specifically to parents. In fact it is very difficult for me to imagine a circumstance where one of the carved out provisions that apply to miners would also not have cost sharing associated wouldn’t automatically generate the EOB. So when I hear parents I want to remind folks that we are talking about people who are parents of children 18 to 26 or other individuals who might be on their parent’s health plan or spouses or other folks who are covered and are seeking this EOB suppression.

Through you, Madam President.
Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

So if the Bill were to be amended that to say above the age, 18 and above, this law would apply but 17 and below this Law would not be applicable as you have Amended it. Would that relieve the concerns that you talked about just now?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LES (9TH):

While in the vast majority of cases, I suspect, they would be difficult if not impossible to come up with a circumstance which a person under 18 can access this, my concern would be that you would have a circumstance that we might not be able to imagine every possible circumstance. For example emancipated minors exist and they can consent to medical care. I don’t know if that is something that would be addressed by the Amendment that Senator Fasano just mentioned. The other question is how that interfaces with a policy choice that the Public Health Committee made when it specifically carved out those statutory exemptions. Do we really want to second guess with the EOB Bill or Law to sort of be passed and signed into Law, the policy choices that the Public Health Committee made when sometime ago it carved out those different areas. I
think that would be confusing and unnecessary and unless there is a specific concern that the Senator can articulate I would not support that recommendation.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

So I think I heard the answer from the question before I asked that question was when I said about the portal and privacy you indicated in the EOBs you indicated that well remember there are folks who are, from 18-26 the policyholder would access to the EBOs and there might be certain adults in that household which would have access and there is some privacy issues for which I would argue, yes at 18 and above we treat them as adults in various degrees in this building in our Laws and our Statutes. So I can understand perhaps a argument that 18 and above you are a able to make certain decisions and clearly medical procedures at 18 and above are decisions that you can make that it is what it is. Parent can’t come in and say, “No.” However 17 and below we limit those decisions quite a bit, number one and number two, they’re not adults in the eyes that we have said adults here. So I am wondering if the real concern is adults 18 and above who are free to make their decisions that those decisions through the EOB be reflected in the synopsis of their procedures. If we say, okay, argument valid. But those were 17 and below perhaps don’t have, as we talk about how many times in this Chamber the mental
capability of making decisions. We talk about justice reform, when we talk about jail, when we talk about rehabilitation we always stress in this Chamber the mental capabilities of making decisions that the mind is not mature. I would argue that from 17 and below that would be amplified with that as the background to my other question, would it serve the purpose of your protection to say 17 and below would still be allowed to be visible arguably by the parent who would have the EOB going to them and 18 and above be exempted as per your Amendment?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President And through you to Senator Fasano, no with respect no. That would not work and I think the reason is because we have to trust the judgement of this General Assembly in carving out those exemptions. Why did they do that? Why did they say a teenager can get up to six visits with a mental health provider without their parent’s consent? Why did they do that, because we have a problem in this State of teenage suicide. Why did we say that teenagers can get STD testing without their parent’s consent, because we have a real problem there. Why do we allow drug or alcohol use? Because we don’t want the stigma of seeking care or going to see your parent prevent someone getting the lifesaving care that they need. Now I didn’t write that, those exemptions, that isn’t anything that came out of the Committee that I am privileged to be
the Co-Chair of. That is something this Committee, this General Assembly did dating back years I think as much as 50 years ago was the first exemption that was put in the Statutes regarding the ability of minors to consent to practices. We should not come in now in an unrelated Bill, a Bill about making sure that we are protecting the access to an insurance policy and have a second path, a whole different structure in place that doesn’t parallel our existing Public Health Statutes that address the issue of stigma and allow young people to get the care that they need. I think that is a problematic way of doing it and you don’t have to trust me, look at the experts, the frontline providers who testified in support of this Bill who see this Bill without that change as an important public health advance.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

So your argument boils down to this. This legislature knows better than a parent. That this legislature knows better, you know better what to do with my child than I do. You know that I can’t make the right decision for my child but this Building and this Government knows better, what’s better for my child. I am impossible to make that decision for my child. This is a relevant portion and those people who are saying we’re filibustering, shame on you! Shame on you! This Bill is important because you as this, not you Senator Lesser, I meant you
collectively, in this Chamber are saying this Bill is not that important, what are you doing standing talking about it, because what is important is that Government knows better for your children than I do and I’ve got three. They know better. We just had a Senator in our Chamber who lost their grandson to drugs. You’re gonna tell me you know better than that parent of that grandson? Is that what you’re telling me? You are telling me that this Chamber can’t have this discussion without somebody arguing a filibuster? Is that what we’ve come to in this Circle? Is that what we’ve now said, you dare to disagree with the majority therefor you are filibustering? Is that the place we’ve now come to? Not me, that isn’t the place I remember when I came here 15 years ago. I remember a place that you could have discussions without people categorizing it one way or the other. I remember a place when you had freedom of discussion and because you honorably disagree with a point of view and feel adamant about it that you don’t get called a name. Shame, shame.

Now back to the Bill. I just want to be clear. Your statement is, that under the age 17 and under, you believe a parent should not be able to, this would take the parent’s choice away for making a decision for knowing an ailment of their child through the FOB it is, EOB, whatever it is, would know it through that EOB what the diagnosis of that child is so they can intervene as a parent, that notice would be removed from the parent’s knowledge at the request of the child?

Through you, Madam President.

THE CHAIR:
Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. Under existing law, the vast majority of cases, the vast majority of cases, if a child, anyone under the age of 18 wants to go to see a doctor, they want to go to get medical care, they can’t do it. They cannot do it unless their parent or guardian says okay. That is not something that is in this Bill, that is not talked about in this Bill, that is outside of this Bill. That is the law. Also outside of the law, outside of this Bill are several exceptions where we have said that there is an overriding interest in a minor getting medical care without their parent’s consent. What are those? I’ll go down the list because there is just very few of them. There is an emergency. If there is an emergency and the parent isn’t there, the kid can go to the emergency room without having to get a signature from their parent. There are issues, HIV AIDS, STD testing and treatments, there is outpatient medical health treatment up to six visits and there is abortion coverage. Those are the only cases that a child can consent to treatment in existing law without the consent of their parents.

If Senator Fasano or any member of this Chamber disagrees with those provisions, I encourage you next year introduce a Bill, or write or ask us to tackle that issue but that is not in the Bill that is before us today. The Bill before us today is an insurance Bill. This Bill is if you are covered on someone else’s plan and you are concerned that you think there is a safety issue or some other overriding concern about the person who is paying
the Bill knowing your personal medical history you can get that suppressed. But this Bill is silent on the issue of what a child can consent to or what they can’t because that is a matter of existing law and that is not something that this General Assembly is taking on. I think there was a hearing this year on whether or not, in the Public Health Committee, about whether or not children could consent to vaccines without their parent’s consent. That is not in this Bill that has nothing to do with this Bill. There are no changes to the existing law about what a child can consent to, when they can consent to it, why they can consent to it. That is existing law that has existed I think for half a century.

Through you, Madam.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Madam President. Madam President perhaps Senator Lesser missed the point of my conversation or my question. I do not believe that this Bill changes the ability of the child to make those decisions of those Bills, that give them, the Law that gave them the right to make the decision. What I am challenging is the notion that this Law would change the ability of the parent to be reading a medical after the child does this procedure, getting the medical and be notified, not only of those but of everything else so not only simply the ones we gave them the right to make those procedures but any procedure, any illness, any addiction, any allergies and the list goes on from age 17 and below the
parent without the EOB would have no objective notice or that information, isn’t that accurate?

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

The Bill is clearly stating in Line 30 that it applies to statements disclosing that each consumer who is a covered individual and legally capable of consenting to the provision of covered benefits can apply. So if the child is not legally capable they cannot access this EOB suppression. That is true now, that is true under this Bill and so looking through the list of procedures that a child is able to access and matching that up with what I said prior which are the issue of cost sharing which I spoke at some length with Senator Kelly on, there aren’t a whole lot of circumstances I think in which a child would ever be able to access a procedure that would not have those cost sharing provisions. So I don’t know the extent but because I don’t know, that is why I am hesitant to second guess the judgement of Public Health Committee and try to change some of those existing areas of the law.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):
So perhaps I should do this by hypothetical. If there was a child at the age of 14, and this child wrote to, as prescribed by the Bill to the insurance company and said I don’t want my EOBs to go this address, I want it to do to that address and I don’t want the policyholder to have the information that is why I am sending it to this address. Is it true that the EOBs would be sent under this Bill to a different address no matter what the medical attention was?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lessor.

SENATOR LESSER (9TH):

Through you, Madam President to Senator Fasano.

I think that is a great question, but because this is only the, the suppression would only extend to the end of the plan year, the maximum your concern would be if that were the case, I don’t think it would be. I think it would only apply, in the case of a minor to that specific issue reading this Bill were that they were able to consent to. But even in that parade of horribles we are talking about the policy year because then there is a new policy in effect and there is no suppression and the EOB in effect.

Through you, Madam President.

THE CHAIR:
Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

I know it is a difficult question. Thank you, Madam President. I know it is a difficult question for you to answer because the answer is somewhat damning to the Bill. But let me see if I can try this one more time. I have a 14-year-old child. And the 14-year-old child writes to my State policy insurer and says I do not want my EOBs going to my father Len Fasano at his home address. I want my EOBs going someplace else. Would the insurer send the EOBs to that someplace relative to my minor child who is 14?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

The answer is no. The reason I think the answer is no is because I think the vast majority of cases the child cannot consent under the provisions of this Bill to receive medical care. So I think the answer in that case would be no. It would be difficult for me to understand a circumstance where a child would say yes, that doesn’t mean there isn’t one, I think, you know and maybe Senator Fasano has a more precise hypothetical but I don’t think so actually.

Through you, Madam President.
THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

So I’m a bit confused. I thought, as I understand Lines 102-120 anybody who is covered without any age requirement under the plan who is not the policyholder can write to the insurance company ask the EOBs to go some other address and the insurance company writes back and say I got your request, we’ll send it to the other place. Is that not an accurate reading on the Bill?

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

No, because the Lines that Senator Fasano is referring to refer back to the language in Line 83 that reference that the person must be capable of consenting. If the child cannot consent then the child cannot request the EOB suppression.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):
So with respect to those that they can consent to, now we will go from broad to narrow. So the ones that they can consent to 14-year-old child consents to this procedure, that EOB, they write that EOB would go to a different address. Is that correct if that’s the request of the minor?

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

If that, if there are any procedures, to the extent that there are any procedures that a 14-year-old can consent to in each of those specific carveouts have specific rules around them. There is not some sort of blanket Statute that applies across the board. Each of them has a specific statutory requirement that exists and caselaw around that. But if the child is able to consent to a procedure under existing law then they can request that, and there is no cost sharing associated for which an EOB would be automatically generated per Federal Law then in that circumstance then the EOB could be suppressed entirely or if it is generated it could be sent to another address.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):
With a due respect to Senator Lesser I read this Bill much differently. I think it is much broader than what is being interpreted. If I could address the issue by having you look at Line 36 and 37 which says, “Not issue explanations of benefits concerning covered benefits provided to such consumer.” It doesn’t say those for which are consented, a minor could consent to. I don’t see the language that limits it only to those issues. So we are clear those issues they can consent to EOB goes someplace if that is the request. But I believe the language in this Bill is much broader than that, not that I agree with that with the Bill but I think the language of the Bill is written to say that any covered benefit as long as you do that notification would go to a different address. That’s how I read the Bill and if you could show me, maybe I missed it, the exact language that limits it.

THE CHAIR:

Thank you, Senator. Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. Madam President my father always used to warn me never argue the Law with a lawyer and I am not a lawyer and Senator Fasano is. So I am going to try to do my best to answer Senator Fasano’s question while also respecting that admonition. But I think in Line 30, there’s the answer which is that, “a statement disclosing that each consumer who is a covered individual and legally capable of consenting” that is the language under which the provision Senator Fasano is referring to lines and I think that is the governing section of this Bill.
Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

I hear what you’re saying and my pushback would be that you could get medical procedures for which you don’t have to give consent under certain circumstances. You come in and you are drug overdosed. They are not going to wait for consent, they are going to do whatever they have to do. I would argue if someone is written in saying in that EOB, whatever it is, is not disclosable to my parents or goes to a different address, that would go to the different address because you didn’t consent to it, arguably but it would go to a different place would be my argument. I think the language is too broad and should be narrowed. That is just how I would read it. But as another point would that require this insurance company to look at those items that are under our Statute consentable so they have to know which EOB goes where? So in other words, if someone went in and had a procedure 14, consented to whatever we limit those consent things to, and had other procedures they would have to take those EOBs that carved out those consent, send them to a different address and the ones that weren’t under that Statute sent to the policyholder. That’s what you envision they would have to do?

THE CHAIR:

Thank you, Senator. Fasano. Senator Lesser.
SENATOR LESSER (9TH):

Through you, Madam President.

That is a hypothetical wrapped in another hypothetical with another hypothetical on top because as I mentioned, I think earlier, it is difficult for me and I appreciate the concern. I appreciate the concern about parental consent and why that is so important and why it is essential issue here. But just to be very clear it is, I have not heard a hypothetical yet in which would satisfy the test outlined at the very front of the Bill which is that this has to be an EOB that we can’t, that is not automatically generated for Federal Law. There is a very limited number of issues. But Senator Fasano is correct in one respect which is that if the person is able to write their insurance company and show that this is procedure that they can consent to then that would apply in that case but it would no apply in other cases because in those cases the person would not likely receive, be able to receive the medical care without their parent’s consent.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Madam President. And Senator Lesser I only have one more question for you. In Line 104 it talks about a written specification. Then it talks
about if you could help me out, 105 to 106 it says, “or a third party administrator for different method.” I just don’t know what that means, the third party administrator says, rather than doing written we would accept an email. Would an email suffice, this is for legislative intent or would it have to be literally a letter or some written as opposed to an email?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Yes. Thank you, Madam President.

Through you, Madam President.

For purposes of legislative intent an email would suffice.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano, sorry.

SENATOR FASANO (34TH):

Sorry, Madam President. So an email would work? Is that what you said? I’m sorry, I missed it.

THE CHAIR:

Senator Lesser.
SENATOR LESSER (9TH):

Through you, Madam President.

Yes.

SENATOR FASANO (34TH):

Okay, Thank you, Madam President. So where you were talking to Senator Kelly asked a question, you said by the time they get the letter three days, talking about an emergency I think it was, it is up to three days, so they could get the email and do it within half a second in this technological place we live in, they could do it within an instant. So three days would be the max under your law but they could do it fairly instantaneously is that correct?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Senator Lesser.

SENATOR LESSER (9TH):

Yes, I think that is probably correct but the, particularly with the question of minors, which I think a lot of the discussion is centered around, even though I think that is very much the exception not the rule in regard to this Bill. The insurers are going to have to do a fair amount of due diligence and this is the time period the industry has suggested is necessary to fully vet this to establish identity. This is not something we want to go into casually. The insurers are going to have to verify the identify the person making the
request, verify that they are able to consent to it in the case of a minor and this is really important stuff so I don’t believe that it is going to be an instantaneous process because there is an incredible amount of due diligence that is going to have to go into this and that is something I am not saying, that’s something we heard in testimony from the insurance industry would have to comply with this law.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Madam President. I thank Senator Lesser for his answers. You could be lawyer after this, I’ll say that [Laughter], so. But thank you very much, I appreciate it. Madam President we’re still on the Amendment to become the Bill so perhaps I will reserve the rest of my comments for, and I can count pretty well so I preserve the rest of my comments for after the vote on this Amendment. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Fasano. Will you remark further on the Amendment? Senator Anwar and then Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President. I wanted to, through you ask a couple of questions, not a couple a few
questions from the proponent of the Bill for the Amendment.

THE CHAIR:
Yes, thank you Senator Anwar, please proceed.

SENATOR ANWAR (3RD):

Thank you, Madam President.

It is my understanding that there are a number of organizations that are supporting this Bill, can I get a name of some of those organizations and entities.

THE CHAIR:

Yes, thank you Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Yes, thank you, Madam President. This may not be an exhaustive list but I have testimony here from the Office of Healthcare Advocate, the Connecticut Legal Rights Projects, the Connecticut Association of School Based Health Centers, NARAL Pro-Choice Connecticut, from the State Comptroller Kevin Limbo, from the ACLU, from Planned Parenthood. There are others as well and of course the Center for Children’s Advocacy and I mentioned the Connecticut Coalition Against Domestic Violence, there may be others as well.

Through you, Madam President.

THE CHAIR:
Thank you, Senator Lesser. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President.

So, Through you, Madam President.

These organizations have been focusing on the wellness and wellbeing of domestic violence victims but also the children and have been in the field identifying challenges and problems. Is that a fair understanding, Madam President?

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

I don’t know if that would describe all of them but I certainly think it would describe some of them.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President. And it is my understanding that in some of the situations if there is a victim of domestic violence, if there is a victim of child abuse they have hesitancy in seeking medical care because they are concerned that the perpetrator may have access to that information?
THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

That very much aligns with the testimony we received from the people providing the services to the survivors of domestic violence. I don’t have that knowledge but that is what they tell us. Thank you.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President. And based on this understanding the people who have been the victims, lived that challenge, have felt that this is very critical to have this protection in place so that individuals who need the healthcare, who need the benefits from the protection of their protected health information would remain protected and not go to the individual who may use that and then may hurt them further.

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):
Through you, Madam President.

Yes.

THE CHAIR:

Thank you. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President.

Tryout, Madam President.

Again this is believed by a number of people and the proponents of this Bill that this maybe a matter of life and death for individuals who are experiencing some of these difficult circumstances?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

Yes.

THE CHAIR:

Senator Anwar.

SENATOR ANWAR (3RD):
Thank you, Madam President. And as we learn about some of these challenges it is fair to assume that overwhelming majority of the people may not necessarily not be impacted by this but a segment of vulnerable community members may benefit from this and sometimes our responsibilities as legislators is to make sure that we protect the ones that are the most vulnerable.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

I would agree with those sentiments. I can’t speak to the exact numbers of people who would rely on it but I don know that they would be vulnerable individuals.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Anwar.

SENATOR ANWAR (3RD):

And, Madam President it is my understanding that individuals over the age of 18 to 26 who may be under an insurance company, they maybe of somebody else’s insurance plan may have every right to be
able to, should be able to get every right to be able to suppress their EOB from that person as an adult?

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):
Through you, Madam President.

Yes.

THE CHAIR:

Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President.

And through you Madam President.

It is my understanding if there are certain situations where somebody who is less than the age of 18 have the right to be able to consent for some medical procedures and tests.

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President.

Yes.
THE CHAIR:

Senator Anwar.

SENATOR ANWAR (3RD):

Through you, Madam President.

This Bill is only looking at the minors with respect to only those areas where they can consent are the ones in those situations that they can suppress the EOB’s.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Anwar. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

Yes.

THE CHAIR:

Thank you, Senator. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President.

Through you.
I think it is pretty clear that this is focused on protecting specific segments of the community that are vulnerable, that are being impacted, that are being threatened, that through this Bill we will be able to protect them and we are not taking away any rights from any parents for some aspects of already areas where the minors have the right to be able to consent.

THE CHAIR:
Thank you, Senator Anwar. Senator Lesser.

SENATOR ANWAR (3RD):

It was just a statement.

THE CHAIR:

Ah, no problem. Senator Anwar, thank you.

SENATOR ANWAR (3RD):

Thank you.

THE CHAIR:

Will you remark further on the Bill? Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President we’re just gonna PT this Bill temporarily, for a very short amount of time and I would ask that the Clerk call the items on the Consent Calendar followed by a vote of the Consent Calendar please.

THE CHAIR:
Thank you. Mr. Clerk and the Senate will stand-at-ease.

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

CLERK:

Consent Calendar No 1, Page 2, Calendar No. 40, Senate Bill 827;
Page 4, Calendar 54, Senate Bill 832.
Page 12, Calendar 129, Senate Bill 919.
Page 24, Calendar 216, Senate Bill 839.
And Page 33, Calendar 283, Senate Bill 850.

THE CHAIR:

Thank you. Would you please call the Bill and the machines will be opened and Senators can commence voting. Thank you and with that we will open the machines and Mr. Clerk if you would announce a vote.

CLERK:

Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 1. Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 1. Immediate Roll Call vote in the Senate, Consent Calendar No. 1.

THE CHAIR: CLERK:

An immediate roll call has been ordered in the Senate. An immediate roll call has been ordered in the Senate.

THE CHAIR:
Have all the Senators voted. Have all the Senators voted. Seeing that all have, the machine will be closed and the Clerk will announce the tally. Mr. Clerk, will you please call the tally.

THE CLERK:

Consent Calendar No. 1.

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THE CHAIR:


SENATOR DUFF (25TH):

Thank you, Madam President. Madam President we can continue debate now on Calendar Page 22, Calendar 198, Senate Bill 977 please and mark that as go.

THE CHAIR:


SENATOR CHAMPAGNE (35TH):

Thank you, Madam President.

And through you to Senator Lesser.
There’s hundreds of thousands of families in Connecticut that have high deductible policies and, you know, as part of that, the first couple of thousand dollars have to come out of the parent’s pockets to pay these bills. So my question to you is without the EOB how am I gonna pay that bill?

THE CHAIR:

Senator Champagne, thank you so much for your patience. Before we proceed any further and Senator Lesser answers that question, just to be clear Mr. Clerk, could you please let everyone know what we are debating. Please, Mr. Clerk.

CLERK:

Page 22, Calendar No. 198, Substitute for Senate Bill 977 AN ACT CONCERNING EXPLANATIONS OF BENEFITS. There is an Amendment 7188.

THE CHAIR:

And we are debating the Amendment. Senator Lesser to Senator Champagne’s question.

SENATOR LESSER (9TH):

Thank you, Madam President.

Through you to the Senator from Vernon. I think that is a great question but I believe it was, or a similar version was asked previously. What I stated was specifically there are other ways that a policyholder may be able to access information such as via a patient portal. So there are ways of finding out whether or not service has been
accessed. We are talking about giving specific details in, often in a letter to a person at the time of service detailing what the member, the person covered by the policy is actually getting and there are real safety issues in why we might want to suppress that. So in terms of being able to access it through some other way of accessing a patient portal to find out what ability you have to satisfy the terms of a high deductible plan, with the extent that those are even covered at all and they are not preempted by some provision of Federal Law then those would be accessed potentially via a portal or some other mechanism.

Through you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Okay, I guess you didn’t answer my question. But with this high deductible, if I haven’t met my deductible, I have to pay this in cash. I have no explanation as to why they are demanding money from me and in fact if I don’t have the EOB which usually comes first because the medical doctors or the provider usually sends a bill months later because of the high deductible insurance policies. So I get this bill two-and-a-half months later. I can’t, I don’t have an EOB, I’m not online. It creates a problem for me and I know I heard somebody say the rights of the parents aren’t affected here. But they are because I am responsible for that bill. I don’t understand how somebody can sign-off that I’m responsible unless I signed it, but it comes down to
you’re taking something away from the parents to pay and we are not providing, you know, my colleagues have already explained other parts of it but this concerns me because I have a high deductible policy. I didn’t take the State policy, I stayed with my high deductible and if this law goes into effect, and my 25-year-old daughter goes out and gets a procedure, whatever it is and decided not to tell me, and then three months later I’m getting a bill for thousands of dollars, I think I should, I personally would like to know why. And I do believe the rights of the parents have to come into effect here. My daughter would never do that, but that is another hypothetical. So besides the everything else that has already been stated we do have to look at the parent’s rights because somebody has to pay this bill. And if it is one of those circumstances when they are under the age say 14 years old, I don’t understand how a 14-year-old can sign consent for the procedure and then I get billed for it. How would that happen?

Thank you, Madam.

THE CHAIR:

Thank you, Senator Champagne. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Madam President. That could happen today.

Through you.

THE CHAIR:
Thank you, Senator Lesser. Senator Champagne.

SENATOR CHAMPAGNE (35TH):

And through you, Madam President.

Thank you it could happen today but who is responsible for the bill and who does collections go to?

THE CHAIR:
Thank you, Senator Champagne. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President.

If a minor child is able under existing law to consent to a medical procedure and does and receives the care then the bill would go to the child but the parent would be responsible as the, if in fact the parent is the guardian for paying the bill. That is today, that has nothing to do with this bill. That is existing law.

Through you, Madam.

THE CHAIR:

Thank you, Senator Lesser. Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Thank you, Madam President. So the child can make that decision and I have to pay in the end and I do have a problem with that. Take it to the age of 18.
My child is still in high school, same circumstances, who is responsible for the bill?

Through you, Madam President.

THE CHAIR:

Thank you, Senator Champagne. Senator Lesser.

SENATOR LESSER (9TH):

Through you, Madam President. Every policyholder covered by this Bill has already consented to placing their child or their spouse or dependent of some respect on their plan. So when they went in and they listed their spouse as. If you have a spouse and you list them on your health insurance and they, and you are, you have made a decision, where you have made a decision that you’re spouse can go out and get healthcare. That is the decision. If you don’t trust your spouse for some reason, you don’t have to put them on as a dependent on your employer provided health plan or any other health plan that you have in Connecticut. And the same is true for a minor child or an adult child. So in the specific hypothetical that Senator Vernon outlines, if you don’t trust your adult child with making medical decisions then don’t place them on as a dependent on your health plan. But if you do then do. And that choice is something that parents have currently and would have under this Bill.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Lesser. Senator Champagne.
SENATOR CHAMPAGNE (35TH):

Thank you. And you’re right, they are on that policy and they can pay but under a high deductible plan, I have to pay that out of pocket up to a certain percentage or up to a certain amount. So this is actually cash coming out of my pocket and yet you are basically telling me there is no need for me to know what is going on, just pay the money and I don’t believe that is right. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Champagne. Will you remark further on the Bill. Senator Miner. Excuse me, will you remark further on the Amendment for clarity. Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. Madam President I have a few comments. I don’t have any questions. Apparently somebody has misunderstood what I said. I don’t know if they were in this room, I don’t know if they are in this State. But I want to make it clear I don’t need anybody speaking for me. The questions that I’ve asked are legitimate. People are dying in this State everyday from opioid abuse and addiction and many of them start at this age group. Somebody want to challenge my motives, let’s have that conversation. Let’s be real about it. A 16-year-old was found in a car in Hartford shot dead in a stolen car. My wife says, how did he get out of his house? Who let’s that kind of thing happen? This isn’t about filibustering ladies and
gentlemen, this is about reminding us about the real facts of life. I believe that parents in many cases would choose a different route for their children had they known. Now maybe some people here don’t believe that, maybe they think it’s cute to like some post because I am apparently against women’s rights. It’s not cute and it’s not right. I think we should consider the problems with this language. I’m not saying I am inconsiderate of some of what the goals are in this Bill but I want to make it clear, addiction generally doesn’t happen overnight. People generally present problems for gang violence, not overnight. This Bill I believe will harbor some of the indicators that we all as parents would love to know and that is what the passage of this Bill does. So you folks want to make this about whether or not I believe in a woman’s right to choose, you go ahead and do it, that is not what this is about. That is not what my statement is about and I want to make it clear, that is not what this is about. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Miner and I would just note that Senator Miner is speaking for the second time on the Amendment. Will you remark further on the Amendment? Will you remark further on the Amendment? If not, the machines will, the machine will be open and the Clerk will call a vote on the Amendment.

CLERK:

An immediate roll call has been ordered in the Senate on LCO No. 7188. An immediate roll call has been ordered in the Senate LCO 7188. An immediate
roll call has been ordered in the Senate on Senate Amendment “A” LCO 7188.

THE CHAIR:

Have all the Senators voted? Have all the Senators voted, the machine will be closed and the Clerk will announce the tally on the Amendment.

THE CLERK:

Senate Amendment “A” LCO No. 7188

Total number voting 30
Necessary for Adoption 16
Total voting Yea 18
Total voting Nay 12
Absent not voting 6

THE CHAIR:


Senator Duff:

Thank you, Madam President. The Senate will stand at ease for a moment.

The Senate will please come back to order and we are under consideration of Substitute Senate Bill 977 as Amended by LCO Schedule “A” LCO No. 7188. We can return to the Bill as amended. Will your remark. Mr. Clerk do you want to call the Bill again for the purposes of setting us back on track.

CLERK:
Page 22, Calendar No. 198, substitute for Senate Bill No 977, AN ACT CONCERNING EXPLANATIONS OF BENEFITS as Amended by LCO No. 7188.

THE CHAIR:

Will you remark on the Bill as Amended. Senator Fasano.

SENATOR FASANO (34TH):

Good evening, Mr. President.

THE CHAIR:

Good evening, Senator.

SENATOR FASANO (34TH):

Can I ask the Clerk to call LCO 7462.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 7462, Senate Schedule “B.”

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Mr. President. Mr. President, I move the Amendment and seek permission to summarize.
THE CHAIR:

Thank you, Senator. Please proceed.

SENATOR FASANO (34TH):

Thank you. Mr. President with respect to the Bill that is before us, you might have heard my comments that to Senator Lesser that I think there is a point to be made for 18 and older that perhaps as an adult parent should be less engaged perhaps because the adult if you would could make certain decisions and we leave the adult to make a lot of different decisions after the age from 18 and above. And in that conversation back and forth with Senator Lesser, we talked about, I think with other people as well, that between the age of 14 and 17 which I understand to be that area we’re talkin about, it is a very rare of exception type of time that this Bill would be applicable to the group that is under the age of 18. So assuming that to be true and I think that might be, if the more, more strict reading of the law or this bill as Senator Lesser proposes which is only those procedures under the age of 18 that include if defined by statute, there was a few of them there, it is such a limited circumstance and a limited amount of time, what happened this is a very narrow margin, it seems to me that rather than the State making a blanketing rule that we have better judgement than the parents and we are gonna remove all children between 18 and 14 relative to those exceptions and give them permission even at the age of 14 or 15 to write a letter to say I don’t want the EOB to go to my parents. What this Amendment says is the parent, if the parent believes that is in their best interest of their child, they
can opt by this Amendment to give the child the right to have the EOB sent to another address. So in other words the conversation between the parent and the child would be such that the parent and child would have a conversation and if the parent felt comfortable believing their child to be one who can make certain decisions that they, the parent would give that permission by doing the opt out.

In other words take government out of our lives and allow a parent to determine based upon their judgement of their child whether that makes sense. So rather than the State saying we know best, rather than the State saying we know your parent better than you do, rather than the State we will take on an obligation without the consequences of those obligations such as further medical problems, such as other issues perhaps psychological to get involved maybe yes, maybe no or support that may be needed given different scenarios we are going to decide that we know better than them. So what this Amendment does is say lets put it in the hands of the parent not the State because clearly I think all of us that have kids know everykid is different, every kid matures differently, you don’t raise two kids who are the same, I don’t care how many kids you have, even if you have six or seven they’re all different and you may have more confidence in one than the other. But that is not us, we should leave that to a parent to make that decision.

So, through you Mr. President.

I would move this Amendment and ask for a role call vote. Thank you.

THE CHAIR:
Thank you, Senator Fasano. Will you remark further on the Amendment? Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Mr. President. Appreciate the intent of the Amendment. Today under existing law if a 16-year-old walks into a school psychologist and reports that they are suicidal. The psychologist can refer the student to seek medical care. In most cases you would hope that the child would tell their parents but let’s say the child says, I can’t tell my parents because I am concerned of the stigma, I won’t do that. The child can still, under existing law, go six times to see a psychiatrist, to go see a mental health practitioner without telling their parents. They have six times under the law. That is a decision that the General Assembly made to protect, to save the life of a suicidal child. That is something we’ve done. The seventh time you have to tell your parent, that is the law. That is the tough choice that we wrestled with. Mr. President the Connecticut Association of School Based Health Centers testified in support of this important legislation.

And through you a question to the proponent of the Amendment.

Prior to introducing this Amendment which would seek to restrict the protections of this Bill did the Senator or any other Senator or member of this body consult with the Connecticut Association of School Based Health Centers?

THE CHAIR:
Thank you Senator Lesser. Senator Fasano would you care to respond to the questions?

SENATOR FASANO (34TH):

Absolutely. First of all that organization does not speak for me as a parent, that organization doesn’t speak for parents across the State that have kids. I speak for someone who has three kids. I speak for someone we all know the opioid addiction is out of control in this State and we all know that what this Bill would do is say if your child was under the age of 18 and went in for some addiction, as I understand the law, and did that emailed, did that the day before that I want the EOB to go someplace else and went in for addiction treatment the next day that parent would not know. I will tell you that the parents that I talk to and the parents that we’ve all heard from probably the most common thing we hear is, I didn’t know my son, I didn’t know my daughter was addicted. I just didn’t know. I didn’t know how bad it was. If I knew damn right I would have interceded into that life of my child or my grandson and I would have stopped it whatever it took because that life matters more than the blue Statute that is behind me. That is what I hear. And what this Bill does is say, yeah you know what, we talk a lot about drug addiction in this building but what this Bill says is a 16- or 17-year-old is addicted to opioids, parent you’re gonna be in the dark if the kid wants you to be in the dark and I would defy anybody in this Chamber to say an opioid addicted 16-year-old is gonna say I want my parents to know so I won’t do this waiver. Of course the kid is going to sign the darn waiver, he’s hooked on
drugs, and a parent is going to wakeup to a dead child and I object to the policy!

I object to that policy. This isn’t about domestic violence. This is about saving kids’ lives with a parent who loves them and cares for them and makes sure they are safe everyday of the week, not some organization who shows up for who knows what self-serving purpose they show up for, they are not my, they don’t take care of my child, I take care of my child. I have that responsibility. It ends and begins with me. And you’re taking a red flag away from me to save my kid and I object to it. It is not the policy we should have in this State. That is not the direction we should go no matter what’s on the other side of the ledger. If this is about because we want kids who want to have abortions, their parent’s don’t know about it, I get that argument. But that is one argument. Let’s look at the other side. What is the risk for that? What is the risk for that? Opioid addiction. What is worse in this country, can anybody tell me what is most afflicted are kids in Connecticut and anywhere across this country. Opioid addiction and we are going to give a pass if we pass this Bill and say no red flag, no notice parents because we think that child who is addicted knows better than you. I object to that policy. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator. Senator Lesser you can take the floor.

SENATOR LESSER (9TH):
Thank you, Mr. President. And I respect Senator Fasano and I respect his position on this but I strongly, strongly disagree. There is nobody giving anybody a pass with this Bill. I have been to too many funerals, for too many constituents who are victims of this opioid epidemic and the policy of the General Assembly is to say if a child needs to get treatment for addiction, lifesaving treatment they can get it. Now I don’t, as a member of this body, I don’t make policy just based on my own whims, I listen to the experts and what the experts told us, what Dr. Rahul Shah told us is that studies have shown that adolescents and young adults are less likely to see critical health services when there is concern that their confidentiality will be breached. If you have a young man or young woman in Connecticut who is addicted to an opioid medication I want them to get the lifesaving care that they need. I want them to get treatment and if they are concerned that they have to tell their parents first, and they won’t get that care and they might end up dead, that bothers me and that is why we passed this law, that is the existing law in this State. We have a two tiered system under this, right. If we take this Amendment, if they are from a wealthy family and they can afford to pay cash, they don’t have their parents insurance, they just pay the cash on hand to go seek treatment, their parent never finds out because that is the law. That doesn’t change with this Amendment. And if they’re poor, well they may be covered by Medicaid. They also, they also don’t get an explanation of benefits under Medicaid but if they’re in the middleclass and they are covered by their parent’s insurance, oh then, then we tell the parents. That doesn’t make sense to me. Why we have a system where the wealthy who can pay cash, they can keep this from their
parents, the poor can keep this from their parents but the middleclass then we’re gonna say, you know what, you’re not entitled to privacy.

We don’t want you to get the lifesaving drug addiction treatment that will at least make sure that you are stable. And was discussed before permit the health practitioners the seventh time you get to tell the parents. There are rules, there are parameters around this because we do want parents, kids to talk to their parents. We do want to encourage that. The testimony that we got in the Insurance Committee, I don’t know if Senator Fasano has seen it, it don’t know if the members of this Chamber have seen it was very clear though on this topic. That with regard to children, this is what Dr. Rahul Shah said who is at the Connecticut Children’s Medical Center that unless we protect privacy we are going to put an already vulnerable person into imminent peril. I take that seriously. I take that very seriously. And I want to refer now to some other testimony that we got, from Veena Muraleetharan who is a student at Yale. But she talked about growing up as a young woman. She says, “As a young woman, I have considered seeking mental health or reproductive health services in the past, but hesitated because I am dependent on my parents’ plan and was not sure what would show up on an insurance statement.” We should be very careful about the message we are sending in this Chamber. Do we really want to send a message that people are not entitled to medical privacy. People who are already allowed under the law to consent to healthcare are not able to do so. They have to disclose to the policyholder whether it is there, in the case of this Amendment, to their parents but maybe in a future Amendment to their
spouse. We are saying because you write the check you lose the right to medical privacy. What are the consequences? According to the experts that puts vulnerable individuals in eminent peril. Well that’s bad policy, that is why this General Assembly carved out those specific sections and that is why we should reject this Amendment. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Lesser. Will you remark further on the Amendment. Senator Miner.

SENATOR MINER (30TH):

Thank you, Mr. President. Mr. President in the moments between the time that I spoke on the underlying Bill, now amended and now, I was able to get some information. The good gentleman makes reference to how important it is for us to provide some level of protection in knowledge to the individual that is seeking treatment. I think it is important for the Chamber to know that while he referred earlier to the fact that some of these decisions were made some 50 years ago, some of these decisions were less than 50 years ago. For instance the legislature decided back in 1992 that outpatient mental health treatment was something that a parent shouldn’t be able to withhold from a child and a child could make that decision. In 1969 we decided apparently that drug addiction and the affects of alcohol were something that they should be able to seek treatment for and I as a parent, a policyholder couldn’t withhold that. I would suggest to the gentleman that the world has changed. The world has changed dramatically Mr. President. We’ve had a
number of mass incidents here in Connecticut that are directly related, directly related to mental health. I don’t think there is person in this Chamber or person in this State that would argue with that statement. We have a very significant problem with opioid addiction. I would argue that it’s not the heroin of 1974 when I was in high school and I’m not sure anybody knew what Fentanyl was. But these treatments are critical and I don’t think anything in this Amendment is intended to withhold the medical care that someone seeks. I would suggest that the people that are troubled and not thinking clearly, not making the right decisions with regard to mental health or not making the right decisions with regard to addiction, someone needs to know. We teach our children that if it appears to you that someone in your class is troubled, you should reach out to them and you should ask them, “Is there something bothering you, is there some way I can help.” We teach adults that they should do the same with fellow workers yet I think what we’re trying to get at with this Amendment at least at a very young age when people are very vulnerable we shouldn’t take this tool away from a parent. So, Mr. President I think for the reasons that I’ve just stated and looking back and the date at which this legislature perhaps last looked why it made some of those decisions it is worthy of another look. It just so happens to be today. I don’t serve on this Committee but I do think that you can still maintain an individual’s right to seek treatment and it wouldn’t necessarily be jeopardized just because the Amendment says under the age of 18, you cannot avail yourself of an opportunity or an option to send a bill somewhere else. So the very individuals that we expect will care the most about their children would never know. And so I am asking, Mr. President
that we kind of sit back and think about what this Amendment might to, how far it might go in trying to seek the protections that I think some people are trying to seek for the residents of Connecticut and yet how it will protect the populations that I’m speaking about in a way that we can’t afford not to protect. We can’t afford to not to have an opportunity to look them in the eye, whether it is at the kitchen table or somewhere else, and say, we’re here to help, we’re not here to pull the rug out from underneath you, we want to help. And that is what this Amendment does. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Miner. Will you remark further on the Amendment? Will you remark further on the Amendment? If not, I believe a roll call has been requested on the Amendment. So the Clerk will please call for roll call vote on Senate Amendment Schedule “B”.

CLERK:

Immediate roll call has been ordered in the Senate. An immediate roll call has been ordered in the Senate on Senate Amendment “B” LCO 7462. Immediate roll call vote has been ordered in the Senate on LCO 7462, Senate Amendment “B”.

THE CHAIR:

Have all the members voted? Have all the members voted. So, Mr. Clerk I believe the machine will be closed and the Clerk will announce the tally.
THE CHAIR:

The Amendment fails. We are back on the Bill, Substitute Senate Bill No. 799. Is there additional commentary or discussion on the Bill as amended by Senate Amendment Schedule “A”? Yes, Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you, Mr. President. Just a couple of questions for the proponent of the Bill if I could? We talked a lot about what the intent of this legislation is and, you know, the policy behind it but I just want to touch on a couple of questions about how it might work in practice. I was reading through the Bill and I understand that someone who is a member of this policy but not the policyholder Themselves is going to be given this ability to make a determination about where the explanation of benefits is sent. But it is not really clear to me reading the language exactly when that change happens.

Through you, Mr. President.

Can you let me know where that actually occurs? Does it occur at the time that the patient is seeing
the doctor or does it happen subsequent to that and how is it conceived to be processed.

Through you, Mr. President.

MR. PRESIDENT:

Thank you, Senator. Senator Lesser would you care to respond?

SENATOR LESSER (9TH):

Through you, Mr. President.

I would refer the Senator to Line 109 which specifies that the insurer shall comply within three business day. So from the moment that the written request is received there is a ticking timeline of three days by which for the suppression to go into effect. It would not be from the moment that the request was received but it would be three days, three business days subsequent to that.

Through you, Mr. President.

MR. PRESIDENT:

Thanks, Senator Lesser. Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you very much. Mr. President I thank the gentleman for his answer. So if the person has to contact the insurer and make a request to redirect or withhold the explanation of benefits from being sent, I am curious to know does that policy state in effect for any future claims or would the member or
patient have to make such a request each time a claim is filed?

Through you, Mr. President.

MR. PRESIDENT:

Thank you, Senator Sampson. Senator Lesser.

SENATOR LESSER (9TH):

Thank you.

Through you, Mr. President.

That would stay in effect for the duration of the policy unless the member writes a request to revoke that previously existing change.

Through you, Mr. President.

THE CHAIR:

Thank you, Senator Lesser. Senator Sampson you have the floor.

SENATOR SAMPSON (16TH):

Thank you, Mr. President. And so the policy of not sending or redirecting where the EOB would be sent will remain in effect from the time that the patient requests it. That brings up a few other questions. Does that mean that if a patient asks for the EOB to be withheld or sent somewhere else is the person at the insurance company, they are supposed to review each of these requests to determine whether or not the member has the ability to make that
determination on their own based on the conversation we’ve had about whether or not someone might be a minor and they have the ability to make certain medical decisions in their own case rather than being required to have parental consent?

Through you, Mr. President.

MR. PRESIDENT:

Thank you, Senator. Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Mr. President.

Through you.

I don’t know if the gentleman heard some of the discussion earlier but I think the application of this Bill to minors is very much intended to be the exception rather than the rule. So that in those very rare cases, exceedingly rare cases where a child who is a dependent walks into a provider with an insurance card and is then consenting to one of the very specific statutory exemptions that exists under the law and those specific cases, you’re right, the insurance company would have to determine whether this is a, whether or not this is something that would apply or not and that would probably tricky to administer but the vast majority of the cases because it would apply to adults who are able to consent to all medical treatment that I am aware of and that would be covered for the duration of the policy or until such time as they notify in writing the insurer that they wish to waive the suppression of the EOB.
Through you, Mr. President.

THE CHAIR:

Thanks, Senator Lesser. Senator Sampson you have the floor.

SENATOR SAMPSON (16TH):

Thank you, Mr. President. And I thank the Chairman of the Insurance Committee for his answer. So I heard you say tricky to administer which I thing might be an understatement in this case because I can only imagine a situation where a minor makes this request for something that they do have the authority to make the determination on and then subsequently they file another claim where they do not, it will be incumbent on the insurer, I’m guessing, although it is not laid out in this Bill to make that determination once again. I think that is a tremendous burden to be placing on an insurance company.

You’ve mentioned the testimony that is before the Committee a number of times but you didn’t mention the testimony from the insurance industry which basically said that we would be the only State to make a policy such as this that there is a similar policy in place that does allow the policyholder who is the owner of the policy to make a determination about where to send an EOB but even that requires special circumstances. So here in this Bill we are actually setting up several different hurdles for an insurance carrier to accommodate our small State and how they are going to process these type of determinations. And I guess my further question is
what happens when they screw up? What happens when
the insurance company does not send the EOB to the
redirected address and they accidentally send it to
the parent and ultimately the parent finds out about
a medical procedure that they were not aware of.
What happens in that point, is there a penalty in
this Bill, is there any liability created for the
insurer in that case?

Through you, Mr. President.

THE CHAIR:

Thank you, Senator Sampson. Senator Lesser will
your respond?

SENATOR LESSEER (9TH):

Yes, thank you, Mr. President. I do want to respond
to that question but before I do I want to correct
several misstatements that Senator Sampson I believe
may have inadvertently made. First of all this is
not, we are not the first State to pass such as law.
Massachusetts passed a similar law and this Bill
that is before us is closely modeled after the
existing law that protects people in Massachusetts.

Second I think the policy to which the Senator was
referring regarding allowing a policyholder to
change the destination to which an EOB is sent
completely misses the point of this proposal which
is if we’re really talking about protecting the
rights of women, of people who are dependent of
allowing people to get life-saving domestic violence
treatment because they are afraid that the
policyholder who was also the perpetrator of the
abuse might then retaliate against them for
receiving medical care. That is the genesis of this Bill saying that we don’t need this Bill because the policyholder, the person perpetrating the abuse, could send it to another address, this is why we are even here on this evening. So I hope that isn’t missed by many members of this Senate that there is a reason for this Bill. The idea is to protect medical privacy of people who are on someone else’s policy. That is what we are here to do. We are here, in response to specific concerns raised by people on the frontlines for finding lifesaving care to survivors of domestic violence saying that you don’t have to go to the person perpetrating that violence for permission or to inform them that you are going to try to save your life. That is what we are here to do. We are not saying to women, wives, daughters, that they have to tell before they can get lifesaving care after a rape, that they have to tell the person who has, in many cases, perpetrated that they are going to get that care. That is why we are here.

Now, who enforces this law? That is the Commissioner of Insurance. These are regulated insurance companies and they have participated, they have worked in good faith with the Chairs of the Insurance Committee and the members of the Committee and the Amendment that we just voted on reflected the request that they asked. I did mention it was tricky to implement but we have worked with the insurance companies, we have taken their concerns into account and those concerns are reflected in LCO 7188 that we just voted on. And now we are talking about the underlying Bill that satisfies those concerns.

Through you, Mr. President.
THE CHAIR:

Thank you, Senator Lesser. Senator Sampson you have the floor.

SENATOR SAMPSON (16TH):

Thank you, Mr. President. I appreciate the response although I would disagree that I mischaracterized anything. This Bill is not exactly the same as the one that exists in Massachusetts and most notably in the State of Massachusetts the exceptions that are allowed to minors are radically different than the ones in Connecticut. In particular Massachusetts requires parental consent for a minor to have an abortion. That is something that is not the case in this Bill.

This brings me back to the start of this conversation which is whose policy is this? I don’t know of another case where someone who is not the owner of the policy has the right to make determinations and changes to it but is ultimately responsible for everything that happens with it. This particular Bill essentially would allow someone who is not the policyholder themselves to get medical treatment and be billed for it but yet, when the policyholder themselves who may have been left out of the loop discovers that they owe a balance of a payment of there is some other thing that might happen in an insurance claim, an adverse determination, any number of things could happen in an insurance claim and yet the policyholder themselves is left in the dark. I’ll go back to my statement and my be it is not the most politically correct one but simply put, if you’re concerned
about your medical privacy, I think you should purchase your own insurance policy. What this Bill does unlike what was characterized as a restriction on people’s rights, the Amendment that sadly failed which I think would have corrected every issue I have with this Bill, that Amendment didn’t restrict anyone’s rights what so ever. It actually provided choice which is something I know we’re all very much in favor of. It gave the choice to the policyholder to make a determination of whether or not the other folks that are on their policy would have the right to medical privacy. If you don’t like that as someone on someone else’s policy and the person paying the bill says otherwise, then I suggest you get your own policy. What this bill is about is about the rights of parents. That is what is eliminated if this law passes because if I am a parent who wants to choose a policy where I know what is happening with my child, I don’t get to anymore cause you have taken my choice away from me entirely. The Amendment would have given us the chance to do either or. It would have said in some cases parents might say yes, my children have right to their own medical privacy but I think the vast majority of people when asked if they believe that their minor child should have the right to seek medical care without their knowledge even if it includes the billing and the processing of a claim, and a potential adverse determination by an insurance company, I believe most people would say, yes, I need to know that is happening with my child. Now I understand that there is some carveouts in our laws that are valuable protections but that is what this is about, it is a question about whether or not we are attempting to replace the parent’s decision making process with the government’s decision making process. It is also a not so thinly vailed attempt
to take the rights to know what is going on with their children away from them. And in particular and I know it is a subject that has been amazingly avoided throughout this entire conversation I believe this Bill is before us for one expressed purpose and that is to create a further impediment for parents to be aware of minor abortions. You can have any position you want on that policy but it should be quite clear to everyone in this room that that is what this Bill does. It is yet another impediment so that a parent would not be aware. We are one of only a handful of States that does not provide for consent or at least notification for a minor to have an abortion and this Bill only reinforces that by making so a parent is going to be completely devoid even if they are responsible for the payment of that abortion. I would also point out that the purpose of parental notification of abortion is something that is unbelievably mischaracterized by people on the left is not to prohibit the choice of minor girls from getting an abortion, the point is to catch predators which is what this Bill is allegedly before us is about. It is the mechanism to find out if the step-father, or the babysitter, or the neighbor or some predator did something to some minor girl. If someone has the ability to do that, to rape and make someone pregnant then they also have the ability to coerce that person into going to get an abortion and in this case I think they would have the ability to coerce to not, to make sure that the medical records don’t show up in the parents also. Parental notification catches criminals and predators. It is a good policy, this is going in the absolute wrong direction Mr. President, I think it is a mistake for us take parents out of the loop when it comes to the
medical interactions that their children have and I am going to be voting, ‘No’ on it. Thank you.

THE CHAIR:

Thanks, Senator Sampson. Will you remark further on the Bill as amended? Will you remark further on the Bill as amended? Senator Lesser.

SENATOR LESSER (9TH):

Thank you, Mr. President. Mr. President I want to say a few things but first I want to respond to Senator Sampson, I am going to share some personal information. In a few days open enrollment begins for those of us who participate in the State health plan and my wife and I have talked about out various employers and the plans that are available to us and our current plan is for my wife to come on my plan as a State employee, as a State Senator and she will be joining the plan that I am offered as a dependent listed on that plan in a few days. And when she does she will be entitled as any dependent is on any employer sponsored plan in Connecticut to the same benefits that I receive. You know what I don’t get, what I don’t get that’s not a part of this discussion is whether I get to make medical decisions for her. That is not what this is about. That seems to be what it is about for some folks, that seems to be the last comment, whether or not I as the policy holder get to make the decisions, whether she has to consent to me making medical decisions for her body, no, that is not what we are into this for at all. We are a family. And when people go on as dependents, when a policyholder decides to enroll their adult child, or their minor child or their spouse it is about figuring out we
are going to pay for the cost of healthcare. It’s not about saying I want to control an adult human’s medical decision making. But to hear some people in this room talk about what we are going to be doing, it sounds like we want to have that decision. I am paying so I get to decide every time my wife gets to go to the doctor what medical care she is allowed to get and what she doesn’t. That is the logical conclusion of the conversation I think I just heard.

Now we heard some discussion about whether or not this is an effort, this could inadvertently allow perpetrators of abuse to shield somehow the fact that they have been committing abuse, but that is not true. And the reason it is not true is one we know because we have heard from the experts, the frontline providers who are treating 44,000 survivors of domestic violence every single year. We heard from Planned Parenthood, provides frontline clinics, critical healthcare services to women all across the State that this is necessary that this is about protecting women, this is about protecting women in this State, about protecting kids. That’s what we heard, we heard from the experts they said that this Bill helps, it doesn’t hinder abuse and frankly the idea that an abuser is going to go in and use the parent’s health insurance policy rather than paying case that to me strikes me somewhat, there is a word that I think would describe that, this is hutzpah. Twenty-three years ago Congress passed something called HIPAA. It is a law designed to shield people’s medical records. It was designed to protect families. To say that everyone should be entitled to healthcare privacy that my healthcare needs aren’t any of your business. That is a law that’s existed that Connecticut has grown used to, that the country has grown used to. But there is
loophole in that law which is that through the explanation of benefits a policyholder can find out what care was accessed even with HIPAA in place. The Bill before us is an attempt to close that loophole. To say that in cases where a woman has a need to access vital reproductive care, doesn’t want her father or her husband to know, she can get it. This Bill is designed to shield survivors of assault and domestic violence, to allow people to get lifesaving care that they need. The experts all weighed in on one side of this debate. There is not two sides, there is one side of this debate. That this bill strengthens HIPAA. It provides additional lifesaving privacy protections and I urge all the members of this Senate to support it. Thank you.

THE CHAIR:

Thank you, Senator Lesser. Is there additional comment on the Bill as amended. Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Mr. President. Mr. President, as Senator Lesser indicated that people’s private health insurance or medical attention should be kept private among adults, I don’t think there is much argument in this Chamber relative to that issue. The issue that I think some of us in this Chamber focused on are the kids. And the issue within that is we have to balance as we always do, rights and health and life and death issues. And as Senator Miner pointed out in 1969 when we passed that Bill, the laws in this Chamber, talking about drug addiction I would argue it was no where near what it is today. We are losing kids in this State at an incredible rate and we all know about it. And I am
sure, as I stand with this mic right now, there is going to be a Bill regarding opioid addiction and we are all going to stand up and say how horrible it is and how kids are losing their lives and we need to either fund it or do more of this, that and the other thing and we have the opportunity now to do something and some of us in this Chamber would rather not. The Amendment that was put forth that was voted down would have said Senator Lesser is right, adults 18 and over deserve privacy for their medical conditions, not arguing. But 17 and under, as a parent I think I do have a right to know. I am not stopping them from getting their procedure, they can go do it, they don’t need my consent, but I am asking to know about it. And the argument is that somehow we are affecting that. We are not affecting that by the Amendment. If it is truly this issue, we are not affecting that cause they have a right to that, to do the procedure. Then the argument is somehow it is impinging on it, it’s not. We are just gonna know about it. Is that so wrong to know what your kid is doing? Is it really all that wrong? I would argue that there is a lot more here that goes into kids than words and look there are experts all over the place and I was not part of the Insurance listening to them, but I do know what I feel as a parent and I humbly, disagree with the experts who are trying to tell me how to raise a kid. So I’m a lot calmer than I was a few minutes ago, but I will say that I know how this vote is going to go. But I think this is a tremendous setback for opioid addiction and for kids health. I think it is a tremendous setback, but I can count. Thank you, Mr. President.

THE CHAIR:
Thank you, Senator Fasano. You may stand-at-ease for just a moment. Will you remark further? Majority Leader, Senator Duff.

SENATOR DUFF (25TH):

Thank you, Mr. President. Mr. President may I thank the Republican Leader for his graciousness, I am batting here last I guess, our President Pro Tem is on the Chair so taking your place will be very difficult to do.

I want to certainly thank Senator Lesser for his hard work on this legislation today. He and his Committee have worked on this Bill for a number of months now perfecting it and bringing it debate today. I think many of us and though we had a spirited debate today on the proposal, I think many of us understand the need for an explanation of benefits and what and how this will help consumers and those who need to have the information and how it can help them in their privacy also. It says in the ORL Report the health carrier must make available to consumers an easily readable, accessible and understandable format and I think a lot of that talks about what we are trying to get at here in the legislation and how Senator Lesser has worked so hard and so diligently to try and articulate what the explanation of benefits covers and what it does not cover. I think that we can certainly have a debate on what might happen or what could happen in the future but I know that he painfully has worked on a Bill that is not overly broad, that does not take into consideration some of the things that may make people fear the unknown or fear that their parents might lose control of what
their children may or may not do, or information that they may need to be responsible.

Let’s face it we all as parents, those of us that are parents, want the best for our kids. We want to make sure that we understand what is happening in their lives and we want to do things that we can do that would help them if there were various addictions. We want to make sure we are standing with them and protecting them. But on the other hand also, not everybody lives in a perfect world. And there are times in which those who are younger need to take and make decisions that positively impact that them that they may not be able to always share with everyone else. And so while, you know, while some of us can maybe not see that scenario play out in our own households, there are certainly places in our State and in our Nation where we need to have those protections for minors and others so that they are able to be able to have their healthcare benefits as well. So again, I want to thank Senator Lesser and Senator Looney for their hard work, members of the Committee and others. I think this is an important piece of legislation and I would certainly urge my colleagues to vote in favor. Thank you, Mr. President.

THE CHAIR:

Thank you, Mr. Majority Leader. Will you remark further? If not, Mr. Clerk if you would call for a roll call on Substitute Senate Bill No. 977, Calendar No. 198, as Amended by Senate Amendment Schedule “A”.

CLERK:
An immediate roll call has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate on Substitute Bill No. 977.

THE CHAIR:

If all members present have cast their votes, Mr. Clerk, if you would, having closed the vote, announce tally.

THE CLERK:

On Senate Bill 977 as amended by Senate "A".

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THE CHAIR:

The Bill as amended passes. {Gavel]

Mr. Majority Leader.

SENATOR DUFF (25TH):

Mr. President, I’m gonna just mark two Bills that we had PT’d as go. Calendar Page 24, Calendar 217, Senate Bill 5 and Calendar Page 2, Calendar 42, Senate Bill 800. Thank you, Mr. President.

THE CHAIR:

Thank you, Mr. Majority Leader. Those items are both marked go. Mr. Clerk if you would call those
items in the order announced by the Majority Leader. Mr. Clerk.

CLERK:

Page 24, Calendar No. 217, Senate Bill 5, AN ACT ESTABLISHING A WORKFORCE PIPELINE AND JOB CREATION TASK FORCE.

THE CHAIR:

Thank you. Senator Kushner, the Distinguished Chair of the Labor and Public Employees Committee.

SENATOR KUSHNER (24TH):
Thank you, Mr. President. I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Thank you, Senator. The Bill has been moved, Will you remark further? Senator Kushner.

SENATOR KUSHNER (24TH):

Mr. President, the Clerk has an Amendment LCO No. 7467. Will the Clerk please call the Amendment.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 7467 Senate Schedule “A”.

Mr. Clerk.
THE CHAIR:

Senator Kushner.

SENATOR KUSHNER (24TH):

Mr. President, I move the Adoption of the Amendment and move to waive the reading. I would seek leave of the Chamber to summarize.

THE CHAIR:

Thank you, Senator please proceed with summarization.

SENATOR KUSHNER (24TH):

Thank you, Mr. President. This is a Bill that will create a task force to study workforce pipeline and we want to add a Substitute Amendment here to include not just the creation, job creation task force to prepare the State’s future workforce for well-paying manufacturing and technical jobs but also as amended it would be to study the availability and location of apprenticeships.

THE CHAIR:

Thank you, Senator. Will you remark further on the Amendment? Will you remark further on the Amendment? If not. Senator Fasano.

SENATOR FASANO (34TH):

Thank you, Mr. President. After the last Bill it is nice to have a kumbaya moment. Thank you, Mr. President. [Laughter]
THE CHAIR:

Thank you, Senator it certainly. Will you remark further on the Amendment? If not, we will try your minds. All those in favor, please indicate by saying, “Aye.”

SENATORS:

Aye.

THE CHAIR:

Opposed, “No”. The Ayes have it, the Amendment is adopted. Senator Kushner.

SENATOR KUSHNER (24TH):

Mr. President as I mentioned this is the underlying Bill is a Bill to create a taskforce to study the workforce pipeline and job creating to particularly prepare our State’s workforce for well-paying manufacturing and technical jobs as well as amended, it would locate apprenticeships. And so I think this is a good Bill. As you have heard it is a Bill that was bipartisan vote in our Committee and it was unanimous so I’m very pleased that we could bring out this Bill today. If there is no objection, I would ask that you move to place this item on the consent calendar.

THE CHAIR:

Thank you, Senator. The item has been moved to the Consent Calendar. Is there objection? Hearing none it is so ordered. The Bill will be on our consent calendar. Thank you, Senator.
SENATOR KUSHNER (24TH):

Thank you, Mr. President.

THE CHAIR:

Mr. Clerk.

CLERK:

Page 2, Calendar No. 42, Senate Bill No. 800 AN ACT ESTABLISHING THE MEDAL OF MERIT FOR CIVILIANS.

THE CHAIR:

Senator Maroney the Distinguished Chair of our Veterans Committee.

SENATOR MARONEY (14TH):

Mr. President, I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Thank you, the Bill has been moved. Will you remark? Senator Maroney.

SENATOR MARONEY (14TH):

Mr. President, the Clerk is in possession of an Amendment, LCO 7457. I would ask that the Clerk please call the Amendment.
Mr. Clerk.

CLERK:

LCO No. 7457 Senate Schedule “A”.

SENATOR MARONEY (14TH):

I move adoption of the Amendment and ask that its reading be waived and seek leave of the Chamber to summarize.

THE CHAIR:

Please proceed, Senator Maroney.

SENATOR MARONEY (14TH):

This Amendment in line 5, we will insert the words “within available appropriations” so it merely changes the Bill so it will only be done within available appropriations.

THE CHAIR:

Thank you, Senator. Will you remark further on the Amendment? Will you remark further on the Amendment? Senator Logan.

SENATOR LOGAN (17TH):

Thank you, Mr. President. I rise in support of the Amendment and the underlying Bill. It is important to recognize and support our Armed Forces Members both on and off the field. Thank you.
THE CHAIR:

Thank you, Senator. Will you remark further on the Amendment, on Senate Schedule “A”? If not, we will try your minds. All in favor Senate Amendment Schedule “A” please indicate by saying “Aye.”

SENATORS:

Aye.

THE CHAIR:

Opposed, “Nay.” Hearing none, the Amendment is adopted. Senator Maroney.

SENATOR MARONEY (14TH):

Thank you very much, Mr. President. This Bill is part of the Adjutant General’s goal of engaging the community and it will allow him, the Military Department to create a Civilian Medal of Merit for civilians similar to the Connecticut Medal of Merit which is currently given to Military Members and as I previously stated would allow him to go out and engage the community and also to thank civilian partners. In his testimony he had mentioned one case where they were working with representatives from Yale and I believe Central Connecticut and this would be a way for him to thank them and recognize them. So if there is no objection, I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:

Thank you, Senator. The Bill has been moved for placement on the Consent Calendar. Senator Duff.
SENATOR DUFF (25TH):

Thank you, Mr. President. Mr. President for another item on our Consent Calendar please.

THE CHAIR:

Mr. Majority Leader we need to move to place it on the Consent Calendar first, thanks. The Bill has been moved to the Consent Calendar. Is there objection to placing the item on the Consent Calendar? Hearing none, it is so ordered. Senator Duff.

SENATOR DUFF (25TH):

Thank you. A little too excited about this next item I guess. [Laughter] On Calendar Page 2, Calendar 46, Senate Bill 226, would like to place that item on our Consent Calendar.

THE CHAIR:

The item has been moved for placement on the Consent Calendar. And is there objection? Hearing none, it is so ordered. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Mr. President. The Clerk can now call the items on Consent Calendar No. 2 followed by a vote.

THE CHAIR:

Thank you, Mr. Majority Leader. Mr. Clerk.
CLERK:

Consent Calendar No. 2, Page 2, Calendar 42, Senate Bill 800.
Page 2, Calendar 46, Senate Bill 226.
Page 24, Calendar No. 217, Senate Bill No. 5.

THE CHAIR:

Thank you, Mr. Clerk. We will proceed to a vote on the Consent Calendar No. 2.

CLERK:

An immediate roll call has been ordered in the Senate. An immediate roll call has been ordered in the Senate on Consent Calendar No. 2. An immediate roll call vote has been ordered in the Senate on Consent Calendar No. 2.

MR. PRESIDENT:

Have all the members voted, if you would please check the machine to make sure that your vote is properly cast. Machine will be closed, the Clerk will announce the tally.

THE CLERK:

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THE CHAIR:

Thank you, Mr. Clerk. The Consent Calendar No. 2 is adopted. For points of personal privilege, Senator Berthel.

SENATOR BERTHEL (32ND):

Thank you, Mr. President. Actually it is for an announcement if I may?

THE CHAIR:

An announcement, please proceed Senator.

SENATOR BERTHEL (32ND):

Thank you, for Senators who have legislative interns, I have been asked to remind you all that your final evaluations for your students are due this Friday. This Friday if you have an intern you should have received a link to, for completing that survey and evaluation from Lisa Roy, our Director of Legislative Interns. Thank you very much, Mr. President.

THE CHAIR:

Thank you, Senator. So we draw everyone’s attention to that so that the student evaluations can be in on time for them to be properly awarded academic credit for this semester. Thank you, Senator. Are there any other announcements or points of personal privilege before I call upon the Majority Leader for concluding remarks? Seeing none, Mr. Majority Leader.
SENATOR DUFF (25TH):

Thank you, Mr. President. Mr. President that concludes our business for today. It is our intention to reconvene tomorrow at 12:30. There will be a Democratic caucus at noon tomorrow and we will hopefully get on the floor after that. With that, Mr. President, I move that we adjourn subject to the call and for the Republicans they have a caucus at 11:30 and again our intention to get in at 12:30 on the floor. So, Mr. President with that I move subject to the call, we adjourn subject to the call of the chair.

THE CHAIR:

Thank you, the Senate is adjourned subject to the call of the chair.