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Abercrombie

SENATORS: Logan, Maroney

REPRESENTATIVES: Case, Wilson-Pheanious,
Butler, Cook, Dathan,
Hughes, Santiago,
Stallworth, Green,
Mastrofrancesco,
Sredzinski, Wood

SENATOR MOORE (22ND): Thank you. I'm Senator Marilyn Moore, Co-Chair of Human Services. This public hearing is open. We're going to ask you if you have signs and stuff, not to hold them up. And the exits, if anything happens, these are the two doors to go out of. We begin by having Commissioners speak first and then an hour later we rotate between constituents and elected officials. So we'll begin now. So the first one our list is Commissioner Amy Porter.

AMY PORTER: Good afternoon Senator Moore, Representative Abercrombie and Representative Case and distinguished members of the Human Services Committee. My name is Amy Porter and I'm the Commissioner for the Department of Aging and Disability Services. I want to thank you for the opportunity to testify in support of House Bill 5305, AN ACT CONCERNING THE DEPARTMENT OF AGING AND DISABILITY SERVICES. This Bill is mostly a technical Bill. There are some technical changes that merge and streamline some of our statutory provisions and

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you have my written explanation of those sections. I'm going to focus my remarks on three sections of the Bill, namely sections 3, 4 and 5.

Section 3 of the Bill brings the statute governing our Assistive Technology revolving loan program up to date with best practice. It basically changes it from a revolving loan program to a loan guarantee program. When the program was started back in 1993 we would lend money directly to persons with disabilities so they could purchase much-needed assistive equipment to help with work and everyday life. We've recognized that the program can work better if we instead guarantee loans issued by a partnering bank. This new method does a couple of things. One, it allows the program to leverage more total dollars for lending. It uses the greater expertise of an established lending institution for overall program efficiency. And it allows the borrowers to establish and enhance their personal credit which did not happen when we loaned -- when the agency was the direct lender. So this change in method has the support of our federal partners as well as the support of our consumers through the Connecticut Tech Act Program Advisory Council, which includes users of assistive technology.

Section 4 of the Bill seeks to modernize a method for educating persons who are deaf or hard of hearing about applying to become a voter. We want to make sure that everybody votes. Current law tells our agency to produce a videotape to explain the application process in sign language. That law dates from 1989 when videotapes were the in thing. They are no longer at the forefront of technology. So this just modernizes the statutes. We're working

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with the office of the Secretary of the State and Disability Rights Connecticut and our advisory board for individuals who are deaf and hard of hearing to accomplish this task by creating something that can be web-based and shared electronically. It brings the process up to date and hopefully increases access to voting information for this population.

Section 5 of the Bill addresses the part of our deaf and hard of hearing statutes that created the Advisory Board for Persons Who are Deaf or Hard of Hearing. One section of the law tells the board to refer complaints about interpreters for persons who are deaf or hard of hearing to Disability Rights Connecticut, the successor to the former Office of Protection and Advocacy for Persons with Disabilities. Disability Rights CT certainly has a role to play when it comes to accommodations and they've been a partner in discussions with our board. They're able to handle complaints from a person who is deaf or hard of hearing who was denied access to an important service or reasonable accommodation such as interpreting services. But their expertise does not lie in the specific area of qualifications of interpreters and so this provision should be removed.

I appreciate the opportunity to testify before you today and I'm happy to answer any questions you may have.

SENATOR MOORE (22ND): Any questions, comments?
Thank you, Amy. [Laughing] Thank you.
Commissioner Deidre Gifford.

COMMISSIONER GIFFORD: Good afternoon Senator Moore, Representative Abercrombie, distinguished members of

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the Committee. My name is Deidre Gifford and I am the Commissioner of the Department of Social Services, and I'm very pleased to -- to be with you today to offer remarks on several of the Bills on today's agenda. It's -- it's -- if it works for you, I'll just summarize my testimony in order on each of the Bills and then of course entertain your questions.

The first SB 272, AN ACT ADDING ACUPUNCTURISTS AND CHIROPRACTORS TO THE LIST OF PERMISSIBLE REIMBURSABLE MEDICAID SERVICES. This Bill would require the department to add Medicaid coverage for licensed acupuncturist and chiropractors as option services in the Medicaid state plan. For the Committee's information as reflected in our testimony, currently the Medicaid program does cover both acupuncture and chiropractic in some limited circumstances. We provide acupuncturists and chiropractors through federally-qualified health centers and in addition, certain acupuncture services may be coverable if provided by a qualified physician, and chiropractor services are also covered in outpatient hospital settings.

There is clinical evidence that acupuncture services are effective in addressing pain and other clinical conditions and there is some clinical evidence that for certain conditions chiropractic services -- some chiropractic services are also effective in addressing chronic pain. Both services may be used as an alterative method for pain treatment. Therefore the department does appreciate the concept of adding additional coverage in Medicaid for these services provided by licensed practitioners. We do estimate that adding these two licensed

practitioners to our benefits in Medicaid, the state's share of these expenditures would be approximately \$100,000 and \$160,000 annually respectfully, however, neither the intact state budget nor the Governor's proposed budget adjustments include funding to add coverage of these services and so the department is not in support of the Bill as written.

Next, HB 5015, AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES. There are two provisions to discuss here. Under Section 1 of the Bill the Governor proposes to institute a prompt pay requirement such that legally third-parties for those primarily by HUSKY, that these legally-liable third parties upon receipt of claim submitted by DSS for payment would be required to adjudicate the claim and either make payment or request additional necessary information within 90 days of receipt of the claim. The obligation to pay the submitted claim would within 120 days. I want to reiterate that the proposed legislation's purpose is to require health insurance companies to determine their liability to pay for an insured Medicaid member's healthcare costs and then either pay or deny the claim. And I want to emphasize that the proposed legislation does not impose any financial liability on the Medicaid client.

The second provision, Section 2 is with regard to Natchaug Hospital's inpatient per diem rate. Last session funding was added to increase Natchaug's per diem rate from \$829 to \$975 beginning in state fiscal year 2021. Under section 2 of this bill, the department will continue to reimburse for inpatient services at the hospital's current rate -- Medicaid

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inpatient per diem rate, which is anticipated to result in a state savings of \$454,000 in state fiscal year 2021. I did want to add as context on this provision that Natchaug Hospital received a supplemental payment of \$250,000 in April 2018. And starting in early 2019, DSS established a so-called pay-for-performance program to reward high quality services for children receiving services at Natchaug. Up to \$500,000 is available for Natchaug to earn in each year of the program as a performance payment. Based on Natchaug's performance in year one, DSS paid Natchaug \$400,000 in September 2019. Depending on its performance in year 2, Natchaug could receive up to \$500,000 which would be paid in September 2020. In total, the above initiatives will result in state savings of approximately \$2.4 million in fiscal 2021, which are reflected in the Governor's midterm adjustments -- budget adjustments.

HB 5306, AN ACT CONCERNING TEMPORARY STATE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE. The Department Appreciates the intent of this bill, but has some concerns with the way the bill is currently drafted as it pertains to Section 1, potential conflicts with federal law. This proposal would require DSS, to the extent permissible under federal law to expedite Supplemental Nutrition Assistance Program (SNAP) eligibility determinations for a victim of domestic violence. The Bill requires that the Commissioner provide an eligible victim temporary SNAP benefits for not less than ninety days before re-determining eligibility for benefits and when conducting an expedited initial eligibility determination, to subtract from such victim's household income the income of any spouse, domestic

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partner or other household member credibly accused by such victim of domestic violence. Again, I want to reiterate that DSS appreciates the intent of this Bill, as well as any measures aimed at improving access to SNAP benefits and retailers for Connecticut residents.

With respect to this provision on expedited eligibility though, unfortunately, federal law prohibits the agency from enacting the requirements set forth. Current federal regulations at 7CFR 273.2 set forth the criteria in which eligibility is obtained for expedited SNAP processing. The standards maintain that only individuals whose income as well as assets and the department does not have the discretion to change the eligibility for expedited SNAP benefits. In addition, under current federal law limited to either one month or two months, not the 90 days as proposed, depending on whether the individual applied before or after the 15th of the month.

Additionally, and I wanted to make clear, only household members living together at the time of application would have their income counted towards the determination. Therefore, if an individual presents himself or herself as a victim of domestic violence at the time of application and is no longer residing with the accused abuser non-household member's income would be excluded for expedited eligibility. If the applicant is still residing with the accused the federal law prohibits us from excluding their income. While, as I've explained, the department can't because of current federal law, support the changes suggested in the proposed Bill, we do recognize the difficulty that arises in these

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situations so we have already begun to exercise some of the flexibility we do have with respect to SNAP eligibility and that has to do with, without getting into too much very technical detail about SNAP eligibility, it has to do with so-called able-bodied adults without dependents (ABAWD) work requirements. While these individuals would normally be discontinued from receiving SNAP benefits after 3 months, these discretionary exemptions will allow them additional months' benefits to lessen the burden for victims of domestic violence.

Section 3 also proposes to exclude an alleged abuser's income when a domestic violence victim applies for state cash assistance. The Department notes that the new language does not distinguish between situations where the victim of domestic violence is living with the person accused of domestic violence but the distinction is important. We've already excluded, as I mentioned under the context of SNAP, we already exclude the income of spouses not living with the applicant in a case of application for cash assistance. To the extent that it is assumed that the victim is no longer living with the person accused of domestic violence, the statute is unnecessary and more restrictive than current policy. Given this background, if the Committee is still interested in pursuing this legislation, the department is open to working with the committee to draft language that could address scenarios where a victim still lives with the alleged abuser. But for the forgoing reasons, the department does not support the current iteration of this Bill and is open to conversations of how to further address the Committee's underlying concerns.

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HB 5307, AN ACT CONCERNING DEPARTMENT OF SOCIAL SERVICE PAYMENT SUSPENSIONS. Passage of this proposed Bill would unfortunately put the Department of Social Services in violation of federal law with respect to payment suspensions in Medicaid and would jeopardize Federal Financial Participation (FFP) for Medicaid claims as a result.

Let me explain. The Affordable Care Act made it mandatory for the department to suspend payments when it determines that there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an enrolled provider. Pursuant to the federal regulation, when implementing a payment suspension the department must provide notice to the provider of the general allegations regarding the nature of the suspension and allow the provider an opportunity to submit written evidence for consideration of whether the suspension should be terminated or the amount of funds suspended should be reduced. And that reflects our current practice. Importantly, the notice must also state that the suspension is temporary, in that it will not continue if law enforcement determines there is insufficient evidence of fraud or legal proceedings related to the provider's fraud are completed. And to be clear, this regulation does not apply to errors or overpayments discovered during the course of a routine audit. So this is in the case where there is a credible allegation of fraud.

The regulation -- the federal regulation does give the department the discretion not to impose a payment suspension or to impose a partial payment suspension, if it determines that there is good

cause. Some examples of good cause exception might be a request by law enforcement not to suspend so as not to alert the provider of an ongoing investigation. If the Department determines that a payment suspension may jeopardize Medicaid recipients access to items or services, or if the department determines that a payment suspension (full or partial) is not in the best interests of the Medicaid program.

Unfortunately the proposed Bill will require the Department to initiate a contested case hearing before it can suspend the provider's payments. So this Bill, because it would require us to violate regulations would put millions of dollars of federal financial participation at risk and therefore we must oppose HB 5307.

HB 5308, AN ACT REQUIRING THE DEPARTMENT OF SOCIAL SERVICES TO WORK WITH THE UNITED STATES DEPARTMENT OF AGRICULTURE TO EXPLORE CERTAIN SUPPLEMENTAL NUTRITION ASSISTANCE OPTIONS. This Bill would require DSS to consult with the Food and Nutrition Service (FNS) of the USDA about options to provide SNAP assistance, including, but not limited to state involvement in any future expansion of a federal pilot project allowing beneficiaries to purchase food online from authorized vendors, and two, to participate in the Restaurant Meals Program. Again, DSS both appreciates the intent of this Bill, as well as any measures aimed at improving access to SNAP benefits and retailers for Connecticut residents but there are a number of problems with the Bill as drafted.

First of all with respect to the first section, the state being involved in future expansion of a

federal pilot project. There is an ongoing federal pilot project for allowing beneficiaries to purchase food online from authorized vendors. Connecticut was not selected to be part of that pilot project. There were eight states chosen to participate and the pilot was launched in 2019. Eventually, the goal is for this to be a national option for SNAP participants, once the pilot phase is complete and USDA can incorporate lessons learned into program rules. While we were not chosen as one of the eight states that would be participating -- any part -- Connecticut, once the pilot project concludes, we would be able to potentially implement online SNAP purchasing and the option is implemented nationwide.

The Restaurant Meals Program is a state option that allows homeless, elderly and disabled SNAP households to use their SNAP benefits to purchase prepared meals using their SNAP EBT card at participating restaurants. The restaurants must agree to participate in this program, offer meals at concessional prices, and cannot charge a service gratuity or sales tax. Currently, five states operate an RMP on an extremely limited scale. For example, Rhode Island has operated such a program since 2011 but has only nine Subway restaurants that have chosen to participate statewide. In order to implement this program, DSS will incur significant costs around contracting and reviewing for eligibility all individual restaurants willing to participate in the program. Currently, retailer onboarding, oversight, training, compliance and monitoring is performed directly by and at the cost of FNS. So this would be different in that it would impose those federal requirements in the current program on the state agency.

The state would also incur significant other costs associated with modifying the ImpaCT system, our eligibility system, modifying our EBT vendor contracts, developing a system to monitor transactions at participating restaurants for program compliance as I described and providing training to staff, clients, and participating restaurants. And again currently, although those functions occur in the existing SNAP program they are carried out by the federal government and at the federal government's expense. So conclusion, absent additional appropriations and staffing, DSS cannot support this Bill.

And finally, HB 5310, AN ACT ELIMINATING STATE RECOVERY OF PUBLIC ASSISTANCE EXCEPT AS REQUIRED UNDER FEDERAL LAW. While the Connecticut Department of Social Services appreciates the intent of this Bill, there are several issues with the Bill that are serious enough that DSS cannot support it. These concerning issues are related to its fiscal impact on the state, which DSS and the Department of Administrative Services estimate at approximately \$18.3 million annually based on an examination of recoveries over the past five fiscal years, its failure to comply with federal Medicaid requirements in at least one respect, and its impact on some one-parent households to whom overdue child support is owed. In addition DSS is also concerned by the short period of time in the current Bill in which DSS and DAS are expected to implement these sweeping changes, which will require a variety of system, business-practice, and forms changes.

This Bill would amend the General Statutes to eliminate state claims and recoveries of property

paid -- properly paid, excuse me. Let me start again. This Bill would amend the General Statutes to eliminate state claims and recoveries of properly paid public assistance except where required by federal law. As a result, state recoveries of cash assistance would be limited to retaining child support payments received by DSS' Office of Child Support Services where the custodial parent and child received or are receiving Temporary Family Assistance or its predecessor program Aid to Families with Dependent Children or AFDC. No recovery of any form of properly paid cash assistance by other means would be permitted.

With respect to medical assistance, no recovery would be permitted based on services provided by purely state-funded medical assistance programs, such as State Medical Assistance for noncitizens or the state-funded portion of Connecticut Home Care Program for Elders. Under this Bill the State could only recover the cost nursing home care, home and community-based services, and related hospital and prescription drug services provided to a beneficiary while he or she was at least 55 years of age, and institutional care provided for certain persons of any age if DSS determines the person is permanently institutionalized. Under existing federal law, recovery is still not permissible in these situations if there is a surviving spouse or other qualifying relative who would otherwise have a claim to the estate assets.

Under the Bill, DSS would also be precluded from placing pre-death liens, as permitted by federal law, but not required, on the real property of permanently institutionalized Medicaid

beneficiaries. Many other states opt to use these liens, which allow states to recoup the cost of providing Medicaid long-term care services to permanently institutionalized beneficiaries prior to their death and also ensure that if the property is sold the state Medicaid agency is aware and the sale proceeds are not improperly transferred to a third party.

DSS and DAS have analyzed recoveries over the past five fiscal years and estimate that the Bill would result in a loss of approximately \$18.3 million in direct public-assistance recoveries each year. Additional losses may be realized based on the state's inability to offset these debts against liabilities when the State itself is sued by a public-assistance beneficiaries.

Aside from the fiscal impact of the Bill, DSS has additional concerns most notably the amendments to Section 17-b94 are problematic. First, the language would limit the state's lien against a cause of action brought by a Medicaid beneficiary to the total amount of recoverable medical assistance that was provided, or 50 percent of the proceeds of the judgement or settlement received by a beneficiary, whichever is less. However, federal law in this case makes it unmistakably clear that to the extent possible states should not use Medicaid funds to pay for a recipient's medical services if a third party has been deemed responsible for those costs. And that we should -- that -- recover the third-party liability to the full extent of such liability.

Second, under the amended language, the same 50 percent limitation would apply in cases where the State's lien against the plaintiff's cause of action

is for overdue child support, some of which may be retained by the State in cases where the custodial parent and child received TFA or AFDC, but some of which may be passed on to the custodial parent and child to whom support is owed. Under the current law, the State's lien is not so limited and the State's longstanding policy is to recover the full amount of overdue support owed to the child and custodial parent. As I mentioned, DSS notes that the effective date for the changes outlined in the Bill is July 1 of this year. Preliminary conversations with DSS and DAS staff involved in State recovery efforts suggest that a number of changes would likely need to be made to business practices, forms and computer systems to effectuate these changes, and that it is unlikely that these changes could be completed prior to July 1, 2020.

For the foregoing reasons, we respectfully request that the committee take no action on this Bill. That concludes my testimony.

SENATOR MOORE (22ND): Thank you, Commissioner. Comments, questions? I -- I do have one. So on Senate Bill 5310, House Bill, if we change the dates would that -- on page 7, changing the dates, would that make a difference?

COMMISSIONER GIFFORD: The implementation date, Senator? Well that's one component of the -- of the department's concern, but it wouldn't address the fiscal impact of the Bill.

SENATOR MOORE (22ND): So it's really the fiscal impact. On House Bill 530 you said you'd be interested in -- look on page 4, you'd be interested

in working with us on that. I think we should do that. We'll take you up on that.

COMMISSIONER GIFFORD: Thank you.

SENATOR MOORE (22ND): And on the -- on House Bill 5308 on page 5, Connecticut was not selected to be one of the pilots. Do you know anything-- have any information on how the pilots have worked out?

COMMISSIONER GIFFORD: I can ask Dan Giacomi, our SNAP Director to step up and share what information he might have.

DAN GIACOMI: Good afternoon, my name's Dan Giacomi. I'm a Program Administration Manager for the Connecticut Department of Social Services. Senator, I didn't hear your full question, if you wouldn't mind repeating it for me.

SENATOR MOORE (22ND): Do you have anything on the outcome of the pilot?

DAN GIACOMI: I do, yeah. The pilot is actually current. It was the beginning of, I believe April in 2019 that New York state went live with three retailers. It was Amazon, Walmart and Shoprite. It then from there proceeded to Washington state and they have two retailers there, Amazon and Walmart. They do not have Shop -- Shoprite. I was able to speak to my colleague in New York state. He said thus far the pilot has been successful. They see very little instances where individuals have issues with everything. They've seen even less fraud in the program thus far, so they are -- they are hopeful that the pilot will be extended nationwide. We're waiting for the end of the pilot. They have to do a recap at the end, like a -- like the

testimony said, any lessons learned, and they would make a decision as to whether or not they would proceed nationwide with it.

SENATOR MOORE (22ND): So I'd like us to keep an eye on that so we can perhaps learn something from the pilot for here in Connecticut.

DAN GIACOMI: Absolutely. I share the same thoughts and hope. We do have monthly calls with our federal partners as well as the other states in our northeast region, which includes New York state and that is one of the topics of conversation that we do have, so they are reporting back to us and we are hopeful that this will go nationwide and would be interested in participating once it does do that.

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

REP. WOOD (141ST): Thank you, Madam Chair and thank you very much for being here, Commissioner and all the work that went into that. That's a tremendous amount of information and thank you.

COMMISSIONER GIFFORD: You're welcome.

REP. WOOD (141ST): Two points. One on Senate Bill 272 adding acupuncturists and chiropractors to the list of reimbursable Medicaid services. If we were to find it in the budget would you be -- I trust you'd be amenable to adding those. You said it was \$100,000 for one of the lines and \$120,000 I think for the other. Would that be something you would be open to?

COMMISSIONER GIFFORD: As we indicated Representative, there is some evidence of effectiveness of adding these services. We do

currently provide them under much more limited circumstances but because it was not included in the Governor's budget or proposal, that's the department's primary concern.

REP. WOOD (141ST): Thank you. And I also am very happy to hear on 5306 the expedited eligibility for SNAP that you are willing to work with us on that because I think that is an important initiative and need to keep moving forward on things that make sense, so thank you.

COMMISSIONER GIFFORD: You're welcome.

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

SENATOR MOORE (22ND): Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. And just briefly, thank you for your testimony and everything you have put through. Just asking the question and I think our Co-Chair will ask a few too on 5308. We're just -- I'm a little bit -- I think there are two things that are trying to happen here. There were actually two Bills that was -- that were put together and one is to allow for TANF for EBT cards to be used for the purchase of vegetables and things on an online service. And the other one is the meals, which I think in Rhode Island it said something like seven Subway Stores --

COMMISSIONER GIFFORD: Nine.

REP. CASE (63RD): Nine have bought into it.

COMMISSIONER GIFFORD: Since 2011.

REP. CASE (63RD): What -- and the expense to you is -- it's past your money from the federal government so the expense to --

COMMISSIONER GIFFORD: Is on the administrative side. Because, as I mentioned, the -- the federal government carries out a lot of the functions of the SNAP in detailing with retailers at the federal level and funds that completely. For those states that have opted to do the restaurant meals program, the -- a lot of those functions and the financial support of those functions falls to the state and appropriation for those new functions was not included in part of this, and that's our -- one of our primary concerns.

I think the fact that it's been marginally successful as currently constructed in other states and again, Dan is the expert here if you have more questions, but the fact it's been marginally successful in other states despite being around for a number of years and not being taken out by a lot of states I think indicates that maybe the provisions of the program as structured are not very feasible to implement.

REP. CASE (63RD): I think one of the things that we -- we look at is Connecticut, most states just have one card and all the dollars go on it. What if we had the state card and a federal card? Because we've run into a lot of complications because on our card all dollars go on it, and therefore I believe the monies that come from the feds are pass-thru monies to use so you have the administrative duties to make sure that those dollars are spent where they're supposed to be spent; is that correct?

COMMISSIONER GIFFORD: You have ventured far beyond my territory here, Representative.

REP. CASE (63RD): Well you've been here almost over a year now. [Laughing]

COMMISSIONER GIFFORD: Oh no.

REP. CASE (63RD): Not even quite?

COMMISSIONER GIFFORD: June 21 will be my anniversary.

DAN GIACOMI: So I will note that I've been here for over 13 years and I'm still learning about it as well. [Laughing] So you've got to give her a little leeway there. Most states do have one card for everything. So the way that it works with the EBT card is that although it is one card, there's two separate funds that go onto the card. We have two separate accounts. You have an EBT food account and an EBT cash account. So the EBT food account which is where all of your SNAP benefits go onto is where we have the restrictions of what you can and cannot purchase with it. The other side of the account is the cash account which is where any TANF state supplement cash benefits or child support benefits if the individual decides to have them put on an EBT card would go to.

Those parts of the card can be used at restaurants, they can be used at ATMs for any cash assistance that an individual may have. It would only be EBT SNAP benefits that would not be able to be used or are not able to be used at these restaurants currently.

REP. CASE (63RD): Okay. So dollars on this card can be used as long as the facility or the restaurant accepts the program from what I'm hearing you right now?

DAN GIACOMI: From our side, yes, as long as they have a terminal that the individual can note that it is an EBT cash account. Much as if you go to Stop and Shop or a grocer. When you see their EBT terminal there, it does have options and it separates, is this EBT cash, is this EBT SNAP. In choosing one of those two options it then tells the terminal which are appropriate and can be used and which cannot. So if you were to choose -- well, say your normal grocery shopping, you run everything through, you hit your EBT SNAP account it will deduct any of the eligible purposes. It will then tell you that your remaining balance is X amount of dollars. It would then ask you to choose another method of payment. You can then choose debit card, cash or EBT cash account and it would deduct the rest of those purchases.

REP. CASE (63RD): But the entities that we're talking about of the online produce and the restaurants, are those able to be used if they have a portal or something that can accept the card?

DAN GIACOMI: So online, no. Currently for -- there is no way to distinguish online that you're using an EBT account. That is what this pilot program is testing in the SNAP realm, is whether or not they can distinguish it, and there would have to be ways to put in say like a pin number like you would have to do at the store. So there is nothing online currently that they could use these accounts for.

REP. CASE (63RD): And that's the same with the restaurants?

DAN GIACOMI: Correct, yep.

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REP. CASE (63RD): Thank you, Madam Chair. I'm good. I think we have some discussions now, but thank you.

SENATOR MOORE (22ND): Representative Abercrombie.

REP. ABERCROMBIE (83RD): You think we have some discussions? [Laughing] I think we do. Good afternoon, Commissioner. Thank you so much for being here.

COMMISSIONER GIFFORD: Good afternoon, Representative. You're welcome.

REP. ABERCROMBIE (83RD): Let's start with item SB 272 which is the acupuncturists. The \$100,000 is that now appropriated.

COMMISSIONER GIFFORD: State share.

REP. ABERCROMBIE (83RD): So \$100,000 is the state share of the net? Okay.

COMMISSIONER GIFFORD: The same with the \$160,000.

REP. ABERCROMBIE (83RD): Okay. Just wanted to heck about that. And is that a 50 percent reimbursement?

COMMISSIONER GIFFORD: Roughly, yeah.

REP. ABERCROMBIE (83RD): Okay. So right now in your testimony you testified that this is an allowable expense through FQHCs right? So it's part of their bundles, right?

COMMISSIONER GIFFORD: That's right.

REP. ABERCROMBIE (83RD): So why do we not do it as a separate benefit for private practice?

COMMISSIONER GIFFORD: I don't know the history specifically, Representative. I think the intention

was to -- because it's a new and not necessarily common benefit in Medicaid programs across the country, I think potentially there was part -- there was an intention to limit to only certain provider groups. Kate, do you have more information about the limitations? DSS is hiding in the back row today.

KATE MCAWAY: Thank you, Commissioner. Good afternoon Senator Moore, Representative Abercrombie. I'm Kate McAway, I'm the Director of the Division of Health Services. Thank you for the question. So as the Commissioner suggested this is not historically typical covered service in Medicaid programs and so the department's position and early iteration of covering it is to limit it to physicians who are trained through continuing medical education to administer acupuncture. But I think we recognize the merging literature and also the licensure -- the distinct licensure of individuals who sought essentially a graduate degree in acupuncture, and for that reason and as a component of our interest in particularly pain management for the opioid agenda, we're at a point where we're considering alternative options like those that have not been as typical historically.

REP. ABERCROMBIE (83RD): Thank you for that. So let's separate the two just for a second. So correct me if I'm wrong. Chiropractic was a covered benefit under Medicaid years ago, correct?

COMMISSIONER GIFFORD: Yes, that is correct.

REP. ABERCROMBIE (83RD): Okay. So now we're just talking about -- so one is to bring them back into the system as a covered expense. And then two, the

acupuncture, right? And I agree with you Kate, I think that as we look at medicine and we look at the opioid addiction that we have in this state we do need to think about other benefits that can help individuals and I think it's up to choice. I think the people should have the right to decide what is the best course of action for them.

One question though is, and this was brought to my attention through some of the chiropractors and they believe, and you may not be able to answer it now so I apologize if you know if you can't don't worry about it; but they believe there could be a cost savings versus having to pay for physical therapies or other therapies that may be longer in time versus being able to go to the chiropractor and have it done maybe one or two times. Do you have any thoughts on that, either one of you?

COMMISSIONER GIFFORD: So I will say with respect to low back pain in particular in chiropractor versus physical therapy versus orthopedics there's a -- there's a very long history of trying to sort out both effectiveness and cost of those various types of services. You are correct, Representative. It may be that there would be some cost savings depending on how we structure the benefit, the services that were covered and for what conditions. It may also be that -- that we would see an increased cost if we saw a lot more utilization than we would anticipate.

So you know if it's of interest we could think about a little bit more detail about potential costs and benefits but our current estimate is as you see here that there would be an increase in cost of the Medicaid program

REP. ABERCROMBIE (83RD): And I appreciate that and I agree with you, any time we add a benefit there is a cost to it. But I think as medicine changes, that we as a state, especially in the Medicaid program should try -- should try and stay up with some of those changes. And I think it again goes to my original statement, it's choice, right? People should have the choice of what is the best way to deal with any kind of ailment that they're having. Even you know, I've heard people that talk about migraines you know and where acupuncture helps with that. I'd rather go down that route than to have to be on any medication and I think more and more people are thinking that so I appreciate both of your comments on that.

Moving on to item number -- House Bill 5306, domestic violence. Do we have any presumption eligibility type benefits that we could give under domestic violence; do you understand what I'm asking?

COMMISSIONER GIFFORD: I think so. But let me attempt an answer and you can tell me if it addresses your question. So on page 3 of the testimony we describe our current ability to do expedited SNAP eligibility and what the federal requirements there are. So there are -- it's an income standard -- an individual's income has to be less than \$150, I assume a week. [Background talking]. And assets less than \$100. Well I won't read it all to you. So to say as articulated on page 3, there are prescribed federal requirements under which we can grant expedited SNAP eligibility and they're fairly limited. We don't have the

ability as we testified to add a category of victims of domestic violence to expedite at SNAP.

I think we tried to make clear Representative in the testimony is that the individual otherwise meets the requirements for SNAP eligibility then we can and would process their -- their SNAP benefits and we would automatically if they were not living with the accused abuser exclude the income and assets of those individuals. What would you guys -- anything to add there?

PETER ADLER: Just one thing I would like to add. I'm Peter Adler, Program Administration Manager at DSS. Just to add that there is one exception to the TFA time limits which permits domestic violence victims to be able to heed the six month federal time limit. So that's something that we do and that is -- that is one exception that comes to mine.

COMMISSIONER GIFFORD: On a cash benefit, not on SNAP.

PETER ADLER: So currently for the SNAP program as she said, many of the rules there are laid out for us by the federal government. They do allow for exceptions to two of the rules. One is around institutionalization or individuals living in a domestic violence shelter where normally those individuals would not be able to apply for -- I shouldn't say those individuals, I should say institutionalized individuals, would not be able to apply for SNAP benefits as a household. These individuals would be able to apply just on their household of the individual. So if it's a mother or a father and a child or just a single adult they would be able to apply without having them.

The other is around dual participation of benefits and what that would be is if an individual moves to Connecticut from another state and had already received SNAP benefits in that other state, we normally would not allow them to receive benefits in our state until the month after they closed. In a situation of a domestic violence we would waive that requirement to wait and would allow them to receive the benefits when they applied here in Connecticut.

REP. ABERCROMBIE (83RD): So when you talk about expediting the process, does that mean that our domestic violence shelters have a direct line to DSS or do they still have to go through the regional offices?

PETER ADLER: So they currently go through the regional offices. We do have a number of liaisons though for protected situations where an individual may not be able to, or may not want to disclose their whereabouts to other household members. I will note that we, in my opinion, are doing extremely well in our expedited processing. We're around 96 to 97 percent timely meaning we do from the date of application get the benefits in hand to the individual within seven calendar days of when they apply. So we average around 4,800 applications that we expedited processing criteria each month so again, around 97-98 percent of those are done timely or within seven calendar days.

REP. ABERCROMBIE (83RD): Thank you for that. And then moving on to item -- House Bill 5310 which is eliminating state recovery of public assistance. Is there a percentage that we recoup in a windfall, or is it the whole windfall from the individual?

[Laughing] [Crosstalk] Would have been easier.
State who you are for the record, please.

GRAHAM SCHAEFER: My name's Graham Schaefer. I'm an attorney at the Department of Social Services that works with our recovery unit on certain issues and the current statutes do cap the recovery in those instances at 50 percent typically.

REP. ABERCROMBIE (83RD): And do we have the flexibility to change that? So say right now it's capped at 50 percent, I would assume that's under federal law; do we have the ability to change that to say 25 percent?

GRAHAM SCHAEFER: So these windfall type recoveries that you're talking about are by and large merely created by state law. The one exception is situations is where what we're recovering is accident related medical bills that were paid by Medicaid and that is one of the concerns we've outlined in our testimony is that federal law requires us to go get the full amount of the monies received by the beneficiary through a settlement or a judgement that are directly attributed to those -- to the cost of that medical care. So we have no leeway there, but for other types of windfall recoveries, if you want to call them that, the state statutes would put a 50 percent cap on that.

REP. ABERCROMBIE (83RD): Yeah, and I think you're absolutely right as far as if it has to do with recovery because of an accident, right. Because that makes us in line with what we do in the private market, right. So I agree with that piece of it. You know if Medicaid pays it and then someone gets reimbursed through the accident, right, through the

other insured, yes, that money should be. But I like the idea of us having flexibility within the system as to how we do our recovery so thank you for that. I think that's very helpful. And I think that concludes my questions for the agency, so thank you guys very much for being here.

SENATOR MOORE (22ND): I have a question on recovery. Does anybody else have a question? So tell me a little bit more about the recovery. So it's 50 percent of just the medical bills or the whole windfall itself or the incident?

GRAHAM SCHAEFER: So for medical bills where Medicaid was the payor. We have to go get the full amount of the money that was received by the beneficiary from the settlement that in the settlement and the judgement is attributed to the cost of the medical care that was provided. So there is a US Supreme Court Case that basically says that that rule does not apply to other types of damages that are awarded, for instance for pain and suffering and things of that nature. So those types of -- those types of damage in otherward are not recoverable under Medicaid law.

SENATOR MOORE (22ND): Thank you.

COMMISSIONER GIFFORD: You're welcome. Thank you for having us and I -- with your indulgence I'd like to thank my stellar team at DSS for all of their work in preparing for today.

SENATOR MOORE (22ND): You have a great day. Everything you wanted to know. [Laughing] Next is Steven Hernandez.

STEVEN HERNANDEZ: There we go. Good afternoon Senator Moore, Representative Abercrombie, Ranking and other distinguished members of the Human Services Committee. My name is Steven Hernandez. I'm the Executive Director of the Legislature's Nonpartisan Commission on Women, Children, Seniors, Equity and Opportunity

We have submitted our written testimony on several of the Bills before you. I really want to focus my testimony on two of them. The first is House Bill 5306, AN ACT CONCERNING TEMPORARY STATE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE. And other is House Bill 5311, AN ACT CONCERNING A BILL OF RIGHTS FOR POSTSECONDARY STUDENTS WITH AUTISM SPECTRUM DISORDER.

So firstly on the domestic Temporary State Services for Victims of Domestic Violence, I really just want to -- you know despite some of the concerns of intersections of federal law, and I appreciate the promise that the department will work with you to help cure some of those concerns; I really do want to emphasize that the Bill really does seek to address really some of the fundamental reasons that people stay in domestic violence situations and it really is because of the difficulty, financial difficulty in being able to escape a situation. Whether it's accessing food, often it's food, housing and other critical foundational care. So we strongly support your efforts and would love to continue to support your efforts in figuring out how to make this work.

Also I would recommend that the state join with sister states to try and see if we can move the needle on the federal requirements and the federal

restrictions because you know, often times you know, as we know in this -- in this work over the years our thinking has developed, our approaches have developed, and really a refinement of federal law in this -- in this -- in this area could really be useful.

Secondly on the Bill of Rights for Post-Secondary Students with Autism Spectrum Disorder, this is really about equitable access to opportunity and I just wanted to list what that Bill of Rights is because I think it's important for us to know. So firstly, as you know our higher ed institutions are required to create a program -- a program in which, of accommodation. And what the first -- the first requirement would be that students with Autism receive targeted support services that are targeted specifically for their needs. Secondly, if they are in a process for disciplinary action that they have an advocate with them. Sometimes an advocate can be -- can make a real difference for someone who is on the spectrum to be able to communicate what their needs are. Thirdly that the course, scheduling and instruction campus housing really be tailored to the specific needs of the individual with Autism. Readily accessible information on the internet. Information is critical. And finally programs to assist with disorders to make a successful transition from high school to higher ed.

You know a few -- a couple months ago now we held a public conversation done in the southern part of the state where we spoke with young people on the spectrum who are thriving in careers, whether it be a young woman who is a film editor, a young man who is a magician and a public speaker, and what -- what

was really compelling about each of their stories is that they made it work and they made it happen despite the barriers that were around them. How wonderful would it be if we could lift some of those barriers and create opportunities in our institutions of higher learning.

And then finally I want to thank you of course for every year hosting the Autism Forum here at the State Capital. This year it's on April 1st and it's not April Fools, it's for real and it's good. And I'll tell you that that afternoon just to ducktail on some of your efforts that morning, we're going to be hosting that same forum with those same young people calling, Success Across the Spectrum here at the state -- at the State Legislative Office Building. So I'm going to be with you and then invite all of us to go there so that we can hear some of those success stories, so thank you so much for the opportunity to testify.

SENATOR MOORE (22ND): Thank you, Steve. Comments?

REP. ABERCROMBIE (83RD): Yes, me. [Laughing] That's okay. Steve, I think that is phenomenal that we're going to be doing that hand-in-hand on April 1st for Autism Day for thank you for that.

STEVEN HERNANDEZ: Thank you.

REP. ABERCROMBIE (83RD): And when we talked about - - sorry, I was just excited about that I lost my train of thought all of the sudden. I'd also like to talk a little bit offline about that day and how we can even make it more informative.

STEVEN HERNANDEZ: You've got it.

REP. ABERCROMBIE (83RD): You know I've been hosting it for I think 13 years now and you know it's near and dear to my heart just to see how successful these individuals can be with a little bit of support. And you know it's been the most challenging area that we've had to work on through the years, especially with housing which we're trying to work on right now. So thank you, and thank you again for being here and testifying. And thank you for your hard work too.

STEVEN HERNANDEZ: Thank you.

REP. ABERCROMBIE (83RD): I think we've done a lot of great things since you've become the Director of this Commission and I just personally want to take the opportunity to say thank you and thank you for being here.

STEVEN HERNANDEZ: Thank you.

SENATOR MOORE (22ND): Thank you. Anyone else? Representative Mastrofrancesco.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you for your testimony. I just had a quick question in regards to your testimony for Senate Bill 274.

STEVEN HERNANDEZ: Yes.

REP. MASTROFRANCESCO (80TH): Can you tell me right now the residents in the state that are HUSKY, what services that covers, do you know?

STEVEN HERNANDEZ: I can get you that list actually if you -- if you'd like. I don't have it presently in front of me but I can actually get you that list.

REP. MASTROFRANCESCO (80TH): Okay. So if you can send me the list.

STEVEN HERNANDEZ: Sure, I sure will.

REP. MASTROFRANCESCO (80TH): I'm just curious of what services they cover.

REP. ABERCROMBIE (83RD): So let me just interrupt for a minute. This wouldn't be a question for Steve because he's the Commission. This would be a question for DSS.

REP. MASTROFRANCESCO (80TH): Okay, but he -- he's referencing that Bill in his testimony and that's why I was asking the question.

REP. ABERCROMBIE (83RD): Right, but that Bill has nothing to do with -- does not have to do with HUSKY per say; it's services covered under Medicaid, which still would be an agency question.

REP. MASTROFRANCESCO (80TH): Okay. Well, he's referencing the Bill and he's talking about services; that's why I asked him. Okay. If you can get me that information I would appreciate it, thank you.

SENATOR MOORE (22ND): Thank you. Anyone else? Thank you, Steve.

STEVEN HERNANDEZ: Thank you so much. Thank you all for the opportunity to testify.

SENATOR MOORE (22ND): Is Senator Duff here? Representative Jane Garibay.

REP. GARIBAY (60TH): Good afternoon. Chairperson Abercrombie, Senator Moore, Ranking Member Senator Logan and Case and Honorable Members of the

Committee, I would like to seed my time today to constituent, Sally Grossman.

SALLY GROSSMAN: Hi, thank you for the opportunity to be here. My name is Sally Grossman and I am from Windsor. I am testifying in strong support of S.B. 274, AN ACT CONCERNING INCREASED FUNDING TO PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS. Title X is an important family planning program that helps low income individuals access important preventive sexual and reproductive healthcare that they may not otherwise have access to. These services include safe and effective birth control, sexually transmitted infection (STI) testing and treatment, cancer screenings, pregnancy tests and counseling, and sexual education. Being a low income woman myself, I have relied on Planned Parenthood for services in the past, including birth control and exams. Without the sliding fee scale offered by Planned Parenthood, I would never have been able to afford these important healthcare services.

Title X funding has enjoyed bipartisan support since being enacted by the Nixon administration in 1970. Not until recently has Title X funding been tied to an anti-choice agenda, despite that fact that its services help reduce the rate of unintended pregnancies and thus the number of abortions needed and performed. Also, despite the fact the Title X funding does not, and has never, funded abortion.

But because of the services provided by clinics enrolled in Title X, millions of unintended pregnancies have been prevented. In 2016, women who obtained birth control from Title X providers were able to postpone or avoid two million pregnancies. This publicly supported care prevented some one

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million births and nearly 700,00 abortions. Birth control and sexual education are vital tools in helping individuals decide if and when they want to start a family. And for low-income individuals, Title X is often the only resource they have in assisting with their family planning needs.

88% of Title X patients in Connecticut are served by Planned Parenthood of Southern New England. That means that 88% of Title X patients, that's over 41,000 people, in Connecticut are in danger of losing access to vital preventive sexual and reproductive healthcare services if the state does not provide the additional funding that was lost due to the Gag Rule imposed by the Trump administration. Individuals served by Title X are some of the most vulnerable among us and their healthcare access should not be determined by political whims or religious beliefs. I applaud the elected leaders in Connecticut who support not only a person's right to bodily autonomy, but also ensuring healthcare is a human right that all people can access.

I strongly support SB 274 and urge the legislature to vote in favor of funding family planning providers, including Planned Parenthood of Southern New England. Thank you for your time and consideration.

SENATOR MOORE (22ND): Thank you. Did you submit written testimony?

SALLY GROSSMAN: I did, yes.

SENATOR MOORE (22ND): All right. Thank you very much. Any questions, comments? Thank you so much.

SALLY GROSSMAN: Thank you.

SENATOR MOORE (22ND): Senator Duff, no.
Representative Candelora.

REP. CANDELORA (86TH): Thank you. I just got under
the wire here. Chairman Abercrombie and Moore and
Ranking Member Case; I'm here to testify in favor of
House Bill 5306, AN ACT CONCERNING TEMPORARY STATE
SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, and I
want to thank the Committee for raising this Bill.

I think the issue of what we're trying to address is
you know recently you've heard from some of our
domestic service agencies who will also testify
today that there's sort of a barrier for people that
are trying to get out of a bad situation, and often
state assistance is what will help them get on their
own. When they make an application the accused
abusing spouse's income automatically sort of gets
pulled in and could disqualify them from getting
services that they need to start the road of
rebuilding their life.

And so what this Bill is attempting to do is provide
a 90-day period or some sort of a period similar to
what we do with Medicaid, we have that 90-day
reasonable opportunity period where somebody could
apply for Medicaid if their citizenship cannot be
established, they are automatically eligible for the
Medicaid benefits and then in that 90-day they're
then qualified. If it's determined that they're not
a citizen they lose the benefits. If it determines
that they are a citizen they get the benefits. I
know that federal law is what allows for the state
to do that and we adopted it probably six or seven
years ago. And so we're seeking to try to sort of
model it similarly with appropriate safeguards.

So if the income is disqualified you know there could be a showing that maybe the person has maybe applied for a protective order, has moved out of the house, is on their own and independent from that abusing spouse so that the income wouldn't -- wouldn't be qualified. I know there could be some legal issues that we have to trudge through but that is sort of the intent of the Bill and I hope we can try to take a look at it and move it forward.

SENATOR MOORE (22ND): Representative, thank you for your testimony. Representative J -- Case.
[Laughing] I have these moments of clarify.

REP. CASE (63RD): Thank you, Senator Marilyn Monroe -- Moore. [Laughing] Vinnie -- Representative Candelora, so when we talk about this it's interesting 'cause when I did my internship in college I worked on a project called The Family Project and it was actually for affluent people who are in domestic situations and we brought them into the project and tried to get them help and aid because they don't want to release information and we don't want them to release information because then they can be found. So I think that there's more to this than people really understand; that you can be of a certain fiscal stability, very wealthy, very affluent or maybe not documented so there's a lot of realms to this. Am I correct in saying that and what we're researching?

REP. CANDELORA (86TH): Yeah, I think -- I think it's a -- you know it's a complicated issue obviously and I think what happens with individuals is they end up needing to seek a safety net you know, a family member or somebody else that can help them out of this situation or one of our

organizations that we have help facilitate it because this safety net isn't there for them necessarily because of this barrier.

REP. CASE (63RD): So when we talk about -- it's just so scary. If you haven't been involved in a situation, no I haven't been involved in this situation so it -- it's one that is much needed because of the population that we have. A lot of things happen today and it could happen to either a male party or female party and we have to keep that also in focus too. Do you see that as part of this Bill?

REP. CANDELORA (86TH): Yeah, I mean I think the Bill you know doesn't speak to gender. It's very neutral in a sense that it's -- looking at, if you're seeking to separate yourself from a marriage or a relationship that the income with the person you're separating from shouldn't -- shouldn't be attributed to you 'cause obviously you will not be receiving it once -- once you leave. And so how are we able to accomplish this at the state level? I know there's concerns about being able to afford this or what kind of new resources will be created but I don't think it really creates new resources. My guess it -- it would expedite the funding that these individuals end up being entitled to anyway because ultimately if they separate and they don't the income security, eventually they will qualify for these benefits, but it's what road and what pathway do they have to go through in order to get qualified and we're just trying to get that expedited.

REP. CASE (63RD): And I agree with you and I thank you for coming down and testifying. Because it is a

scary route and those of us or those who are in a situation that haven't always had something, you wonder, do I get out or am I going to have something that I can fall back on that's going to help me get over these hurdles and over these steps in a very quick, easy way. So before God forbid something does happen. So thank you for coming to testify and Madam Chair, it's all yours.

SENATOR MOORE (22ND): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair and thank you for testifying. I really appreciate it. As many people know, in my home town of New Cannon we had an incident of a domestic violence victim and she unfortunately was murdered and we're trying to figure out all the situations. But if we can help any woman or man in this situation going forward with this legislation no matter socioeconomic background, this transcends politics we need to do it so I commend you for coming up and speaking out for many people who can't be speaking today, so thank you very much.

REP. CANDELORA (86TH): Thank you.

SENATOR MOORE (22ND): Thank you. Anyone else? Thank you.

REP. CANDELORA (86TH): Thank you very much.

SENATOR MOORE (22ND): Representative Noreen Kokoruda and I think Tara is going to come up with her.

REP. KOKORUDA (101ST): Good afternoon. I want to thank you, Senator Moore and Representative Abercrombie and Ranking Representative Case and other members for hearing us today. I'm also here

today to talk about House Bill 5306. This was a Bill that I think has a lot of a support in the building and obviously listening to the Commissioner I know there's work to be done on it but I think the intention, as you just heard from Representative Candelora is really about getting -- having women, mostly women and children safe and being able to move out of a home that's -- and we've talked to women that just won't move out because they don't have the financial resources. So today, a lot of this came from Women and Family Life, some of the ideas that's in Gilford and today I'd like to introduce Tara Clarke, who is a social worker for Women and Family Life and sees this firsthand and I'd like to yield the rest of my time to her if that's okay.

TARA CLARKE: Dear Senator Moore, Representative Abercrombie and members of the Human Services

Committee, one area of support that has proven time and again to be integral to women gaining freedom from abusive partners is access to our state's human services. Yet, we have found issues in gaining access to these programs for one of our most vulnerable populations, domestic violence victims who are trying to leave abusive partners. Unfortunately, in these complex cases we have found that the eligibility criteria for state assistance has disqualified many women who should qualify.

One example is the case of someone who I will refer to as M. M and I had been working together for some months navigating the beginning of her divorce process from a physically, emotionally, and financially abusive partner. While M's spouse did not provide any financial assistance to her besides

sharing her residence, when I began making calls regarding her application and eligibility, I found that M would not be eligible for needed assistance like SNAP and Care 4 Kids. I was told that because she did not yet live in a separate residence from her spouse, her spouse's income would have to be counted in her application materials despite the fact that she could not access his financial accounts and he did not help her financially. When I pushed to see if there were any provisions for survivors of domestic violence I was told there was no policy in place, and was even given the recommendation by one social service provider that maybe she should just hit him back.

These responses are not helpful and do nothing to address the complexities surrounding access to state services for domestic violence survivors. It is with this in mind that our staff at Women and Family Life Center would like to recommend that HB 5306 be passed with the recommended revision that the status of a victim of domestic violence would also include a person who has been subjected to financial abuse, as it is one of the most common forms of abuse faced by victims of domestic violence. The passage of HB 5306 would be instrumental for many women in Connecticut who are facing the challenging life circumstances of leaving an abuser and finding the resources to sustain themselves and their children. I want to thank the Committee for listening to this testimony.

SENATOR MOORE (22ND): Thank you very much. And you did acknowledge that there are federal regulations, so I appreciate that. Any comments, questions?
Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair and thank you both for being here. I think it's really lovely and so important that we hear from those of us outside the legislature, not that we're all -- don't have good voices too but I think your experience on the ground, and you were very articulate about that and it gives it extra dimension, so thank you for taking the time. And Representative Kokoruda thank you for bringing her up here. Thank you, Madam Chair.

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

REP. KOKORUDA (101ST): First of all I want to thank you for hearing this Bill today and I think there's a lot of common sense in it and so I hope we can, as Tara said, work out -- obviously the Commissioner brought up some really great points.

And finally I just would like to take a little advantage and also quickly testify, just remark on House Bill 5311 and it's the Bill of Rights for young people that are really under that Autism spectrum disorder that are lucky enough and fortunate enough to be able to go to our schools. And really it's just providing support services and someone to be there to help them. We all make the difference between successful career for sure, and I hope you consider that legislation also. Thank you.

SENATOR MOORE (22ND): Thank you. So now we've -- we usually do the first hour for legislators and commissions. We're going to shift to our public. And I'm going to remind you, it's three minutes. Be mindful of your time. There is a buzzer that will go off. We don't have a cane, just a buzzer. So

the first one up is Dr. Matthew Paggano. No? Okay. Margaret Barili. Please come up. Identify yourself.

MARGARET BARILI: My name is Margaret Barili.

SENATOR MOORE (22ND): You're on.

MARGARET BARILI: So, Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and members of the Committee, thank you for hearing my testimony. My name is Margaret or Maggie Barili and I'm a licensed acupuncturist and registered nurse practicing in Connecticut and I also am the President of the Connecticut Society of Acupuncturist which is the professional organization for licensed acupuncturists in our state.

Our organization Senate Bill 272. The Bill will add services of acupuncturists and chiropractors to the state's Medicaid program as you know, and in this testimony I'll address the services of licensed acupuncturists. We believe low-income residents of Connecticut should have access to acupuncture. Many citizens of this state use acupuncture and benefit from its treatments that licensed acupuncturists provide. Our plan -- our services are included in a lot of insurances and employer plans as well as the plan option for the state employees and retirees so therefore -- but low-income citizens of Connecticut who depend on Medicaid don't have access to our services.

This lack of access closes Medicaid patients off from the treatment solutions that we can provide for prevalent problems such as pain and chronic disease. As all is -- as is well known, common treatment for pain is quite often the opioid prescription when in

many cases acupuncturist services could have provided a better way to reduce that use, that prescription or even possibly the need at all.

Acupuncture is a key non-pharmacological treatment with a great deal of evidence-based research with prove positive outcomes showing that acupuncture can successfully reduce patient's chronic pain without the use of narcotics. Our organization has access to those peer review studies and we'd be happy to share those with you if the Committee wanted more access.

I'd also like to share with the Committee that a Medicaid patient of mine who's on HUSKY but she's getting acupuncture treatments with me and they're being paid for by a grant foundation that's trying to build up. But she wanted to convey to you her success with acupuncture. Her first treatment eliminated what had been several years' worth of bi-monthly ER visits, sometimes by ambulance and sometimes an overnight or two at the hospital that Medicaid paid for for her condition, and her story also is a strong illustration of the cost effectiveness that acupuncture can -- really can represent for Medicaid.

That said, as we encourage your support for Senate Bill 272 we realize this proposal could carry a cost to the state and we have provided information and have had discussions with the Department of Service -- Social Services in this respect, and we hope that you can approve the Bill so that our discussions can continue along those lines. Can I just quickly finish?

SENATOR MOORE (22ND): Just wrap up, please.

MARGARET BERILI: Okay, yes. So based on emerging evidence and our experience we feel that acupuncture services will greatly benefit Medicaid patients and the program as a whole, and in conclusion we thank you for your consideration of this legislation and we hope that you will support the addition of licensed acupuncturists as well as chiropractors to our state's Medicaid program.

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

REP. HUGHES (135TH): Thank you, Madam Chair. Could you speak a little bit to how this might be useful in pain management for cancer patients.

MARGARET BARILI: Well for cancer patients there's a lot of reasons for pain like in the case of this young woman, Jill who submitted her testimony. She was -- she had two doses of you know, long-term cancer and she wound up with many, many abdominal surgeries and was filled with adhesions, basically scar tissue in the belly that was causing a lot of obstruction and that's why she would go to the hospital was obstructions that couldn't resolve pretty much twice a month. And so part of the acupuncture that I worked with her not only systemic, to reduce inflammation and pain, you know but it was also, I also did scar therapy with her belly and that's one of the reasons it made such a quick difference. And she has been to the hospital for three months now.

REP. HUGHES (135TH): Have you treated anybody with multiple myeloma?

MARGARET BARILI: I have treated people with multiple myeloma. We're not -- we're not going --

you know if nothing else acupuncture helps with the pain systemically because it does you know, put out those endorphins, it takes down the fear that all that comes with acupuncture that increases cytokines and pain. I mean it's not a cure, but it's definitely helping with all the chemo side effects like nausea, pain, peripheral neuropathy. A lot of those things can actually be prevented while somebody's in the throws of chemo and radiation and I've seen that a lot. It's pretty remarkable.

REP. HUGHES (135TH): My dad passed away from multiple myeloma but during the last stages of his disease acupuncture was the only thing that relieved his pain that was just so intense and I would hate for Medicaid to only cover like opioids and oxycontin and things like that but not an non-invasive, much more effective pain reliever for especially cancer patients. That's all.

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

MARGARET BARILI: Thank you.

SENATOR MOORE (22ND): Senator Bob Duff.

SENATOR DUFF (25TH): Good afternoon everyone. Senator Moore, Representative Abercrombie and members of the Human Services Committee. My name is Bob Duff, State Senator representing Norwalk and Darien, and Senate Majority Leader. I'm here to express my strong support for Senate Bill 274, AN ACT CONCERNING FUNDING FOR PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS, which will counter the loss of federal X funding due to the Administration's -- Trump Administration's domestic gag orders, part of the larger war on women.

For more than 40 years through Democratic and Republican administrations Title X family planning clinics across the United States and in Connecticut have ensure access to a broad range of family planning and related health services for millions of low-income or uninsured individuals. For thousands of Connecticut residents as the margins -- at the margin who struggle to make ends meet, Title X providers often serve as their only source of healthcare. This federal funding provides approximately 50,000 Connecticut residents with vital services such as life-saving cancer screening testing, and treatment for sexually transmitted diseases, pregnancy tests, education and counseling services and birth control, all for free or at a reduced cost. The National Family Planning Organization estimates that Title X funds in Connecticut annually helped to prevent thousands of unintended pregnancies, helped prevent multiple cervical cancer cases and helped to prevent hundreds of sexually transmitted disease. The Guttmacher Institute estimates that for every dollar invested in family planning, we save \$7.09.

In 2019 the US Department of Health and Human Services reported that two organizations in Connecticut received \$2.4 million in Title X funding, one of which is Planned Parenthood of Southern New England, which operates 12 health clinics throughout the state. This funding provides healthcare services for some of our most economically vulnerable populations including healthcare services for approximately 15,000 women under the age of 25, for approximately 16,000 patients who make less than \$12,060 a year and for

more than \$20,000 patients who make between \$12,000 and \$30,000 annually.

Under this domestic gag order doctors, nurses and medical professionals are censored from providing their patients with inclusive medically accurate information and that prevents them from being able to best serve their patients. Because of these new draconian rules more than 1 in 5 Title X sites in the United States will no longer be able to use Title X Program funding because it will require them to deny individuals needed care or accurate information or to make informed medical decisions.

Our Senate Democratic Caucus seeks to join our colleagues in Hawaii, Illinois, Oregon, Maryland, Vermont, Washington, Massachusetts, New Jersey, California and New York City who have -- or who are planning to step up to replace the loss of federal funds. We support this Bill and stand in support of Planned Parenthood and all of our family planning clinics in order to ensure that they're able to maintain their hours, pay their staff, maintain access to vital lifesaving healthcare services, keep contraceptives in stock and continue their vital outreach and educational services that have been supported for decades by Title X funds.

We support this legislation because of the Trump Administration's domestic Gag Rule perpetuates larger systems of inequity within our healthcare system where only the most economically privileged have access to quality health services and the freedom to make decisions that are best for them and their families. Our Senate Democratic Caucus strongly supports this legislation because we believe that all people in Connecticut, regardless

of their financial circumstances deserve a medically accurate and comprehensive inclusive approach to family planning and reproductive healthcare. Thank you.

SENATOR MOORE (22ND): Thank you, Senator Duff for your testimony. Any questions, comments? Thank you, Senator. I'm sorry, Representative.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Thank you, Senator for your testimony. Appreciate it. Just a couple of quick questions for clarification. To your knowledge has anyone been denied services because they are not -- because of the Title X Program, do you know?

SENATOR DUFF (25TH): Currently, I would have to get back to you on that.

REP. MASTROFRANCESCO (80TH): Okay. So we don't know for sure if Planned Parenthood has denied anybody any services because of that only. And if I'm not mistaken I thought I read it correctly; the Title X Program was -- I believe Planned Parenthood voluntarily removed themselves from that program, is that correct?

SENATOR DUFF (25TH): Yes.

REP. MASTROFRANCESCO (80TH): They did.

SENATOR DUFF (25TH): Because of the gag order.

REP. MASTROFRANCESCO (80TH): Right, but they did. According to what I'm understanding, and correct me if I'm wrong, that program does provide other services. It provides for people many services; am I correct in saying that? It could be mammograms, PAP smears, whatever programs they have offered at

Planned Parenthood, that Title X Program would have covered all of those services?

SENATOR DUFF (25TH): Some of those, yeah.

REP. MASTROFRANCESCO (80TH): Some of those.

SENATOR DUFF (25TH): Yeah.

REP. MASTROFRANCESCO (80TH): So -- but then Planned Parenthood voluntarily decided that they did not want to participate in that program to -- that would cover your basic needs of maybe mammograms and so forth, so I was just wondering based on their decision of coming out the program have they refused any of those services to anybody that you know of?

SENATOR DUFF (25TH): I would -- I -- I can't say. You have to ask Planned Parenthood. I would suggest that -- that because of the fact that this gag order was put in place, again after many Presidential Administrations have supported, both Democratic and Republican, that the services that they were offered -- being able to offer, they're no longer able to talk about the range of services because of this Gag Rule.

REP. MASTROFRANCESCO (80TH): Correct but they still have other -- there are other services that they could offer through that program.

SENATOR DUFF (25TH): Right.

REP. MASTROFRANCESCO (80TH): It's kind of like they're pro -- you know they're -- they have a choice to either accept --

SENATOR DUFF (25TH): Yep.

REP. MASTROFRANCESCO (80TH): -- The program, to go into the program or not and that's --

SENATOR DUFF (25TH): And they've exercised their choice.

REP. MASTROFRANCESCO (80TH): Exactly, okay, yeah.

SENATOR DUFF (25TH): And its in our values here in Connecticut that we support women and regardless of their ability to pay, to make informed healthcare choices, and that's what we're looking for.

REP. MASTROFRANCESCO (80TH): Right. And I'm --

SENATOR DUFF (25TH): Because -- excuse me one second. With the gag order, Planned Parenthood is no longer able to offer all of the services that they were allowed to offer previously and so therefore they've made, they have made a decision about being able to honestly offer healthcare advise and healthcare services to the women that come to Planned Parenthood.

REP. MASTROFRANCESCO (80TH): Okay. Thank you for the clarification. I just -- I just like I said, I just want to know if they have refused any -- any services to anybody because of that program, if that's the choice that they have made because obviously we all have choices. You can either take the funding, if not there's requirements you need to follow to take it. There may be one or two pieces of info -- of legislation in their requirement that you may not like and that would -- you would sacrifice the whole program.

SENATOR DUFF (25TH): Well I think if it -- if it doesn't comfort to your values or it doesn't allow you to provide the menu of choices that are out

there then I'm not sure that it's actually -- that you're providing good medical information to those who you're trying to serve.

REP. MASTROFRANCESCO (80TH): Yeah, I was just wondering do you think it's like an all or nothing type of thing with that?

SENATOR DUFF (25TH): Do I think it's an all or nothing type of thing? I'm not -- I'm not sure --

REP. MASTROFRANCESCO (80TH): Well you -- you were -- I guess I was just questioning, you mentioned based on their values, so is if the Title X Program offered -- allows you to cover 10 services and there are 9 of the services that you do and 1 of them that you don't agree with, that you must comply with; is it all or nothing?

SENATOR DUFF (25TH): I don't -- [crosstalk].

REP. MASTROFRANCESCO (80TH): Are you going to accept it all and do it or not?

SENATOR DUFF (25TH): Yeah, this is an a la cart menu at the restaurant. I think women's healthcare is one that is important and that if somebody is trying to provide medical information that they need the range of services that -- that would be entitled to any place that has healthcare. So for instance, if you went to your own private doctor you're getting -- why should you get a range of options that's different from somebody who is making \$12,000 a year who doesn't have that same access to that information. I'm not quire that because somebody goes to Planned Parenthood, should get a different menu of options rather than somebody like maybe you or I who go to a private doctor and get a different

range of options. To me that seems like it's a tiered system that doesn't seem to jive well with good medical advice.

REP. MASTROFRANCESCO (80TH): Right and honestly I agree. It's just that they -- they have decided to pull out of that program voluntarily and that's the point I was trying to make. And the other point I -
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SENATOR DUFF (25TH): Well the reaction to the Gag Rule put forward by the President of the United States.

REP. MASTROFRANCESCO (80TH): Regardless, they had the choice, they made the choice and they decided to pull out. But aside from that I'm wondering, and maybe this isn't a question for you. It kind of went back to whatever I was asking before is that many people that cannot afford to pay for these services on their own, they may be covered under HUSKY or some other program, and I'm assuming, and maybe I need to get it clarified, if you're under HUSKY it would pay for those services.

SENATOR DUFF (25TH): I would need verification.

REP. MASTROFRANCESCO (80TH): And it's probably not a question I have to ask you, I have to clarify, but all of those services are paid for under HUSKY if somebody was within that financial threshold.

SENATOR DUFF (25TH): It may not be considered Title X funding.

REP. MASTROFRANCESCO (80TH): Right. So would they -- I'm wondering if they would be getting paid through HUSKY if HUSKY covers it and Title X.

SENATOR DUFF (25TH): Right.

REP. MASTROFRANCESCO (80TH): Thank you so much for answering my questions, I appreciate it. Thank you, Madam Chair.

SENATOR MOORE (22ND): Representative Stallworth.

REP. STALLWORTH (126TH): Thank you so much, Madam Chair. Thank you so much, Senator for being here today. I think often these people who in power have a tendency at times to place Gag Rules or other orders in place to force or oppress people into particular situations and then say to them, if you don't behave accordingly it means you're the program. Does the Gag Rule sort of do that to them?

SENATOR DUFF (25TH): I would agree with that and I would agree with your statement. If we believe that a woman has a choice to determine what is best -- in her best interest with her -- the advise of her medical professional, then I think that's what should happen and it should not be, we're the federal government, we're going to gag information so that you don't have access to that information. As I said earlier, if I am a doctor -- if I am me or you are you and we go to our own private doctors and we have a range of 13 options but you go to Planned Parenthood and you only have a range of 10 or 11 options, maybe 12 options, I'm not sure that that's exactly how we should be treating the people we represent.

REP. STALLWORTH (126TH): Thank you so much, Senator. Thank you.

SENATOR MOORE (22ND): Thank you. Anyone else? Thank you.

SENATOR DUFF (25TH): Thank you. Have a great day.

SENATOR MOORE (22ND): You also. So we'll go back to the public. Is Dr. Matthew Paggano here now? Okay. Traver Garrity.

TRAVER GARRITY: -- and Members of the Committee. Thank you for hearing my testimony. My name is Traver Garrity. I am a licensed Acupuncturist, and have practiced in Berlin and Storrs, Connecticut for 7 years. I am also a member, like Maggie, of the Connecticut Society of Acupuncturists, CTSA, which is the professional organization of Licensed Acupuncturists in the state of Connecticut.

I'm speaking here today in support of Senate Bill 272 to amend the Medicaid state plan to include services provided by Acupuncturists. I believe the members of the Medicaid state plan would benefit enormously from the services we provide. In my practice patients seek treatment for a number of conditions, including chronic diseases and women's health issues. One of the most commonly sought-after treatments is treatment of pain; pain of all types including headache and migraine. Patients are often seeking acupuncture as an alternative to opioids and other pain medication, and I've seen Medicaid recipients turn away because the plan does not cover this valuable alternative. This unfortunate scenario is played out in the practices of my colleagues statewide.

In our profession we strongly believe that families and individuals in the Medicaid state plan would and should benefit from the acupuncture services that we provide under many insurance plans, including the State employee and retiree plans. This access could

help to enhance health outcomes for Medicaid plan members, especially in the example of non-narcotic treatments for pain.

To that point, in our testimony we've included a Report from the Vermont Agency of Human Services, highlighting the outcomes of a Medicaid Acupuncture Pilot project in their state. Using acupuncture as an alternative, non-narcotic treatment for chronic pain, the project found significant improvement in all pain-related effects measured by patient surveys, a majority of acupuncture patients reporting decreased use of medications and a majority of acupuncture patients reporting improvement in their work capacity. The Vermont report, and growing evidence in the medical literature help to demonstrate the valuable benefits that Acupuncturist services can provide in our state's Medicaid plan.

In conclusion, we thank you for your attention to this proposal and hope that you will support the addition of Acupuncturist services to our state's Medicaid program. Thank you.

SENATOR MOORE (22ND): Thank you. Any questions, comments? Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Thank you, ma'am. I'm wondering if you can comment on the use of acupuncture services with children in behavioral health issues if -- if you're familiar with that.

TRAVER GARRITY: Yes, I don't specifically treat a lot of children. I know a lot of the practitioners in the state do. We are, for behavioral health issues a lot of the patients that we would see for children would be things for maybe stress, anxiety,

ADHD, helping kids just relax and it's not a scary procedure for them at all. They really enjoy and benefit from the treatments.

REP. WILSON PHEANIOUS (53RD): Do you have evidence of the effectiveness with children in reducing medication and as you said, reducing other problematic behaviors that might otherwise be treated with medication?

TRAVER GARRITY: I don't have the evidence in the research that we have provided with you today.

REP. WILSON PHEANIOUS (53RD): But are you aware of such?

TRAVER GARRITY: I believe so, yes.

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

TRAVER GARRITY: Yep.

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

TRAVER GARRITY: Thank you.

SENATOR MOORE (22ND): Representative Jillian et al.
[Laughing]

REP. GILCHREST (18TH): Good afternoon Senator Moore and Representative Abercrombie and members of the Human Services Committee. I'm Jullian Gilchrest. I represent the 18th District of West Hartford. I'm joined by my fantastic colleagues and we're here in support of Senate Bill 274, AN ACT CONCERNING FUNDING FOR PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS.

As you've heard, before July 15, Planned Parenthood of Southern New England received \$2.1 million a year in federal Title X funds to provide services such as

contraceptive care, cancer screening and screening for sexually transmitted diseases, which they continue to provide. They have not denied anyone care but the model is unsustainable. After July 15 they stopped receiving the funds because of the Trump/Pence Gag Rule which prohibits providers from providing medically accurate information. This rule prohibits anyone receiving Title X funding from telling patients how and where to access abortion, which in turn forces healthcare providers to lie and mislead patients about their care.

This is not only unethical but it also harms patients seeking medical services and advise, therefore we are all proud that Planned Parenthood across the country chose to opt out of the Title X program.

SENATOR KASSER (36TH): Good afternoon, and thank you for allowing us to testify in support of this critical Bill. In the last 3-1/2 years we've seen an alarming rollback of rights of women at the federal level, and I think it's critical that Connecticut be a firewall against this. I would argue that preventive healthcare, primary healthcare and the freedom to plan one's family and care for one's children is a fundamental right that we should honor and observe in Connecticut.

Connecticut Planned Parenthood serves 41,000 patients under the Title X program and that includes men and women. That's a fact that's often forgotten, that men are also the beneficiaries of this program, and men are the beneficiaries in many other ways; the ability to plan one's family and have control over, the ability to care for the children that you do have and bring children into

this world at a time and a place when you're ready to care for them and able to care for them is absolutely critical.

And it's not just critical to individuals, to men and to women, but it's also critical for the economy and investing in these programs and preventive healthcare and providing contraception to those who want it saves us money in the long run. It helps our economy, it helps people live fulfilling, thriving lives and it really is in the best interest of our state.

SENATOR MOORE (22ND): Senator, would just state your name?

SENATOR KASSER (36TH): Alex Kasser.

SENATOR MOORE (22ND): Thank you.

SENATOR DAUGHTERY ABRAMS (13TH): Hi, I'm Senator Mary Daugherty Abrams. I represent the 13th District and I'm proud to sit here today to ask you, many of which I serve on the Appropriations Committee with so I don't do this lightly; but I'm asking you to fully fund Planned Parenthood. I think we put our money in the things that we care about and it's time that we stand up for women in this state and say that we support Planned Parenthood's decision in their integrity in allowing women to have all the information they need and are legally entitled to.

So as we move forward, you'll be hearing this again, hopefully if we move into Appropriations, and I do understand the difficult decisions that we make in that Committee and the difficult decisions that are before you in this Committee but I ask you to

support this so that we put our money into the things that we truly care about and the -- and the issues and the values that we share. Thank you.

REP. SIMMONS (144TH): Thank you. Good afternoon, my name is Caroline Simmons. I'm a State Representative from Stanford, honored to be here with this wonderful group of colleagues and to stand up in favor of fully supporting and funding Planned Parenthood here in our state. And I want to thank the Human Services Committee for raising this Bill and for your support and for your leadership. We want to strongly advocate for supporting the healthcare rights and services that Planned Parenthood provides, as Senator Kasser said for over 41,000 women in our state. And these are vital lifesaving, comprehensible, affordable healthcare services for women and families, many of whom have been shut out by the medical system or who cannot afford insurance or who lack access to care and would not be able to get care otherwise. And so we stand here today to urge the Committee to support fully funding Planned Parenthood and again, thank you to my colleagues for being here.

SENATOR COHEN (12TH): And I'll just -- good afternoon. I'm State Senator Christine Cohen. I am here primarily in solidarity and support of SB 274, hoping to see Planned Parenthood fully funded. I can speak for a good friend of mine who a number of years ago sought really good and anonymity above all else. She did not feel that she would have that same sort of anonymity going to her physician for various reasons and sought good care, and that was provided to her by Planned Parenthood. We absolutely -- these services are essential to our

communities and ensuring that everybody is being taken care of. Women's reproductive rights should not be on a chopping block, certainly by government officials. So we -- we need to do all we can in the state of Connecticut to do what's right moving forward. So I urge the Committee to support SB 274. Thank you.

SENATOR MOORE (22ND): Thank you. Comments, questions? Representative Mastrofrancesco

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. That's Mastrofrancesco, thank you. No, you say it three times. [Laughing] I can't even say it three times. Well thank you. Thank you to my colleagues who come up to testify. I'm -- it's really nice to see you here and I appreciate your testimony. Although we may be on a different side of the aisle on this issue, I appreciate your -- your compassion and your concern. But I just had a quick comment and just a question. You had mentioned that you were concerned that women would be denied services because of the funding. Did I hear somebody say that -- you had mentioned that? Is that your concern?

REP. SIMMONS (144TH): Yes, well my overall concern is if we lose funding is that many of them would lose access to this vital health and healthcare service that Planned Parenthood provides.

REP. MASTROFRANCESCO (80TH): Okay. And then 'cause Representative Gilchrest said that nobody has lost services. You're -- you're telling me, and I had asked Senator Duff before that Planned Parenthood has not denied anybody any services because of this loss of funding, correct?

REP. GILCHREST (18TH): Correct, to date.

REP. MASTROFRANCESCO (80TH): To date.

REP. GILCHREST (18TH): But it is unsustainable.

REP. MASTROFRANCESCO (80TH): It is unsustainable. And according to -- do you feel that Planned Parenthood would go out of business if the state of Connecticut did not fund them the \$2 million?

REP. GILCHREST (18TH): I would think that question would need to go to Planned Parenthood.

REP. MASTROFRANCESCO (80TH): Right, 'cause you were -- well, you were mentioning that they would -- it's not sustainable. So when you mention sustainable -- unsustainable, I'm thinking that financially they could not --

REP. GILCHREST (18TH): I would think that they'd have to change their business model which has been a sliding scale, which I know has helped thousands upon thousands of women and men in this state. And so my fear isn't so much that they would go out of business, but that they wouldn't be able to provide the full range of services they've been able to provide to date.

REP. MASTROFRANCESCO (80TH): Right. And as I mentioned to Senator Duff, there are a lot of residents, some of the residents, people are on Medicaid and HUSKY and HUSKY does pay for those services or whether it's private insurance so I'm just really trying to home in on where the -- where -- where the loss will be. You know what I mean? HUSKY does cover to my knowledge, most of those services, or all of them I would say.

REP. GILCHREST (18TH): So I Chair now, thanks to Representative Abercrombie, the subcommittee on women and children's health for MAPOC, the Medical Assistant Policy Oversight Committee and we had Planned Parenthood come in to give a presentation, and when it comes to the budget, like we're still going to be paying because the state of Connecticut pays for Medicaid. So if Planned Parenthood an no longer offer these services we will see some of those services just move over to Medicaid. That said, not all but many of the community health centers in the state of Connecticut do not offer comprehensive reproductive healthcare. They don't offer IUDs, they don't offer onsite emergency contraception and so they don't offer the full spectrum of services that are available to current - - to individuals currently at Planned Parenthood.

REP. MASTROFRANCESCO (80TH): And would you feel -- would you agree that if Planned Parenthood were offering those services and the state was contributing to them financially would you support or would you believe the state should contribute financially to other planning services like pregnancy centers and people that do different types of planning -- family planning?

REP. GILCHREST (18TH): I am supportive of any organization that provides medically accurate comprehensive healthcare to women.

REP. MASTROFRANCESCO (80TH): Okay. That's it, and just as I mentioned to Senator Duff that you know, Planned Parenthood made a choice to opt out of the program, and we may disagree on why; but they made a choice. You support choice, and that's their choice to do that. I don't feel that the taxpayers of the

state of Connecticut should have to fill that gap. There -- there's other ways that they can reach out for funding to cover the gap, whether it's through private donations or other areas but I appreciate your testimony. Thank you very much. Thank you, Madam Chair.

SENATOR MOORE (22ND): Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Thank my legislative sisters here. Talk to me about impact beyond the -- what do you think the impact is on the -- those already marginalized or concerned about safety and anonymity, privacy. Let's look at the impact on losing those funds on those most vulnerable women; what do you think? What's that impact?

SENATOR DAUGHERTY ABRAMS (13TH): Well I think it's clear that they won't get the healthcare that they need and deserve to have because healthcare to me is a right and until we get there as a society and as a state and as a government then places like Planned Parenthood allow us to provide healthcare to people who need it who might not be able to afford or have insurance the same way that I do. And so I fully support them in that. I also think that the impact is that women are being told that something that they are legally allowed to have -- to have information about the full spectrum rights and health that they're being told that they can't have that information. If you are of a certain economic level or you avail yourself of certain healthcare options such as Planned Parenthood that they're being told if they want -- so I firm -- I vehemently disagree with it being a choice.

I think if you are being told that you cannot tell people what they're legally entitled to hear and what services they're legally entitled to have, based on the fact that they've come to your place of business, your healthcare and Planned Parenthood in this case then I fully support their decision to not buy into that and not take on a gag but rather to stand up for women's healthcare and what we're legally entitled to. And so I think that if the federal government can't stand up for women and support that then I want our state government to be able to do that.

REP. GILCHREST (18TH): And I would echo what Senator Abrams has said but I would bring the money piece into the impact as well since this is a recommendation and ask for funning. The long-term impact on finances means it's going to cost the state more. Title X are preventative services. They prevent sexually transmitted disease. We know it much better to prevent that than to allow it to go on and then we'd have to treat it down the road. It's much better to give individuals -- women's access to contraceptives than to have intended pregnancies which then would cost the state in the long term. So we're both talking about an impact to these individuals, but also a financial impact to our state.

REP. HUGHES (135TH): So essentially -- through you, Madam Chair, what Senator Abrams is describing is impact of essentially the consequence is denying a woman the right to access medically accurate information and a full range of things. The impact is denying the right to access that. The impact on the state could essentially cost taxpayers way more.

And the other impact that we're not talking about is what if women are effectively denied the right to some of these essential services; what happens to them? Where do they go, and how do they access in desperation what they need when they don't have access? So I worry that we are effectively setting up a medical apartheid for low-income women.

SENATOR COHEN (12TH): Yeah, and I just wanted to add to that and what Representative Gilchrest was saying; that research has showed for every dollar we spend on preventative reproductive health services we save \$7, so that's just a fact and I just wanted to highlight you know and echo what you were saying.

SENATOR KASSER (36TH): Sorry, I'm just going to add one comment. I think your phrase apartheid is actually very accurate because the discrepancy between -- will be between those who have the wealth to buy services wherever they need it, whenever they need it and those who don't have wealth. And setting up a system in a society where wealthy can access whatever they want regardless of the law, but those who don't have wealth are impaired because of it and their lives are impaired because of it and their families are impaired because of it is simply intolerable.

SENATOR MOORE (22ND): Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair and thank you so much ladies, Senators, colleagues, Representatives for your wonderful testimony. Somebody mentioned that the -- that we were restoring the full funding of Planned Parenthood for this and my understanding was that Planned Parenthood alone lost \$2.1 million in our

state as a result of this. And this proposal is only \$1.5 million and not all of it's being allocated to Planned Parenthood. Could you please clarify that for me?

REP. GILCHREST (18TH): So it's my understanding that yes, \$2.1 million was lost in Title X funds. The Governor's budget as proposed would restore \$1.2 million. I believe that this legislation is calling for the full funding. If not, then that is our recommendation.

REP. DATHAN (142ND): Got it, thank you so much. One other quick question I had on that -- out of this field, but I wanted to know are there any other nonprofits that provide healthcare services to any member of the population that are not providing a patient their -- the full choice of options that are available? Are there other sort of Gag Rules in other healthcare providers? Because I'm just trying to understand if this is one industry that is being targeted and I'm not -- just maybe I'm not aware, if you can shed some light on that for me I'd appreciate it.

SENATOR ABRAMS (13TH): I'm not aware of any other Gag Rules of this kind that exist that for instance would keep a male from receiving the full information that they're entitled to about their healthcare and therefore, along with the fact that it would discriminate socioeconomically I think it's also a gender issue. And I stood outside the Capital when this first came out and with many of my colleagues from both sides of the aisle, and people in the Administration as well as in the Legislature and we stood there and said that we would stand up for women and that we would be a firewall and that

this is really important to us to send a message to the people in our state and to other states and say, come here because we value women and we will treat you equally and fairly; and if other places don't, we'll stand up for you. So I think of that too and I think that we have to send that message to women.

REP. DATHAN (142ND): Thank you very much for that, and thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you ladies of the House and Senate. Are there others? Representative Case.

REP. CASE (63RD): Thank you. Thank you guys for coming forward and doing. Representative or Senator Abrams mentioned earlier, we have a heavy lift in Appropriations you know, \$1.2 million in raises yesterday we did. We have nonprofits who have gotten less than a 1% (inaudible - 01:56:36) over the past ten years. So we -- we have to identify where we're going to put our dollars. And I don't know if you guys know, I don't a bunch of you that well, but you know I look after the most vulnerable. I work with the special needs population. They got zero. And we need to look at where our nonprofits are getting their dollars. They're not getting any federal dollars. So I know the alliance is -- we work with some nonprofits that do get some dollars through federal channels but the majority of our dollars come from fundraising after working for Special Olympics for many years, we do a lot of fundraising, a lot of grant writing but everybody's getting cut in one way or another. And I just want you guys to look at it and looking ahead. We had all those people come and testify a few weeks. There's a lot of people in the state that are

hurting and we need to look at where we're going to actually put those dollars.

When I look at the numbers I know it's \$2.4 million in this Bill and to be honest with you, within this state it shouldn't come down to dollars and cents. It should come down to the people, but there isn't the money there, you know. And I guess we need to put our hats on and figure out what our Appropriations Committee is going to do, you know, \$200 million deficit this year is what is looming, and we need to start looking at where we're going to look for dollars for next year coming forward. And I thank you for saying that for Appropriations. It is a heavy lift and I look forward to your comments once we -- once the Bill gets over to 2C.

SENATOR ABRAMS (13TH): Thank you, Representative Case and I acknowledge everything you said and everybody who serves on Appropriations struggles with all of those decisions and I know they're not easy ones. But I would ask that you for now and in this Committee that you vote this Bill through so that we can talk about it in Appropriations and we can figure out where, if anywhere we can find the money and what we can do. Because the larger message is so very important to the people of the state that I think is absolutely worth the conversation in Appropriations.

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

SENATOR MOORE (22ND): Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair and thank you all for being here. This is obviously a key issue for many of us. I've been a long, long, decades, decades long supporter of Planned

Parenthood. Echoing Representative Case's thoughts we've heard today that there are a couple of services that would be funded except there is no money in the budget and I know Planned Parenthood has been very, very successful on fundraising on the emotion of what happened in Washington over Title X. Can you talk to that issue -- I mean I understand and I can get clarification from Planned Parenthood, but I believe they've raised enough to cover privately what Washington, what they have refused -- well refuse might not be the right way to say it; understandably in my opinion not taken from Washington. What's your opinion if they have truly raised on the money that -- to cover what has been not taken from Washington, do you still think we should do this allocation?

SENATOR KASSER (36TH): Well I can tell you from my own personal experience. I doubled my donation to Planned Parenthood last year, and I'm sure you did too for that purpose. But that in no way justifies the situation that Planned Parenthood finds itself in and the message that's being sent from Washington around the country, which is that Women's Health does not matter, women do not have rights to -- to their own bodies and to plan their own families. So I don't think it's appropriate to -- to put the onus on Planned Parenthood to look for funding from the private sector when this is really -- this is really in the best interest of government to -- to subsidize these services because they save money, they save lives and we are -- government, I think should be in the business of providing safety, healthcare, and you know basic fundamental freedoms for all citizens and not looking -- not relying on the private sector to -- to finance it for us.

REP. GILCHREST (18TH): I'm sure you're going to, but I would urge you to ask that question to Planned Parenthood because in my conversations it was mentioned that it's just not a sustainable model and so my fear would be that we wouldn't put in the funds and then we'd start to see many of those vital services start to slip.

REP. SIMMONS (144TH): Just to add, and thank you for all -- for all of your support, Representative. I know you've been a long-time supporter of Planned Parenthood. I don't know the answer to the question either and I would be curious to ask Planned Parenthood, but I do agree with my colleagues that it's not a model to be able to rely on private fundraising for such an essential service, for such a vulnerable population, but I would defer to Planned Parenthood on the answer to that. And also just wanted to address Representative Case's point as well, and thank you for all your work supporting individuals with special needs and I fully support adding -- restoring funding for that population as well and I know it's a tough job on the Appropriations Committee and Human Services when you're dealing with so many, you know challenges and issues to support. And I would say that you know, supporting maternal health and supporting healthcare rights for women and families and for mothers in particular, it's so important to all of our communities when you can lift up a mother and support the health of a mother and a child and her family. There's nothing more important than that and the ripple effects spread throughout our communities.

REP. WOOD (141ST): Thank you and Representative Simmons made a very good point on raising up mothers. I -- the concern is our state budget and I haven't decided yet but I just -- I think the private sector -- that's why the private sector supports things like this, is for that reason. And if -- if they have raised all that money then we're making a political statement about that and I'm not sure that's our job here to do that. Anyway, we'll see. We'll follow the dialogue and go from there. But again, thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): I'd just like to say to Representative Mastrofrancesco comments. Everybody is not on HUSKY. There are many women out here who have no health insurance at all, and they would go to Planned Parenthood on a sliding scale and if that number grows it's not sustainable to look to the community and donors to give that money. And I've been a client of Planned Parenthood since I was 19 years old, right and didn't have health insurance, and didn't have health insurance for a long time. And I worked for -- had a nonprofit and I couldn't afford to buy health insurance and I still was going to Planned Parenthood. And I referred thousands and thousands of women throughout the state of Connecticut to Planned Parenthood for many services when they had no place else to go, when they didn't have their health insurance because it was sliding scale. And even though there was a breast and cervical cancer program that paid for mammograms and PAPS, there was no money to pay for anything else when they had an examination and found they had other problems.

So I -- I -- I tell you I'm biased on this. I'm a huge -- huge fan. I call Planned Parenthood on many instances, my family because I know what it's done for thousands of women in Connecticut and I know the difference it's made to black women in health and screenings that they would have never gone, never had access, never had the time to sit down with a provider, an APR or anybody to really talk in depth about their health, their reproductive health and their overall physical health 'cause they do physicals too. So they sever so many women in Connecticut. I think we do a disservice. And I just want to remind everybody in this room, without a woman you would not be here. Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair and that's why we love Marilyn, Senator Moore so much. She tells it absolutely like it is. The other point I want to make about another reason that I think Planned Parenthood is -- well, personally I've supported it for so many years is they're now offering men's healthcare as well, so I think we shouldn't overlook that on equality. Thank you.

SENATOR MOORE (22ND): All right. Well thank you very much.

REP. MASTROFRANCESCO (80TH): [Laughing] You edged me on you know. I mean I could sit here all day and debate the issue. I don't necessarily think this is the place to do it but just an ending comment is that we're making it sound like Planned Parenthood is going to go out of business, women are not given their rights because the state of Connecticut -- because of the \$2 million that they want to take from the state of Connecticut, not from the state, from the taxpayers. So it's not that everybody in

this room supports women. And just because I don't support the taxpayers giving Planned Parenthood \$2 million doesn't mean that I don't support women. And your comments just across the board insinuate that if we don't support this, we don't support women's rights and women's reproductive rights and that is not true. [Cheering] So I just wanted to clarify that.

Planned Parenthood made the choice to not take that funding, bottom line. And with that funding they could have provided the PAP smears, the mammograms and all the things that the good Senator Moore had talked about, but they chose not to. They chose not to serve the people by not taking that money. That was their choice. So that's where I have the issue with. So I appreciate your testimony. I wanted to just clarify that because it is not -- because we are not in favor of women; of course we are. But there becomes a line. The state of Connecticut has no money to give to this. It's like Representative Case said, there's people out there that are handicapped with disabilities that need the services. They should be a priority right now. Planned Parenthood will not go out of business because the state of Connecticut or the taxpayers don't give them another \$2 million. That's all I had to say. Well thank you for edging me on. [Laughing] I'm going to blame you, Senator Moore. Thank you.

SENATOR MOORE (22ND): I believe we all should have our say. I think this is a democracy and I think it's important that people say what they need to say. I don't believe in squashing anybody who wants

to say it, whether I agree with it or not. That's why we're here. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. So I wasn't going to say anything but [laughing], but my good colleague over there opened a door that I think for clarification that people to have to understand. So you talked a lot about Medicaid and HUSKY. The realization is this. We've had over 20,000 people that have come off the HUSKY program that have no health insurance now. They have no place to go. So when we talk about -- when you talk about Medicaid and all these people getting all of this insurance, remember with the cuts that we've made through the years there's a huge population of individuals that have no insurance. We went from 201 to 160 as poverty. So let's remember the population that we're serving.

The other thing I want to say is I think it's really unfair that we are trying to do -- that we are trying to take groups and put them against each other. Everybody up here, both sides of the aisle want to make sure that our nonprofit providers are taken care of and just to say for Representative Case, they get Medicaid, that's state and federal money so they do get federal money on top of the state money. And as far as talking about you know this being state dollars. There are state dollars but we shouldn't take one population and pit them against another. We all believe that people with disabilities and disadvantage should be getting the services that they deserve. That's why we have waiver programs. That's why we have tried to take them off. But I don't think this is a conversation

about taking a group and pitting them against another group. Thank you, Madam Chair.

REP. WILSON PHEANIOUS (53RD): I just wanted to raise the issue again of cost avoidance. Someone up here and I don't quite remember who said that for every dollar that is spent in these services, it's \$7 saved and I wondered if you could explicate that a little bit. Can you flush that out a little bit. How are these dollars saved?

SENATOR COHEN (12TH): Thank you, Representative. I mean I can only reference where I got that information and I can certainly point you in that direction and provide a link for their summary to the Committee Chairs who can then disperse it, or perhaps the Clerk, but it's the Guttmacher Institute who estimates for every dollar invested in family planning we save approximately -- or exactly \$7.09.

REP. WILSON PHEANIOUS (53RD): My question wasn't so much the precision of the information but what kind -- there may be people that don't understand what that means. When you stop somebody from not having cervical cancer, the kinds of things that otherwise would cost, if you wouldn't -- when someone chooses not to have a child; what are some of the things that may not occur but for that decision, that was the jest of the question.

SENATOR COHEN (12TH): Yeah, I understand. Thank you, Representative and I don't want to speak to all of the things that we could avoid medically by seeking out preventive care and speak to exactly where the institute gets their numbers but I can certainly provide the study for you.

SENATOR MOORE (22ND): So I just want to mention that when a -- when a women doesn't get early care, and many times they go to Planned Parenthood for that care, we have poor maternal outcomes because of -- and low birth weights, and I think the March of Dimes would speak to that. What happens to a woman when she doesn't go in, get her prenatal care, doesn't get her vitamins, doesn't go for her regular checkups and then has a complication later. Those are some of the things and it ends up costing us more because we have to end up doing more tests. And if that woman is on any type of subsidy all of those subsidies get hit. And then you have a child who could be born that could end up in a situation that Jay Case, Representative Case is talking about. So it really is a root cause of some of the illnesses and that's how the money builds and costs us more money. Anyone else? All right well, thank you ladies of the House and the Senate. You represented well.

Is Dr. Matthew Paggano here? All right. Does anybody know who he is? [Laughing] I just -- if you'll let him know when he comes in the room he can just come up again. All right, and so then I have Dr. Ryan Burdick.

DR. RYAN BURDICK: Madam Chair and members of this Committee. My name is Dr Ryan Burdick. I am a chiropractic physician working at the Yale School of Medicine as a Post-Doctoral Fellow. My specific research focus is within non-pharmacologic pain management, which provides me a unique perspective concerning Senate Bill 272. It is from this background that I rise this afternoon in full and total support.

Connecticut continues to suffer from a pain epidemic and a subsequent opioid dependence. Statistically low back pain is a top complaint for patients seeking treatment from a healthcare provider, and importantly is the most prevalent diagnosis that leads one to obtain an opioid prescription. Recent medical guidelines however recommend against opioid based treatment for musculoskeletal pain. The American College of Physicians, which is the second largest medical organization in the US, stated in 2017 that non-pharmacologic treatments should be the first approach to treating low back pain. These approaches include spinal manipulation and exercise, and are routinely performed by the estimated 1,000 chiropractic providers in the state. These evidence based guidelines have been reinforced by organizations such as the CDC, FDA, and Joint Commission.

In a parallel statement, the National Association of Attorneys General issued a position statement directed to insurance companies and other payers. This statement recommended that these nonpharmacologic approaches are covered benefits for all individuals and all insurance plans. They understood the relationship between patients and covered services, and how the current system can funnel patients to opioid based strategies, in lieu of more effective strategies which are not always a provided benefit. Simply put, if opioids are the only covered approach to treat pain, even with conflicting evidence showing their lack of long term efficacy, patients in pain will be routinely prescribed these medications. It is crucial to expand coverage of other treatment options thus

aligning payment policy with best practices for musculoskeletal care.

Finally, it is responsible to discuss the financial investment that expansion of these services would ask of the state budget. Recently, two states have passed similar legislation. The fiscal note from the state of Missouri found that expansion of nonpharmacologic services would save millions of dollars in decreased hospitalization and addiction services, as well as lower episodic cost. These statistics are similarly found in claims data from insurance providers in the private market. The other state, New Hampshire found that adding these services would not add any cost to state budgets. Although we are asking to expand services for Medicaid beneficiaries, we are not asking to expand covered diagnosis. Low back pain is being treated within the current system. This legislation would only expand access to approaches that literature indicates has lower costs and stronger scientific evidence.

Also when speaking with the Department of Social Services Commissioner, and I do highly respect her opinion on this; I do like to say that we have found that when there has been increased utilization for non-pharmacological approaches there has been a lower indicated cost and this was represented from private payers such as United Healthcare and others.

In conclusion, as our society continues battling this public health crisis, it ought not be accepted that those on Medicaid are denied the choice to have opioid -- or denied the choice to only have access to opioid focused pain management plans that as previously mentioned are incongruent with evidence

based practice. I urge this committee to pass this Bill providing Connecticut's Medicaid population with expanded coverage of both chiropractic and acupuncture care. Thank you for your time and I will gladly stand for questions.

SENATOR MOORE (22ND): Thank you for your testimony. What is your background?

DR. RYAN BURDICK: I got my Doctor of Chiropractic Degree in Kansas City and I currently work at the Yale School of Medicine at the Center for Medical Informatics.

SENATOR MOORE (22ND): Thank you. Comments, questions? Thank you very much. Thank you. Senator Kelly followed by Xholina Nano.

SENATOR KELLY (21ST): Good afternoon Chairwoman, Senator Moore, Representative Abercrombie, the rest of the Human Service Committee. It's always great to be back and to have an opportunity to have a chat with all of you. I'm here to testify in favor of Senate Bill 275. And the good thing about this is it's not a monetary ask for anything other just a simple notification to families when the states backs under Connecticut General Statute 4a-16.

As we all know, if an individual applies for and becomes a beneficiary of public assistance the state has the right to recover against their estate. And usually these individuals have no more than \$1,600. Often it's just the patient trust account at a -- at a skilled nursing facility or maybe a de minimis bank account. And so under 4a-16 as the law is currently written Department of Administrative Services just files a notice with the probate court and then claims those assets. But what happens in

practice is many times the individual may have also had a car that's now sitting in their driveway. It's broken down. So when they pass their son or daughter goes to local probate court and files a petition so they can get rid of this car and they never hear anything. Nobody ever notifies them. Then they go down to the probate court and they're like well, what happened you know, I filed. And then they find out it was transferred maybe, like if I live in Stratford, it gets transferred to Fairfield and they're like, why's it in Fairfield. Well it's because mom or dad were in a nursing facility in Fairfield. And so the state goes to Fairfield Probate Court, gets the order, claims the patient trust account, the bank account and they move on but the jalopy in the driveway sits. So now you've got to go to Fairfield and they're like, well you've got to go talk to the state.

And I think a lot of confusion could just be avoided if when the state goes to take action they notify the family so that at the outset they want the jalopy to go they can have an opportunity to do that and not be left you know in -- out of the loop sort to speak. So what this Bill would do is it would just require DAS when they file as authorized rep, the file a petition to do that; they would just have to make a reasonable attempt. And if they have public assistance they usually have an authorized representative on the account. They could just reach out to the last known address and at least give a reasonable effort to notify the family.

REP. CASE (63RD): Thank you, Madam Chair. It's different having you up there rather than there, but he's doing a good job. [Laughing] So let me ask you

-- so when somebody applies, and I'm just asking this because you would probably know this because of what you do, and they apply for assistance or they're in a nursing home; is there not a beneficiary or a name that's on the application of next of kin or something to follow up with after the fact?

SENATOR KELLY (21ST): Well yes, every applicant if they don't have the capacity or the capability appoints, whether it's somebody like a power of attorney, a conservator or an authorized representative. So there's somebody designated that they deal with. It could even be in some instances the facility, you know if there's no other family members 'cause that's possible too. That's why the language is reasonable effort. I'm not going to say that they have to engage in an exhaustive search to find an heir or next of kin.

REP. CASE (63RD): Is that who you're asking the state or whoever to reach out to? That person?

SENATOR KELLY (21ST): Yeah. The known people that we have in our computer system deal with their fiduciary or next, you know authorized representative.

REP. CASE (63RD): 'Cause what I'm getting from you and I think -- I know the \$1,600 drawdown or whatever it is, what you're allowed to have; it's taking a lot of time in either the probate court or for somebody like yourself to research out and find out who that person is, where it could be from what I'm thinking it could be a streamline thing if there's one or two names on the application or the

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living agreement of where they are. And then once that's exhausted does it go into a --

SENATOR KELLY (21ST): And even easier than that, okay, 'cause that actually requires DAS to talk to DSS [laughing].

REP. CASE (63RD): We got DCF to talk to DSS, so. [Laughing]

SENATOR KELLY (21ST): What happens in practice is usually the family member goes to court in most cases and they file an application. I used an example of Stratford and Fairfield. It could be Stratford. And while they filed the application that triggers a referral from the probate court to DSS that they have this application. So when DAS comes in, they should just send a notice on that application that they received and say, hey, we're stepping in under statute. We have the authority to do this but you need to know that we're doing this. And that's all we're asking, is just let the family know what you're doing when you're going to do it.

REP. CASE (63RD): Okay. Madam Chair, I think we'll have some discussions and followup. I agree -- I agree it could be very easily streamlined and maybe take care of a lot of things within our own system here and not take as much financial or much time.

SENATOR KELLY (21ST): You know thinking outside the box to fix the problem.

REP. CASE (63RD): [Crosstalk].

SENATOR KELLY (21ST): It could be as simple as requiring the probate court when you put the application in, if DAS comes in and gets appointed that they just send us communication that that

transaction occurred, attempt to resolve the application.

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

SENATOR KELLY (21ST): Sure, any time.

SENATOR MOORE (22ND): I do miss you on this Committee. [Laughing] You just -- I mean really, it's common sense a lot of things that you bring to us, you know. But it's a matter of having that conversation. You know you and I have come to agreements just asking, what do we need to do, because it really is common sense. And we didn't hear the Commissioner say anything opposing it so it is something that we might be able to get done, but I appreciate your knowledge and how you bring a common sense approach to fixing things for people.

SENATOR KELLY (21ST): Well thank you very much, and like you I miss being on the Committee. Unfortunately I can only handle four Committees.

SENATOR MOORE (22ND): Well I can handle seven. [Laughing] Sharon too.

SENATOR KELLY (21ST): Oh boy. So -- but thank you very much and it's always a pleasure to be here. You guys do good -- and women, do good work and we're all thankful in the state of Connecticut for that.

SENATOR MOORE (22ND): Xholina Nano. Did I pronounce your name? Xholina? Is it X-H?

XHOLINA NANO: Senator Moore, Representative Abercrombie and members of the Committee, thank you for the opportunity to speak today. My name is

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Xholina Nano and I am from Waterbury, Connecticut. I am a graduate social work intern at the McCall Center for Behavioral Health in Torrington. I support Senate Bill number 272, AN ACT ADDING ACUPUNCTURISTS AND CHIROPRACTORS TO THE LIST OF PERMISSIBLE REIMBURSABLE MEDICAID SERVICES, which would expand access of these treatments to low-income individuals. McCall provides comprehensive, integrated substance use disorder and mental health treatment that empowers people to lead healthier lives. I have seen firsthand the importance of building treatment programs based on individual needs and offering holistic approaches to recovery.

Acupuncture is one of the most widely used alternative therapies within the context of substance use disorder treatment. McCall has Acupuncture Detoxification Specialists who use five targeted ear points to support individuals reduce their cravings of substances, minimize opioid withdraw symptoms, and enhance overall wellbeing. Other benefits include improved physical and emotional health such as better sleep and relief from stress and emotional trauma. Acudetox recognizes the individuality of the person, can be used with individuals with cooccurring disorders like anxiety, depression or PTSD, and assists in developing the therapeutic alliance. In the process, the individual gains the immediate benefits of a clearer headspace. This treatment has also been linked to improving substance use disorder treatment retention rates, which is critical to meeting treatment goals. The National Acupuncture Detoxification Association has standardized the process and provides agencies protocols of how to

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integrate the modality into behavioral health centers and other settings.

Access to multiple treatment modalities is essential to ensuring a multifaceted approach to recovery and integration of services. Acudetox is safe, cost effective, and a salient alternative treatment that supports recovery and brings hope into our communities. Roughly 87% of people served at McCall have Medicaid. A yes vote for this legislation supports all the individuals who would otherwise not have the opportunity to access this service. Treatment is not a privilege. McCall strives to connect personally with every individual because solid connections are key to sustained recovery and freedom. I urge you to support Senate Bill 272 and join other states like Massachusetts, Rhode Island, Oregon, and California who have passed similar legislation. Alternative treatments are one additional tool that can help address our nation's greatest challenge, the opioid epidemic, from curtailing opioid prescription -- prescribing to the way we treating opioid dependency and other substance use disorders. Thank you for your consideration.

SENATOR MOORE (22ND): Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good afternoon. Thank you for being here today. Do you work in the field of acupuncture.

XHOLINA NANO: I am not trained to administer acupuncture, I work with a clinician who does.

REP. ABERCROMBIE (83RD): And are you in school?

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XHOLINA NANO: I am in school. I'm a graduate student at University of Connecticut School of Social work.

REP. ABERCROMBIE (83RD): So great job. You can go back and tell your professors you did a great job today, and thank you.

XHOLINA NANO: She's right here. [Laughing]

REP. ABERCROMBIE (83RD): Oh she is? Do you get credit for this?

XHOLINA NANO: I hope so. [Laughing]

REP. ABERCROMBIE (83RD): Oh, okay. [Crosstalk]. That's right, if you need a letter of recommendation from us, we'll give it to you. No, great job. Thank you and thank you for being here.

XHOLINA NANO: Thank you. I appreciate your consideration. Thank you for your time.

BEN SHAIKEN: Hi, good afternoon Representative Abercrombie, Senator Moore, Senator Logan, Representative Case, and members of the Committee. My name is Ben Shaiken, I work at the Connecticut Community Nonprofit Alliance. We're the statewide association of community nonprofits, which provide essential services in every city and town in Connecticut as you all know. They serve half a million people in the state and employ 12 percent of the state's workforce.

They're also a vital part of what makes Connecticut a great place to live and work and an important piece of our economy, which I know this Committee knows but it's something that we try to highlight throughout this building.

We're here today to support Senate Bill 273 which would create a task force to study the dual delivery system for services, human services in the state and I want to present it today as an issue we've talked about for many years and I know has been a conversation in this Committee in light of something that the state workforce is actually facing which is the impending retirements of thousands of state employees over the next several years sort of coming to a head in 2022.

Connecticut's community nonprofits can help the state control the cost of healthcare and they can help the state administer services better. My written testimony which should be online on this Bill outlines three different services areas where community nonprofits in the state are both providing the same services to people directly and sometimes in competition with each other. And obviously the state also has a significant and proper role in regulation and service system design and you know programmatic planning and all that they do. We think that nonprofits do just as good a job, if not a better job in many cases delivering these services. We think they can do so at a significant savings to the state, but especially in light of the fact that the state is expecting a really major chunk of its workforce to become eligible for retirement. And in fact there's a significant incentive to in fact retire.

This is an opportunity for the legislature to make sure the state is planning for that and take that opportunity to really transform the human services system into a more modern, efficient and sustainable system. We're one of the few states that has this

dual delivery system. We're the only state that I know of that does it exactly this way although there are states that have similar setups. And we think that this opportunity is the chance for the state to really say this is how we want the services delivered statewide across the board. This is one system that makes sense and to move these -- these service areas when nonprofits are currently doing the exact same thing that the state is doing into the nonprofit sector into the future.

So this task force is a great idea to put a report out by next legislative session which will give this legislature two years to implement these changes as these retirements happen and we're very hopeful that this Bill will pass. And that's all I have, thank you very much.

SENATOR MOORE (22ND): Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good afternoon, Ben.

BEN SHAIKEN: Good afternoon.

REP. ABERCROMBIE (83RD): Let me start by saying thank you for all the hard work you do on behalf of the nonprofit providers. It's been really a pleasure to work with you over the last few years. I will tell you, 'cause you know and I'm always honest about what I believe. I'm not in favor of this task force and let me tell you why. Because we already have an oversight council called MAPOC, which does have nonprofits on there. I believe that some of the -- the research that you would want done through this task force we could very easily do it through that body. You know we talk about fiscal accountability, so people know people creating a

task force is about \$150,000 because you have to have the agencies involved with it because they have to have a seat at the table. I understand what you're trying to get at.

I think that we have moved a lot of the state workforce to private providers. DDS is a perfect example. 95 percent of our group homes now are private. I do believe that there's much that we get from the private providers. I'm fully informed of that -- I mean approving of that, but just so you know you're not surprised at the end of the day, and we've had these conversations at this point; you know I'm not so sure that we need to add another body to when we already have a body out there, so. But thank you for your work. I really do appreciate it.

BEN SHAIKEN: If I could -- if I could respond, Representative. I appreciate that, and I think there's a whole lot of task forces and oversight counsels that happen both in this branch of government and in the executive branch of government. I think our request is that this work gets done one way or another. The vehicle through which it gets done is less important that it gets done, period. And so you know we are seeing executive branch that's planning for these retirements. There was a recent RFP that went either through OPM or DIS, I can't remember, finding a consultant to help the planning. We see this as a major opportunity in the human services world to -- to right size a system that needs right sizing and so we're hopeful that that plan, where it happens you know in this branch of government and the executive branch of government everywhere. And so I

appreciate your thoughts and look forward to working with MAPOC or whoever ends up being the entity that works on this.

REP. ABERCROMBIE (83RD): Yeah, and I'd be more than happy to work with you on this. And just so people understand what you're talking. So when the CBAC Agreement there's going to be some huge changes come 2022 to benefits and pensions for state employees, and because of that there's -- that's where we know there's going to be a huge exit of state employees before that time. So you're absolutely right. There are a lot of us up here that have been talking about this. We're very fearful of what that looks like also. But I would be more than happy to work with you on this. Maybe perhaps one of our subcommittees under MAPOC, since we already have the bodies, to be able to do this. So, thank you. Thank you for your leadership on behalf of these nonprofit providers. I really appreciate it.

SENATOR MOORE (22ND): Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. And as Cathy said, I just wanted to thank you for coming forward and I think there's a work around that we can do with this and it's very important to us what you do and what you know you do in this building. We're all here. We see what's going to happen down the road. We want to make sure that those most vulnerable people and the nonprofits that you take care of are well versed and well taken care one way -- either way of what happens.

But with that said, we have our eyes on it. We know what's going on. Stay in front of us and we'll do our best to make sure that things are on even keel.

I know Cathy -- Representative Abercrombie, you know they do a great job on MAPOC trying to work through this and you know we've had a few Bills come before us where you know we've talked about it in screening for task force and you know we get -- we get held up with that -- that dollar figure to put a task force together. And you know, we feel as though you know, if we can do it in a different way the \$150 or more dollars that it costs to put a task force together, if we can do it in a more efficient way and still get the same result. But we know where you're coming from. We thank you for all you do. I don't know where your counterpart is today, but you did a fine job testifying and we'll be talking in the near future. So thank you.

SENATOR MOORE (22ND): Thank you. So now we'll move on to Senate Bill 274, Anne Lamonica.

ANNE LAMONICA: Good afternoon. My name is Anne Lamonica. I'm the Associate Director at the Connecticut Catholic Public Affairs Conference. It should be no surprise to anyone here that the Public Policy Office of the Connecticut Catholic Bishops oppose Senate Bill 274. At first glance this Bill raises several serious concerns. We've discussed a few already about prioritizing funding, so I'll move on to my next point.

This Bill as written remains fundamentally vague in scope, intent, and practice. Just looking at the language alone. First, is this a one-time or recurring expenditure? It's not clear in the statute -- or the Bill, sorry.

What restrictions are there regarding the use of these funds? Could they be limited only for the

purpose of preventative and diagnostic materials and medications? Is that a possibility that we could consider? What auditing, guidelines, and administration requirements are there? I see none listed in the language. Who will provide oversight and how? Nothing noted in the language of the Bill. Does "any reduction in federal funding" mean any reduction in any federal dollars? Does this mean Medicaid funding, I'm not sure, or other types of federal grants that might apply. How will the amount of funding be determined since past Title X project funding depended on regional needs that varied over time. So what's the consistent dollar amount from year to year.

Senate Bill 274 should be rejected for these ambiguities alone otherwise this is just a blank check. Our written testimony I answer specific moral objections and explains our concerns in more detail.

Title X Grants can be applied to infrastructure or operational payments such as utility payments and payments to office staff who can also be involved in non-Title X business. Many Connecticut residents objected to federal government underwriting these infrastructure payments for an organization that is the largest provider and promoter of abortions in the state and country. These same moral objections apply to this Bill, SB 274. But I have one suggestion, the state through DSS or the Department of Public Health could start its own Title X project like many other states do. I encourage you to read California vs. Azar, the 9th Circuit Court case that was released last week that discussing the so-called

Gag Rule and to read the Title X statutes in the rule in question. Thank you.

SENATOR MOORE (22ND): Thank you. Comments, questions? Thank you so much. Representative Wood.

REP. WOOD (141ST): Mouth full of apple, excuse me. Yes, thank you, Madam Chair. What did you say about the Title X individual states were doing something?

ANNE LAMONICA: Rhode Island our neighbor, they're the Title X grantee in the state of Rhode Island, the Rhode Island Department of Public Health, sorry, is the Title X grantee. And I think some other states. I'm not sure Florida -- there's several states that do. They're the ones that direct the funds to subrecipient and that's how a lot of grants work. You'll have one project that is dispersed throughout the state to other subrecipients. That's kind of what happened with Planned Parenthood. They had a relationship with Fairhaven, they were subrecipients and in the past year Fairhaven was, but no longer a subrecipient of Cornell Scott-Hill Grant. But so my point -- but -- and every state is run differently, but the Connecticut could run its own Title X. That would just bring in more dollars to help more women and men in the state of Connecticut.

REP. WOOD (141ST): How would it bring in more dollars?

ANNE LAMONICA: Well because right now Planned Parenthood rejected \$2.1 million of federal funds. Those federal funds are still floating out there ready to be used. That's why Cornell Scott-Hill received an award that totaled between the supplemental award and the award last year of

\$450,000. It used to be just \$210,000 the prior year. So if we are -- if Planned Parenthood is the major grantee in the state is rejecting \$2.1 million in funds those funds are still in the federal pot. State of Connecticut could say, hey we need those funds in this state. We should go and apply for this. We'll start our own Title X project. And maybe, although Planned Parenthood does not want those funds; there may be federal clinics or public health clinics or high schools perhaps that might want those funds.

REP. WOOD (141ST): But accepting those funds means you going to live by what Washington has dictated in the Gag Order.

ANNE LAMONICA: Correct. And the Gag Order means you can provide counseling on abortion and pregnancy. It just means that you can't give directive -- direct referrals. It has to be non-directed. The government should not be encouraging abortion as a method of family planning. The point of Title X is to be preventive, not to be post conception care, if that's what you want to call it.

REP. WOOD (141ST): Okay. Thank you. Thank you, Madam Chair. Thank you for being here.

SENATOR MOORE (22ND): Anastasia Martineau.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Just one quick question. You had mentioned something about the Cornell Hill of Fairhaven. Does that coincide with Yale New Haven Hospital?

ANNE LAMONICA: Well they -- it was reported in the news last year and over the summer and in the fall that Yale New Haven Health has outsourced its three

primary care clinics that were serving Medicaid patients in New Haven. And Cornell Hill -- Scott-Hill and Fairhaven agreed to split up these services and manage that care. So it's called the New Haven Primary Care Consortium. And Planned Parenthood was concerned at the time that this would block access to abortions at Yale's own family planning clinic.

What happened before is that the primary -- Yale's Family Planning Clinic could receive direct referrals from their primary care clinic, but that direct line was disrupted by this new consortium that paired Yale with Title X clinics that now have to abide by the new final rule for the regulations. So you know it's unclear -- it looks like Cornell has agreed to an arrangement with Yale under the state approved plan for this consortium that Planned Parenthood would advertise, market or do outreach, whatever you want to call it. Yale paid them \$10,000 or will be paying them \$10,000 to do this outreach to advertise, market, through the community outreach let them know where they can obtain abortions. And they would advertise near these ten -- I'm assuming in the neighborhood these Title X clinics. I'm not sure about the particulars, because the Title X clinics are -- would just be Cornell now, would not be allowed to provide direct referrals to their Title X.

REP. MASTROFRANCESCO (80TH): So they are already receiving Title X?

ANNE LAMONICA: Cornell is.

REP. MASTROFRANCESCO (80TH): Cornell is.

ANNE LAMONICA: And Fairhaven would be providing at that one new center that they have, the have other

clinics obviously, they'll be providing adolescent family planning care and the adult would be just for Cornell at that new location. And my concern is, you know Yale New Haven Health has I don't know I think it's over 200 -- the report in 2017 had over \$272 million in net gain. And it looks like there might be some concern about the pipeline to their family clinic. I can't -- I don't want to -- I don't want to say it like that. Let me rephrase that. I'm not sure if -- if Yale New Haven has an interest in having their patients go to Yale's Family Planning Clinic then they should -- and if it's going to danger Cornell's funding, Title X funding, then they should cover the Family Planning Clinic costs.

REP. MASTROFRANCESCO (80TH): Right.

ANNE LAMONICA: That's all.

REP. MASTROFRANCESCO (80TH): That would make sense.

ANNE LAMONICA: I don't want to speculate.

REP. MASTROFRANCESCO (80TH): Okay. Thank you, thank you for answering my questions. Thank you for your testimony.

ANNE LAMONICA: Yep, no problem.

SENATOR MOORE (22ND): You're welcome. Anyone else? Thank you. Anastasia Martineau.

ANNASTASIA MARTINEAU: Dear Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Anastasia Martineau, I am from Willimantic, and I am the UConn Intern Supervisor for Planned Parenthood. I am testifying in support of SB 274,

AN ACT CONCERNING INCREASED FUNDING TO PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS.

I want you to imagine the following scenario. You've just turned eighteen. You come from a low income family and you're trying to figure out how to pay for college. You've just realized you're queer. Once a month, you miss three days of school because your periods are so severe that you genuinely cannot function. You have recently experienced trauma and now you are terrified to go to the doctor because you don't know who to trust, but you medically need birth control. This was my situation when I entered my local Planned Parenthood for the first time in 2016. I now know that it was the best decision I have ever made for myself. I was immediately welcomed by an amazing staff who were open to all of my needs. They helped me to fill out forms, walked me through all of my options for birth control, and made sure that I was able to afford it. Any questions they asked me around my sexual health were completely gender neutral, so I knew that I could trust them with my whole self and sexual history.

Access to affordable birth control and the quality of care that I received at Planned Parenthood truly turned my life around. I was able to drastically improve in academics coming into college because I no longer had to miss school due to pain, and I felt in control of my own body for the first time in my entire life. Although I would have lapses in insurance coverage in the future, I was always able to go to Planned Parenthood and get what I needed, no matter what. This was because of funding available through Title X.

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When Planned Parenthood was forced out of the Title X program because of the Gag Rule, I was devastated. Not only was I concerned for myself, but also for the 41,000 other patients in Connecticut that used Title X funding to obtain comprehensive, inclusive, and professional care. Many of these patients are people of color, people of low income, LGBTQ+ people, immigrants. Connecticut residents deserve full access to reproductive healthcare as a basic human right, but we need the funding proposed by this bill in order to continue to make that happen.

I strongly support raised SB 274 and urge the Committee and Legislature to vote favorably to support funding for family planning providers, such as Planned Parenthood. I elected leaders for supporting family planning funding in the budget, and I know that you will all continue to uphold Connecticut's dedication to protecting and improving reproductive health care for all. Thank you.

SENATOR MOORE (22ND): Thank you. Comments? Very nice job, thank you. I want to apologize. I believe all of you are important and I believe what you have to say is important but as I said earlier, I have many Committees and one that I now have to appear at, so I won't be able to stay but I'm going to come back if I can. Before I leave I do want to say this, Happy Birthday Senator Logan. [Cheers]
[Laughing]

REP. ABERCROMBIE (83RD): And many more. Peter Wolfgang followed by Marian Blawie.

PETER WOLFGANG: Chairperson Abercrombie, Ranking Member Logan, Ranking Member Case, and members of the Committee, good afternoon. My name is Peter

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Wolfgang. I am President of Family Institute of Connecticut Action. I am here to testify against SB 274 which would give \$2.1 million to the local chapter of the abortion giant, Planned Parenthood. There are three reasons why you should reject this Bill.

First and foremost because Planned Parenthood kills people. It is literally in the business of taking the lives of unborn children. You should not support it, you should not fund it, you should not force taxpayers to pay for it. Planned Parenthood has been credibly accused of covering up the crimes of rapists, pimps and sex traffickers.

REP. ABERCROMBIE (83RD): Sir, sir if you could talk to the merits of the Bill of 274, which has to do with funding and keep your personal opinions to yourself, that would be greatly appreciated.

PETER WOLFGANG: I'm going there and I hope that -- that doesn't take away from my three minutes. I tell you that Planned Parenthood kills unborn children only because it is true, not because I expect it to persuade you as you anticipated. It was enough -- if it was enough to persuade you, abortion would not still be legal after 47 years. But even if you support the license to kill an unborn child or pro choice or reproductive justice or whatever euphemism you prefer there are other reasons why you should oppose this Bill.

This Bill forces state taxpayers to give Planned Parenthood \$2.1 million to offset federal funds it voluntarily gave up rather than comply with new federal rules that would require it to give up abortion. Planned Parenthood choice abortion over

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federal funds. Now they want us, the taxpayers of Connecticut to make up the difference. This is wrong and you should not force us.

Third, Planned Parenthood of Southern New England does not need the money. In 2017 to 2018 it had an endowment of \$12.8 million and made \$8,305 from its investments. It had a net operating surplus of \$10 million. This is the organization to whom you wish to give \$2.1 million of state taxpayer dollars to? Surely they can raise that from their own private donors. Don't do this to the taxpayers of Connecticut. Town road grants, employee benefits, educational funding and hospital grants are all in danger of being slashed. Taxpayers have seen their taxes go up and their services go down. Again, even if you support the horrible underlying issue of abortion on demand, please don't do this to the taxpayers of Connecticut. Even many who agree with you on that issue will oppose you on this. Thank you.

REP. ABERCROMBIE (83RD): Questions or comments?
Have a great day.

PETER WOLFGANG: Thank you.

REP. ABERCROMBIE (83RD): Marion Blawie. Did I say your last name -- B-L-A-W-I-E? No, not you, ma'am. I'm sorry. Could you say your last name? Did I pronounce it properly?

MARIAN BLWIE: Blawie, yes.

REP. ABERCROMBIE (83RD): Okay, thank you.

MARIAN BLAWIE: Hello members of the Human Services Committee. My name is Marian Blawie. I live I Greenwich. I am a Registered Nurse and a Certified

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Lactation Counselor and a graduate student at Yale School of Nursing, where I will graduate next year as a nurse practitioner, a Certified Nurse Midwife. I am here to express my strong opposition to SB 274, a Bill which would allocate millions of scarce Connecticut taxpayer dollars to Planned Parenthood of Southern New England.

Last year, Planned Parenthood voluntarily declined to accept federal Title X funds. However, since then it has waged an impressive and disingenuous PR campaign to spin its willful refusal to accept those funds as having been forced out of the program instead.

As a nurse and midwifery student, a portion of my clinical work has been in a Title X-funded clinic in the city of New Haven. I have also taken the time to read the Title X regulations themselves. Therefore, I can say with confidence that it is misleading and dishonest to characterize Title X as containing a Gag Rule. It is misleading and dishonest to characterize Planned Parenthood's decision as anything other than a willful rejection of funding that would directly benefit low-income people.

Planned Parenthood has made clear that it is more committed to its current business model, which prioritizes elective abortion, than it is to providing reproductive healthcare services. We can say with confidence that the proposed funds will be used for abortions. This is especially troubling given the fact that Connecticut taxpayers are already paying for 3 out of 4 abortions performed in this state. As you are well aware, while this is morally repugnant to myself and to thousands of your

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other constituents, this is not about stopping abortions; this is about dropping the charade that PPSNE needs even more taxpayer funding to carry them out.

According to its own disclosures, the local Planned Parenthood affiliate is already quite financially secure. In 2017-2018, Planned Parenthood enjoyed a \$10 million net operating surplus. It also had over \$12 million in its own endowment. If more money is truly needed, PPSNE could comply with Title X regulations, or else leverage the brand recognition and extensive fundraising network at its fingertips—strong financial resources that are the envy of most nonprofits. This is deep-pocketed political advocacy masquerading as healthcare.

The state of Connecticut faces billion-dollar deficits for the next several years, according to a report released by the Office of Fiscal Analysis. There is an old saying that a budget is the skeleton of government, stripped of all ideology and rhetoric. What exactly are we spending money on? With our state drowning in red ink and so many crucial needs still unmet, this proposal would constitute a flagrant misuse of scarce resources. For example, this legislature has not allocated adequate funds to address maternal mortality or to promote healthy pregnancy and birth in Connecticut, but somehow in this time of deep deficits, it can find millions of public funds to give to this already-profitable operation that I would like to note does not provide prenatal care. As a nurse and soon-to-be Midwife, I am appalled at the backwards priorities on display. I respectfully urge all of you to vote NO on SB 274. Thank you.

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REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions or comments? Seeing none, have a great day. Erika followed by Melissa Manion.

ERIKA KAPUSTINSKI: Hi, good afternoon. My name is Erika Kapustinski and I live in Meriden, Connecticut. I'm here today to speak in opposition of Bill SB 274.

On May 6th of 2015 I walked into Planned Parenthood in Bridgeport, Connecticut. There they performed an ultrasound but I was not allowed to see it. While I was there no one counseled me, no one talked to me about what was going on. Before I left the nurse gave me a pill and told me to take it. Then she gave me a paper bag of other pills and explained when I had to take those. I walked out of that clinic unaware of what would take place next.

It was within a few hours of the following day, taking the other pills that I began to feel intense abdominal pain and I started to cry because it was in that moment that I realized what was going on. I was horrified. A few moments later I was bleeding heavily and when I stood up I saw my tiny, tiny baby in my toilet. I was just about seven weeks along at that time, but the baby was there and even though it was so small, I knew that the baby had a heartbeat, which meant it was alive. And now I was looking at my baby in my toilet because I chose to go to Planned Parenthood and take these pills in which I had no idea what was going to happen.

Women who have had one abortion are twice as likely to have another. I went to Planned Parenthood not knowing where to turn and they only offered me abortion. Three months later I found myself facing

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another unexpected pregnancy. Even though I had already had one abortion, I didn't know what to expect this time around. I figured I would take pills again but this time it was different. On November 20, 2015 I walked into the Planned Parenthood of New Haven, Connecticut. They brought me into yet again to have another ultrasound, which I was not allowed to see or hear the heartbeat. She said I was 14 weeks and two days along. A few hours later one of the nurses came in to get me and wheeled me into the small and dark room. I felt so lonely, scared and hopeless. I didn't even know what was happening.

I few minutes later I asked the doctor where she was putting my baby and again I asked and she said, "I am not able to tell you that." They wheeled me into the recovery room. Did they not know what was happening in there? Were they really okay with all of this? Why is no one coming to talk to me. I wanted to be okay but what I felt when I went to Planned Parenthood was lied to, hurt, alone and scared and that I was just another patient, not a person who really needed support and help.

Thankfully I have walked through healing and I'm at a place where I can be here and share such a personal part of my story. I want to bring awareness to the truth behind Planned Parenthood and what it does to not only the baby but also the woman. Planned Parenthood has abortion as the first option of services offered on their website. They are not about the care for women. Why don't they see these women facing a crisis pregnancy and offer other options for them. How is killing a pre-born baby care? Don't they take the time to counsel and

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help? Abortion hurts women. Abortion is not healthcare. The money that is a part of SB 274 could be used for the better of women and children, not towards hurting them.

In closing I would like to share that I went to Planned Parenthood three weeks ago to retrieve my medical records and the ultrasound pictures I was not able to see, which I have with me. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you or your testimony. Questions or comments? Seeing none, Thank you for your testimony. Melissa Manion followed by Jordan.

MELISSA MANION: Hello. Good afternoon Representatives, thank you for your time. My name is Melissa Manion. I am a homeowner in Enfield, Connecticut and I'm here to strongly oppose SB 274.

When I found myself pregnant from a relationship that had barely just begun, I was scared. How will I do this? How will we do this? I am barely on my feet with my son; how will I have another child? These and many other thoughts raced through my mind. The baby's father didn't hesitate to comfort me and let me know he would be there. I wasn't going to do this alone. I took a deep breath and began preparing for our child. We began preparing for OUR child.

Some time went by, more than I care to admit and things were getting stressful. Fear crept in and I began to doubt the relationship, which in turn would lead me to doubt my ability to Mother this child. Over the course of one conversation at a friend's house, after lamenting my situation, my child became

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a choice. In a split second I went from a woman who believed abortion was unthinkable, to a woman rushing home to call Planned Parenthood to schedule the removal of my baby from my womb.

That is why I am here today and that is why I am speaking out. One phone call to Planned Parenthood and my abortion was booked. Easy as ordering a pizza, I ordered the murder of my daughter. Abortion is not healthcare. The ending of a life by another life, remember the fetus has its own DNA, is defined as murder. Simply because Roe V. Wade made it legal doesn't change the result. Abortion ends a life.

Did Planned Parenthood take good care of me? No. They provided an abortion 72 hours after one phone call. No questions, no counseling, no asking the father of the baby who wanted to be a father whom I told no, you have no choice. No ability to see the ultrasound of my growing child and no surgical consultation with the doctor. As a matter of fact I never met the doctor until after I was sedated and laying undressed with my legs stretched out into stirrups. I remember crying, I remember the pain, I remember the sound of the suction. It haunted me for over a decade. I remember all the women moaning in the recovery area. I also remember never hearing from Planned Parenthood again.

I strongly support affordable healthcare, but again I say abortion is not healthcare. Abortion is the violent ending of the life of a baby. In many cases, mine included, it is also the beginning of trauma induced PTSD, depression, anxiety even suicidal tendencies that can stay with the mother some time. I'm speaking of abortion because we know

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that that's what this Bill is about. Planned Parenthood rejected the federal funding that was offered because they had to agree that they would not directly refer for abortions. They could have complied and had funding for birth control, STD testing and such. And also the ability of abortion counseling and even the ability to provide a list of doctors who may or may not provide abortions, but that was not good enough. Why then should those of us who believe abortion is unconscionable be obligated to pay for it. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions or comments? Seeing none, have a great day. Jordan followed by Maryann.

JORDAN MCMILLAN: Good afternoon Representative Abercrombie, Committee members. Thank you for this opportunity. My name is Jordan McMillan, and I live in New Haven, Connecticut. I am the president of GEU-UAW Local 6950, the Graduate Employees at the University of Connecticut. I am testifying in support of raised SB 274, which would provide funding that will allow Planned Parenthood to continue providing essential preventive reproductive healthcare for the people of Connecticut who already struggle to get the care they need.

I personally receive necessary healthcare from Planned Parenthood of Southern New England (PPSNE). I experience compassionate, comprehensive care from a trusted clinician; care that I was not receiving prior to my first visit to Planned Parenthood. Beyond my personal experience, I support SB 274 because healthcare, including sexual and reproductive healthcare, is a human right. PPSNE

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plays an essential role in providing health care in Connecticut, most especially family planning care.

Planned Parenthood is one of the only providers in the state where people without health insurance can obtain healthcare like cancer screenings and birth control. With 54 percent of patients identifying as people of color, and 64 percent of patients being at or below 150 percent of the federal poverty level, PPSNE plays a vital role in racial and economic justice in Connecticut. Planned Parenthood of Southern New England has been in the Title X program since it was created nearly 50 years ago, until being forced out in August 2019, when the Trump-Pence administration implemented a new set of rules, known as the domestic Gag Rule, on Title X providers. The rule prohibits anyone -- you know this, I'll skip that. [Laughing] Essentially it keeps providers from being able to counsel their patients on all of their legal healthcare options.

Because of this dangerous and unethical "Gag Rule" Planned Parenthood no longer participates in the Title X program, choosing to stand by their slogan, Care no matter what. PPSNE is still committed to providing all care, and have not had to change their service structure or sliding fee scale. In the long term, they must replace the Title X funds to continue their mission, and I urge the state to support adding \$1.2 Million to the DPH budget so PPSNE can continue to provide care no matter what.

The concept of choice, I'll end with this, relies on freedom from oppressive power structures. Planned Parenthood and their clients are not free from such structures. I am from a state that has long been limited by a lack of reproductive healthcare and

funding for it. And I have experienced the inhuman effects of it. Many things in our society are not working. Planned Parenthood is working, please fund it.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Questions or comments? Seeing none, have a great day. Maryann followed by Reverend Holloway. It is ma'am. [Laughing] You had me all confused for a while there. Welcome.

MARYANN KOWALSKY: I wish to thank the Co-Chair Women and the members of the Human Service Committee for providing an opportunity for me to speak today. I'm informing all of my state Representatives, state Senators, US Senators as well as Congresswoman Rosa Delauro that I'm opposed and direct them to vote no to SB 274, AN ACT CONCERNING FUNDING FOR PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS.

I speak to the fact that this piece of legislation does not move our beautiful state forward in a positive direction. This Bill ruins the very fiber of moral integrity of the people in the state we call home. The network of Planned Parenthood clinics around the state have clouded and entrapped the thinking of this legislative body and our citizens. The author of this Bill seeks to implicate the true family planning centers in the state by linking them with PPSNE and funding. This action has not gone unnoticed. My husband and I have lived in Connecticut all our lives and we have raised three children. I have the naïve promise that my tax dollars on the greater good of people living in Connecticut; I now realize how wrong I am. My tax dollars have managed to fund 75 percent of all abortions in the state. The PPE organization

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runs a net operating surplus of \$10 million, also has an endowment of \$12.8 million. The idea of using my tax dollars as well as other hard-working people to continue to fund Planned Parenthood of Southern New England is disheartening.

This organization is primarily about abortions all over Connecticut. Let us not be fooled by the birth control pill handed out after the abortion as family planning. I submit the women who is seeking abortion is already allowed herself to be sexually exploited under this disguise of tender lies, coerced to participate in sex for a livelihood or supporting substance abuse, not to mention a self -- none of these awful situations shows compassion for the unborn child who is a victim, not a cause. The Bill further allows the exploitation of women sexually. This is a mentality that can no longer be tolerated or supported.

I wonder what kind of Connecticut do I reside in and love. I see here an opportunity for Connecticut to be a leader, a champion of life and women's health and building healthy families with new thinking and changes in status quo funding. Without it, Connecticut continues to be a killing state of the unborn and drains the life blood out of its citizens. I urge you and I plead with you, do not vote for this SB 274 Bill, and abuse the taxpayer's dollars for something intrinsically evil. Thank you.

REP. WILSON PHEANIOUS (53RD): Thank you for your testimony. Reverend Ernestine Holloway.

REVEREND ERNESTINE HOLLOWAY: Yes, hello, good evening everybody, Chair, Co-Chair, distinguished

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guests of this panel. I'm in opposition of killing babies, of this Bill. I have dyslexia so the numbers don't work for me. These clinics are disproportionate place, 60 million African American babies are dead, African descent. They're in our communities. They're not in everybody's communities. You go to Hartford you see one. You go in Meriden. Why is this, why are they only an abundance in poor cities? That's my concern. We're only 13 percent of the population. Our girls are going to these clinics; the reason why I know 'cause I've known Planned Parenthood since I've been 12 years old. They gave me condoms.

I want to know what's the purpose. Why are we giving them \$2 million. The Governor got on TV and told everybody that wants an abortion you can come here. Really? Is he going to pay for it. 'Cause if he wants to pay for it, it's okay. We don't want to pay for it. You know there's a part in the Bible that says if you know your brother's wrong and you don't -- you don't tell them, you partake in antiquity. I don't want to be a partaker in this. You know everybody says it's a woman's choice. Yeah you do have a choice and I have a choice to say that I don't want to put a penny in it. I don't want a nickel in it, I don't want a dime in it. That's my choice. And if you don't want the public in your business when you have an abortion don't ask us to pay for it. That's just the bottom line to it.

Planned Parenthood all they give you is a bunch of pills that you can get at your doctor. You can go to the local corner store -- the corner store, that's what I call it, the local medical center and you can get -- you can get Planned Parent -- you can

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get things that prevent you from getting pregnant. They're not doing anything that you can't get at the local medical doctor. So what's so specific about them that they get \$2 million more than anybody else. When the pregnancy centers came up here they fought them tooth and nail and they don't even get any money. So why are we giving them per say \$2 million. Why not give it to the Veterans? Why not give it to the homeless teens that don't have a place to live? Why not give it to them for medical care? Oh, we also treat all the other diseases that you get. So does the regular doctor. So the only thing that they're doing that regular clinics don't do is get rid of babies.

You know that's your choice. If you want to get rid of your baby you have a choice to get rid of your baby. But guess what? We have a choice as taxpayers to decide to say, this country is built on Christian belief and we don't want to pay for it. If it's between you, the man and the doctor, why do we pay for it? Margaret Singer sanctioned this. She called black, African American kids weeds. She said we were in danger, we didn't need to live so why are we donating to an organization that when you call up to donate they say, I want to give them \$200 to them, kill them and babies or we want to -- after you have your baby donate this body part. This party is worth this, this body part, the kidney is worth this. Why are we in the business of supporting things that we shouldn't be in? This is wrong.

REP. WILSON PHEANIOUS (53RD): Can you just bring your conclusion?

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REVEREND ERNESTINE HOLLOWAY: I'm just saying. I'm not giving nobody \$2 million. They got \$12 million, why do they need ours and why are they disproportionate in our community killing our babies. Why -- if I said something racist about another culture or another race I wouldn't get a penny. They'll be a line outside taking away everything that I got. So why are we supporting the organization that people can call up and donate money to kill our children. This is wrong and so I'm opposed to this.

REP. WILSON PHEANIOUS (53RD): Thank you for your testimony. Are there any questions? Please, Jay, go ahead.

REP. CASE (63RD): I just -- I want to thank you for your passion. I listen to you at every Committee in this building and some of the parts that you bring out are -- are very touching, but you hit things on the spot not only here but everywhere. I just want to thank you for your advocacy, whether what side it's on but this is what democracy is about; people coming out and I've seen you almost every day. So I thank you for your coming out and talking about your interests are. I -- I really -- it's noticeable, so thank you.

REP. WILSON PHEANIOUS (53RD): Thank you. Any other questions? Thank you very much for your testimony. I'd like to call Alicia di Leo, please.

ALICIA DI LEO: Good afternoon to the distinguished members of the Human Services Committee. Hello to you all. My name is Alicia di Leo. I've lived in Ellington Connecticut for over 20 years -- for 20 years. I am a wife of 25 years, and a mother to

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three daughters. I consider myself a person who is pro-family, pro-faith, and deeply pro-choice. As such I am here to urge you to support SB 274 and provide crucial funding to family planning centers such as Planned Parenthood, who have lost funds in the face of the Trump-Pence Gag Rule.

I'd like to begin by asking the gentlemen in this panel when the last time was they were concerned that a crucial part of their healthcare coverage would be determined by the outcome of a national or state election? It's not a fun feeling, to know that if Candidate A wins you can probably access the healthcare you need but if Candidate B wins, well then, all bets are off. That's what women in this face -- country face in nearly every election now, and I can tell you I'm tired of it. I'm tired that our bodies being on the ballot every four years. I'm sick to death of my daughter's bodies being a political football that gets tossed about in a political agendas.

Planned Parenthood provides life-saving services to populations that are historically underserved. They provide cervical and breast cancer screenings, testing and treatment for sexually transmitted diseases and HIV, legally protected and medically safe abortions for those women who choose not to continue a pregnancy, which is still a legal right in this country, as well as dispensing the high quality birth control that prevents a crisis pregnancy in the first place. Please remember that since its inception Planned Parenthood's participation in the Title X program has received bipartisan support. It is only recently that it has become politically charged. Funding Planned

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Parenthood and other family planning clinics in our state will at the very least insulate Connecticut women from the shifting political winds that have indeed weaponized our reproductive healthcare.

I'd like to comment on the recent discussion in the last hour or so about Planned Parenthood coming up with their funds elsewhere. There was a mention of private donations. No one's healthcare should ever be reliant on philanthropy. Charitable giving is a valiant thing, but unfettered access to medical information is beyond the responsibility of any private sector donation. Anyone who works in the nonprofit industry knows that donations dry up the instant the economy goes south. What happens then?

I'm grateful to live in a state that has a strong commitment to reproductive freedom. Please support SB 274. Thank you for the opportunity to speak to you today about this.

REP. WILSON PHEANIOUS (53RD): And thank you for your testimony. Are there any questions? Hearing none, I thank you very much. I'll next call Sneha Jayaraj. I'm not sure I butchered your name, but please correct me.

SNEHA JAYARAJ: Oh, it's Sneha Jayaraj, but you're close. I am from Rocky Hill. I work at Metro Hartford Alliance as a Research Analyst. I am testifying in support of Raised SB 274 AN ACT CONCERNING INCREASED FUNDING TO PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS, which will provide critical funding for continued access to preventive reproductive health care for the people of Connecticut who already struggle to get the care they need.

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The reason why I personally felt the need to testify is because Planned Parenthood has been my hero in my time of need and I know this clinic has been saving the lives of folk in the community as well. January of last year, I felt a burning pain when I would pee. I was very nervous and scared at first because the month before I was involved in non-consensual intercourse as in I was sexually assaulted. Realizing I had to get this checked out I went to the location that I felt the safest and most comfortable at as a Queer woman. I was living on South Marshall Street in Hartford at the time, so I went to the closest location, which was Planned Parenthood on Albany Avenue.

I was very tense walking in, thinking about how I was probably going to die soon. I signed-in, filled out forms, when they looked at my income, I was grateful to know that I'd get a free STI screening. After a week, I got a call from Planned Parenthood to tell me the test results. They started off the call by telling me I didn't have an incurable disease. However, I tested positive for Chlamydia and Gonorrhea and they told me it's a simple, quick fix and it was. I had a huge sigh of relief and I went into Planned Parenthood once again. I received a shot from my amazing APRN, I took two pills afterwards and I was cured from Chlamydia and Gonorrhea.

This sort of affordable high-quality access should really be a human right. Healthcare should be a right for everyone. As a queer woman, I share this to Planned Parenthood -- I share this to say Planned Parenthood is a blessing to all of us in Connecticut. Planned Parenthood has continuously

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proved to be the most reliable, the most judgmental -- nonjudgmental and the most supportive clinic for my friends, family, and our community. When one of us is healthy, we're all healthy and vice versa.

Thank you to Governor Lamont and elected leaders for supporting family planning funding in the budget and continuing our state's strong commitment to protecting and improving women's healthcare.

Once again, I'm personally very appreciative and grateful for Planned Parenthood Hartford North. I strongly support SB 274 and urge the Committee and Legislature to vote favorably to support funding for family planning providers, including Planned Parenthood of Southern New England, and protect access to sexual and reproductive healthcare for those most in need in our state.

REP. WILSON PHEANIOUS (53RD): Thank you very much for your testimony, and I'm sorry that those kinds of things happened to you. It makes it very difficult especially to come forward and testify about it, so I do appreciate that and the message that you brought. Are there any questions? Any other questions? Then again I thank you for your courageous testimony. Gretchen Raffa please.

GRETCHEN RAFFA: Good afternoon Representative Abercrombie and honorable members of the Human Services Committee, my name is Gretchen Raffa, Director of Public Policy and Advocacy at Planned Parenthood of Southern New England testifying in strong support of Senate Bill 274 AN ACT CONCERNING INCREASED FUNDING TO PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS. As the state's largest reproductive healthcare -- sexual and reproductive

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healthcare provider to over 68,000 patients every year at 16 health centers across the state, we believe all people should have access to quality, affordable.

We are grateful to see the demonstrated commitment from Governor Lamont to support \$1.2 million in funding for continued access to preventive reproductive healthcare for the people of Connecticut who already struggle to get the care they need. We also extend our thanks to our elected leaders, specifically the leadership of the Senate Democrats, who have articulated this as a priority and for this Committee for raising this funding bill.

Last August, PPSNE along with every other Planned Parenthood affiliate in the US was forced out of the federal Title X Family Planning program after having served as the Connecticut grantee since the program's inception nearly 50 years ago. PPSNE received \$2.1 million a year in federal Title X before ending participating on July 15. Title X is the only federal program dedicated to affordable family planning and preventative care. Title X services include wellness exams, cervical and breast cancer screenings, birth control, testing and treatment for sexually transmitted diseases and HIV. This program serves an individual at 100 percent of the federal poverty level, so that's an income of \$12,499 at no fee and an individual at 250 percent of Federal Poverty Level, which is \$31,225 for reduced fees.

The Title X program has received bipartisan support from Congress since its inception until now. Last

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year, when the Trump-Pence Administration implemented the Gag Rule on Title X providers that would have prohibited PPSNE from providing high quality, medically accurate care to patients because it is harmful and unethical. The "Gag Rule" prohibits any Title X provider from talking with patients about or referral for abortion and eliminates the guarantee that patients receive factual and non-directive counseling on all of their healthcare options.

Planned Parenthood plays an indispensable role in the family planning care in Connecticut. We serve 88 percent of those served by Title X, which is more than 41,000 patients at PPSNE. However, the Gag Rule does not solely impact us. It impacts any provider who participates in the Title X program like community health centers like our partners at Fair Have Community Health Center who also lost money and was a subgrantee of ours for many years. Major medial associations listed in my written testimony oppose this Gag Rule because it destroys the patient/provider relationship, intrudes in a provider's practice, and undermines quality patient care.

So in the short term no, we are not closing any of our centers or making any significant changes to our sliding fee scale. However, we will need to replace the Title X funds in order to maintain our services to patients who are uninsured. I will close that providing healthcare is meaningless if people cannot access it. We thank this Committee, we thank our legislative leadership and Governor Lamont's Administration for putting patients over politics and protecting access for all people in Connecticut

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to access the sexual and reproductive healthcare, preventative healthcare that they need.

REP. ABERCROMBIE (83RD): Thank you and thank you for what you do. Questions or comments?

REP. WILSON PHEANIOUS (53RD): Yes, within the last hour or so we heard a couple of things that you would offer me some insight on. One was that these -- that your clinics are primarily found in black and low-income neighborhoods and are apparently, or was said to be targeting black women for abortions; and I'm wondering if you can shed any light on that.

GRETCHEN RAFFA: Well in -- yes, thank you Representative Wilson Pheanious. Our health centers are located throughout Connecticut. They are located -- we have 16 health centers in cities and towns across Connecticut and I would say that we are ensuring that all people that -- and I'm going to say this as, people that already face significant barriers to the healthcare system. So because of a system that is really based on -- and there is the history of racism within our healthcare system, this impacts people of color more, right, so that people of color are more likely to need publicly funded family planning services and are the majority of the recipients of the Title X program. And we want to make sure that we can continue to provide this affordable preventative care for every person that walks through our door because we believe sexual and reproductive healthcare is a fundamental human right that everyone deserves no matter who you are, where you live, whether or not you have health insurance coverage or not.

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REP. WILSON PHEANIOUS (53RD): So are you in any -- do your services target black women in any way?

GRETCHEN RAFFA: I think it targets every person that needs sexual and reproductive healthcare. So people that might not have insurance or need confidential services, which is a tenant of the Title X program. So one of the reasons the Title X program is being dismantled in the way it is under the Trump-Pence Gag Rule is that it's taking away some of the fundamental tenants that were -- were part of the Title X program. Confidentiality and healthcare and healthcare access for reproductive and sexual healthcare is part of the Title X program. And this has really changed what the Title X program. And again, this was founded as a public health -- this program when it was founded in the early 70s was a public health response because there was an increase in unintended pregnancy rates and increase in sexually transmitted infections in this country.

And the fact is our healthcare system is -- has a lot of inequity in it and that -- that inequity has people of low income, people of color, people in the immigrant community, LGBTQ folks, people that live in rural areas; and again that's not such an issue in Connecticut because we are spread out throughout the state but Planned Parenthood is here to provide sexual and reproductive healthcare. And again the Title X program that we are talking about today is preventative services, so prevention. So investing in prevention actually saves dollars long term.

REP. WILSON PHEANIOUS (53RD): Thank you. Another question I had arises from the fact that someone -- a woman testified that she was given a abortion

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inducing pills apparently without knowing that that's what she was getting, and I'm wondering how that might happen.

GRETCHEN RAFFA: Well, Representative I don't want to discount anyone's experience so I really want to be mindful that everyone that walks through our health centers has their own individual experience. All of our healthcare is provided based on informed consent. We are a medical provider. We are licensed family planning provider regulated by the state of Connecticut. So all of our services are you know, there is informed counseling. Again, part of the Title X program that is being dismantled under this Gag Rule is the part of the Gag Rule that ensure everyone gets non-directive counseling on their -- on their options when they're faced with pregnancy. So that is what we do when we deliver care. We are giving people all of their options. That's why we were forced out of this program because we refused to lie to our patients or withhold medically accurate information about all of their options. And so all of our services are done through informed consent by our licensed clinicians, primarily Advanced Practice Nurse Practitioners and Nurse Midwives and Physician Assistants, all deliver care with informed consent.

REP. WILSON PHEANIOUS (53RD): Okay. Well thank you for clarifying that for me. Are there other questions?

REP. ABERCROMBIE (83RD): Thank you, Gretchen. Appreciate it.

GRETCHEN RAFFA: Thank you, Representative.

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REP. ABERCROMBIE (83RD): Appreciate you being here. Justin followed by Liz. Okay. Is Liz here? Hi, how are you? Followed by Ron. Is Ron here? Okay, thank you. You're Justin? Okay. So right after her, I apologize. Are you Justin Farmer? Oh, okay. [Laughing] You're coming up. Sorry about that. Liz? Sorry, please proceed.

LIZ GUSTAFSON: Senator Moore, Representative Abercrombie and honorable members of the Appropriations Committee -- I mean of the Human Services Committee, my apology. Yeah it's been a busy session. [Laughing] My name is Liz Gustafson and I am the State Director of NARAL Pro-Choice Connecticut. I testify in strong support of SB 274 AN ACT CONCERNING INCREASED FUNDING TO PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS, which will provide critical funding for continued access to preventative healthcare for the people of Connecticut who already struggle to get the care they need. Planned Parenthood is frequently the sole option for individuals who are uninsured or those who are low income, and we must ensure the 41,000 people who utilize Title X funding in the State of Connecticut can continue to access a full range of reproductive health care.

When I was an AmeriCorps VISTA facing significant financial barriers of my own, I began experiencing extreme pain and symptoms that impacted my personal life, employment and my relationships. Planned Parenthood not only provided me with immediate care to address my symptoms, but also diagnosed me with endometriosis, premenstrual dysphoric disorder and worked together with my mental healthcare provider

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to create a care plan that has allowed to me live and maintain a happy and healthy life.

This is not only an issue of reproductive freedom, but an economic, racial, immigrant, and LGBTQ rights and justice issue. Make no mistake, this change in Title X funding illustrates a strategy to increase barriers to essential reproductive health care such as wellness exams, birth control, STI/STD testing and treatment, and cancer screenings. Additionally, this rule not only impacts Planned Parenthood, but any healthcare provider that participates in the Title X program- from community health centers like Fair Haven Community Health Center and some hospitals.

Although PPSNE intends to keep each center open and will not make significant changes to their sliding fee scale, it is clear that Title X funds will need to be replaced to ensure the same level of care for those that are uninsured or covered by Medicaid. It is no secret that across the country health disparities are disproportionately experienced by populations who have historically faced significant barriers when accessing care, and Title X funding provided substantial support to fight these inequities. As someone who knows firsthand how committed Planned Parenthood is to providing their patients with preventative, lifesaving and compassionate care, we must take action to ensure they can continue to do so for the thousands of patients in our state. Healthcare is a human right and providing funding to family planning services will confirm the state's commitment to the reproductive health care needs of its' residents. NARAL Pro-Choice Connecticut strongly supports

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raised SB 274 and urge the committee and legislature to vote favorably to support funding for family planning providers, including Planned Parenthood of Southern New England, and protect access to sexual and reproductive health care for those most in need in our state. Thank you so much for your time.

REP. ABERCROMBIE (83RD): Thank you, and I hope you're feeling better with those painful conditions that you had. So, thank you for being here. Thank you for your testimony. Questions or comments? Seeing none, thank you very much. Have a great day.

LIZ GUSTAFSON: Thank you very much. You too.

REP. ABERCROMBIE (83RD): Ron Cadett and then Justin Anderson, right? Correct, thank you. Good afternoon, sir.

RON CADETT: Good afternoon. Okay, I think you have my testimony so I'm going to -- I think the --- the financial part of it has been kind of back and forth so I'm --

REP. ABERCROMBIE (83RD): Can you just introduce yourself for the record?

RON CADETT: Oh yeah, my name's Ron Cadett.

REP. ABERCROMBIE (83RD): Thank you.

RON CADETT: Okay. So I put three points there. I'm just going to skip through the first two and -- and go right to the third, which I think is the most important and it's the -- it's the moral part. To put it bluntly, abortion is not healthcare no matter what -- and we all know it's a baby that is aborted, a baby with unique DNA, its unique fingerprints. You have to look at it from a perspective, if a

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mother with a small young baby say a month old, drown her baby because it cried or she needed to go to school to make money, maybe go to work, or you know whatever, you get the idea; you would have her what, you would have her arrested for murder. Murder in the womb whether by dismemberment, limb by limb --

REP. ABERCROMBIE (83RD): Sir, can you talk about the financial aspect of the Bill? That's what we're here to talk about, the funding.

RON CADETT: Well no, this is very important. This is very important part of it.

REP. ABERCROMBIE (83RD): But this is not what we're here to talk about, sir. We're here to talk about the financial piece of that.

RON CADETT: This is why you shouldn't be financing something like this because it's murder.

REP. ABERCROMBIE (83RD): And that's your testimony?

RON CADETT: Well, I'm not done yet.

REP. ABERCROMBIE (83RD): Well so if you can keep the merits of the Bill about the financial we would appreciate it.

RON CADETT: Well financially to murder a baby is -- is wrong, and you as Magistrates have a responsibility before God to -- to do what is right, and he is putting you in this position.

REP. ABERCROMBIE (83RD): So let me say this, sir. Let me say this.

RON CADETT: Okay.

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REP. ABERCROMBIE (83RD): You don't have the right to judge me --

RON CADETT: I'm not judging you.

REP. ABERCROMBIE (83RD): -- And what my beliefs are as a Catholic women.

RON CADETT: I'm not judging you.

REP. ABERCROMBIE (83RD): Like I'm not judging you. So I'm asking you to please testify on the merits of the Bill, which is the financial aspect. Thank you.

RON CADETT: Okay, well you know, you have my testimony and you can look at the pictures. Abortion is not healthcare and no matter what -- you know you -- you listened to everybody else with they're -- they're trying to legal -- you know try to make this look good but this is -- this is murder in the womb and I'm calling on you to -- I'm not asking you to -- for anything. I'm not asking you for heartbeat bills, I'm not asking you for born alive, I'm asking you to do it as right and understand that you're legalizing murder here. Okay, thank you.

REP. ABERCROMBIE (83RD): Thanks for your testimony. Justin Anderson followed by Karen Nemiah. Nemiah? I apologize. Hi. Sir you need to sit down and introduce yourself and you need to speak into the mic 'cause they can't hear you. Okay?

JUSTIN ANDERSON: Good day everybody. My name is Justin Anderson. I'm from East Adam and I was just saying that I'm not sure if I'm going to get cut off or not because although we're here for the finance portion of it, I think it's important to realize that there's a lot of people that think it's morally

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wrong when we talk about finances; you're asking people who think it's morally wrong to pay for something. So that's going to be part of the finance part.

But to make this quick and I'm just going to stick to my script right here. Ladies and gentleman, thank you for your time. I'm not a scientist so I will speak about only what I know. I have a 3-year-old daughter that was born with sacrococcygeal teratoma. It's called SCT, she had a tumor larger than her head when she was born just coming out of her tailbone. She was born early at seven months. But at seven months she was a living being who needed to life support, no breathing tubes, nothing. She was a healthy, live baby.

The next day she had this massive tumor removed. Like I said it was larger than her head and now I've got a beautiful daughter. Her name's Brook. My wife and I were told through the entire pregnancy that we should abort because it was very, very dangerous.

REP. ABERCROMBIE (83RD): Sir, can you talk to the merits of the Bill. This has nothing to do with the Bill that's before us, please.

JUSTIN ANDERSON: It has everything to do with the Bill. I mean -- how -- how -- let me ask you this. How do you ask probably half of the state because we're -- you know politically split about 50/50; how do you ask half of the state who think it's morally wrong, who think it's murder to pay for that murder?

REP. ABERCROMBIE (83RD): We're not here debating that. We're debating putting funding in Planned

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Parenthood. We're not talking about any of that.
So if you would --

JUSTIN ANDERSON: Okay.

REP. ABERCROMBIE (83RD): -- stick to the financial
portion we would greatly appreciate it.

JUSTIN ANDERSON: Well here's some other stuff that
I know, is Planned Parenthood is an international
organization, okay. The -- the reality is, I mean
they have a SuperPAC from Planned Parenthood, they
promise to spend \$45 million to remove Donald Trump
from office. So I mean this is a political group
and when we talk about finances --

REP. ABERCROMBIE (83RD): Sir, we're not here to
talk about politics, we're here to talk about the
merits --

REP. CASE (63RD): Madam Chair, excuse me. We've
heard stories before with those same words in it
from other people. I don't know what the difference
is. I mean we're hear to hear everything, but we've
heard it from everybody. That's all I'm saying.
We've heard it from everybody. I'm not on either
side, I'm here to listen but we've heard that from
both sides.

REP. ABERCROMBIE (83RD): I disagree with that.

JUSTIN ANDERSON: I kind of feel like you disagree
with my point and I'm kind of getting cut off with
it.

REP. ABERCROMBIE (83RD): And as the Chair, I
disagree.

JUSTIN ANDERSON: Well okay, so when we talk about
financing I mean, how is it not important that we're

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going to finance a group once again, finance them, we're going to finance a group that has an abundance of money, it's a worldwide organization, has really -- I mean the amount of funds they get is incredible. So the finance portion of it in a group that also is going to spend -- they have \$45 million to change our Presidency to fight against our President. That's a lot of money going out there. So if they've got \$45 million why are you asking Connecticut state taxpayers to pay over \$2 million when half the people in the state think this is murder? I mean that's -- I mean I don't get it. I wish I had more time. I think I was cut off a lot. But let me just close real, real quick because once again this is my daughter. We were told to abort her. I know that's more on the moral aspect but I've got to ask you, okay. Okay. I had a wife that was strong, okay. I had a wife that went through a lot. She had preeclampsia, she had an early birth. I mean she took -- I mean just what she did, okay not a lot of people could do what my wife has done, okay. So what if the child, okay, had a life-threatening tumor and it was too much for my wife; I have to ask this because if she went for that abortion then the question would have to be okay, who here would let somebody take a baby's life and then ask somebody to pay for it. Who would take my baby's life if my wife wasn't as strong as she was and then come back and sit here and say hey I want to take your tax dollars to pay because somebody took your baby's life.

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

JUSTIN ANDERSON: Thank God for my wife.

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REP. ABERCROMBIE (83RD): Karen, did we say Nemiah? Nemiah, I'm sorry. Followed by Katherine Krashcel. Where is it? Sorry, sometimes it's hard to read the writing on them, I apologize. Thank you for being here.

KAREN NEMIAH: Thank you for allowing me. Good afternoon, Representative Abercrombie, Representative Case and members of the Human Services Committee. My name is Karen Nemiah and I'm the Director of Marketing and Development for Fair Haven Community Healthcare in New Haven. I'm here today to speak in favor of SB 274, which provides funding for health facilities who have lost Title X funding. I'd also like to point out that this is a discussion about healthcare and not get mired down in the muck.

Nearly 50 years ago, Fair Haven Community Health Clinic was founded as a Family Planning Clinic. Since we've never wavered from our original mission providing great healthcare and including to those who want to responsibly manage their reproductive health. For literally decades we enjoyed a wonderful partnership with Planned Parenthood of Southern New England that allowed us to provide better health options for our patients.

Planned Parenthood funds directly through the Title X program and we were a subgrantee and were on average close to \$200,000 yearly to provide care to our patients. A 2017 arrived and a new administration assumed power in Washington and our funding was dramatically cut. We went from \$200,000 roughly to \$70,000 annually. Despite this significant cut in funding, we managed to continue to provide the same level of family planning

services which includes providing free contraceptives to all of our uninsured patients. In 2019 alone, we provided free of charge, both oral and injectable contraceptives and IUDs. The current administration then instituted the so-called Gag Rule. This prevents doctors and nurses from talking about abortions and prevents our providers at Fair Haven from discussing abortion as one of several options available to women who might be struggling with the unwanted -- with the news of an unwanted pregnancy. This was a game changer. We felt that this intrusion into the doctor patient relationship was unacceptable and was detrimental to patient care. So in the summer of 2019, we put our patients first before our funding and gave up our Title X funding.

Currently we have no funding to support our Family Planning efforts and so far we have not cut back on services but clearly this is not a sustainable plan this financial burden indefinitely. We are most appreciative of the funding provided through SB 274 but I need to emphasize that the funding we received in the last year, \$75,000 was a significant reduction over past decades. To continue to provide comprehensive family planning services to all of our thousands of patients of child bearing age we need to be funded at our former \$200,000 level.

In conclusion I'd like to remind you that healthier communities are stronger and cost taxpayers less. I urge you to adopt SB 274 and the amount of the funding reflects the amount that centers like ours was receiving prior to the current administration in Washington DC. For Fair Haven Community Health

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Care, that amount is roughly \$200,000. Thank you for your consideration.

REP. ABERCROMBIE (83RD): Thank you for your testimony and thank you for what you do. We appreciate it. Katherine? Oh no, yes, Katherine sorry. Followed by Robert Hale. Robert? He's here? Oh, okay. Good afternoon.

KATHERINE KRASCHEL: Good afternoon distinguished members of the Human Services Committee. My name is Katie Kraschel. I'm from Mystic. I'm a Connecticut licensed attorney and the clinical -- and a clinical lecturer of law at Yale Law School where I co-teach three productive justice project clinic. We serve as co-council in a lawsuit brought by the City of Baltimore challenging the Trump Administration's Title X rule, the rule that necessitates today's hearing. I am testifying in enthusiastic support of SB 274.

Others have testified why this funding is critical in order to ensure access to healthcare in the state. Some have none the less questioned why it's appropriate for the state to step in to provide funding that was previously provided by the federal government. In this instance HHS's promulgation of these rules was not merely inconvenient to the organizations that have long relied on this funding, but illegal in violations of provisions of Title X itself, the Administrative Procedure's Act, the Affordable Care Act and the First and Fifth Amendments to the US Constitution.

Unfortunately litigation to vacate the rule faces an uphill battle at this point and necessitates the state to step in when our federal government has

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failed us. For almost 50 years Title X has provided free or reduced-cost family planning care to needy patients across the country. The program has been governed by largely unchanged rules and has been one of the country's most successful public health programs. Title X gives the Secretary of HHS authority to promulgate grant-making regulations. In 1971 the department issued its first regulations implementing Title X. It required each program to provide medical services related to family planning including physicians consultation, examination, prescription, continuing supervision, laboratory examination, contraceptive supplies and necessary referral and other medical facilities when medically indicated. And it included provision for the effective usage of contraceptive devices and practices. These policies and interpretation have been used the -- for the program for virtually its entire history.

In June of 2018 HHS issued a proposed rule that would overhaul the long-standing Title X regimen and undermine its central purpose to provide quality care to patients across the country. That largely unchanged rule went into effect on the -- when the final rule was published. The rule gagged providers as others have testified from providing standard of care counseling to patients and creates unnecessary, confusing and burdensome separation requirements. Upon issuing the proposed rule, HHS received over 500,000 public comments opposing the proposed rule including extensive comments by key Title X providers and policy research organizations. Nearly 200 members of Congress and several states. The nation's leading non-partisan medical associations counting more than 90 percent of the nation's

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OB/GYNs among their members submitted comments opposing the changes contemplated by the proposed rules including the American Medical Association, American College of Obstetrics and Gynecologists and the American College of Physicians to name a few.

REP. ABERCROMBIE (83RD): Can you finish?

KATHERINE KRASCHEL: I'll conclude. Yep. Despite all of this feedback HHS flagrantly -- flagrantly violated the Administrative Procedures Act when it promulgated the final rules. It provided no explanation for its violation of long-standing practices to provide its explanation for why it disregarded the evidence of why these rules violate law and principals of bioethics and good medicine. So I ask that the Committee please support this Bill.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Questions? Seeing none, thank you very much. Have a great day. Robert Hale followed John Diggs, Driggs.

ROBERT HALE: Good afternoon Committee members. I'm attorney Robert -- attorney Robert Hale. I would like that Dr. John Diggs be allowed to take my time slot. I will stay to the end. I would like to speak, but Dr. Diggs has driven down from Belchertown, Massachusetts to lend his medical expertise to this discussion.

REP. ABERCROMBIE (83RD): But he's next, sir.

ROBERT HALE: He is?

REP. ABERCROMBIE (83RD): I mean -- oh yeah.

ROBERT HALE: Very well, thank you.

REP. ABERCROMBIE (83RD): Right John, John? Yeah, he's next, sir.

ROBERT HALE: Okay. Thank you. Attorney Robert Hale from Glastonbury, Connecticut. I've sat through most of the testimony. I would like to say that I oppose Senate Bill 274 and I would like to ask that I be allowed to speak without interruption and without having my time cut short as has happened to some other speakers here who oppose the Bill.

REP. ABERCROMBIE (83RD): If you keep on the message -- if the message is about the Bill, we will not interrupt you.

ROBERT HALE: The message is definitely about the Bill. And it -- I would like to observe that it's been said by others wiser than myself that he who -- he who controls the language or the terminology controls the discussion. Those who talk about this Bill in terms of healthcare or comprehensive healthcare or women's health or women's rights have been allowed to go on at great length and go way over their time limit. Those who call this Bill what it is, supporting abortion, supporting death, supporting murder of children have been cut off and I object to that as a taxpayer from the state of Connecticut. I think everyone should be heard. That is the principal of our democracy, whether you agree or not. Whether you are the Chairperson or not. I think everyone has a right to be heard in this -- in this state and that is our Constitutional right. Thank you for bearing with me.

For several years I have volunteered at the Pro Life -- and I do have written testimony that I have submitted. For several years I volunteered at the

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Pro Life at the Big E, the Eastern States Expedition in Springfield, Massachusetts. I have personally spoke with spouses, parents and grandparents of women who have had abortions, who have told me with painful and tearful expressions of their unspeakable sadness of learning that their own child or grandchild had been aborted and there was nothing

I have also spoken with several women who have had abortions who told me how they were either coerced or deceived into thinking they had no choice or not given informed consent because they were not given complete information into having an abortion and how they regretted doing it. The testimony of the woman who spoke earlier is not unique. I've spoken with too many. The amount of pain and suffering caused by abortion in our society is immeasurable. Most

of us don't see it because abortions are done in private. There was a lot of talk here about confidentiality and women and men whose lives have been affected by abortion mostly bear their inner pain in secret. Some have come forth to speak out but most bear it in secret. The pain is as real as the post-traumatic stress disorder suffered by survivors of a mass shooting or Veterans returning from war. May I have your attention? Thank you.

As a society we have refused to acknowledge what abortion really is. We have numbed ourselves to it or we have masked the pain with anger or partisanship. But whatever our political affiliation or loyalties may be we all are living with the poisonous fallout of abortion which is moral confusion and a general devaluation of human life. We have elevated abortion to a "right" instead of mourning our failure to provide caring

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support for expectant mothers and their poor temporarily unwanted children. And we are seeing the results of our collective callousness in school shootings, rising rates of drug abuse and suicides.

I will leave the rest to ask you to read my written testimony and to allow John Diggs to speak, Doctor John Diggs. Thank you.

REP. ABERCROMBIE (83RD): Questions? Seeing none, thank you for your testimony. Dr. Diggs followed by William O'Brien.

DR JOHN DIGGS: Good afternoon to the remaining members of the Health Services Committee. I come to testify against Bill 274, as a physician. My name is John Diggs. I live in Massachusetts. I'm an internal medicine physician. I have over 30 years of practice. I graduated from Haverford College and then University of Buffalo School of Biomedical Sciences.

The mission of a doctor is to alleviate suffering and preserve life. Unfortunately, legislative and the judicial bodies frequently make decisions that are bereft of some rather simple biological and medical facts. As recently as February 2020 the US Senate failed to pass a Bill acknowledging the humanity and life of a newborn baby. I want to make three main points, which are obvious but they're important. Healthcare is about health and caring. Number two, Planned Parenthood has profits. Connecticut is financially insolvent. Number three, abortion is a controversial issue, not because of the medical facts but because of willful ignorance. You hear it in the terminology that's used.

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So as regards healthcare, if something is healthy it should enhance, not damage health. Research done in Scandinavian, which is an all-encompassing socialized healthcare systems shows that who women who have abortions have higher rates of death as compared to women who have given birth. The causes of those premature deaths are primarily accidents, assault and suicide. Suicide is an obvious indicator or depression. But this is only one thread of evidence that abortion damages the health of the mother. Since healthcare is about care, it is wrong for a person to intentionally be killed in the course of being cared for. In abortion, the baby nearly always dies; the death is intentional. This is the opposite of care.

The financial issue, I don't need to discuss in any detail; others have done so, but let's deal with the controversy. The medical facts surrounding abortion are simple. Before the abortion, the mother walks in with a baby inside of her. After the abortion, the mother walks out. The baby is in a medical waste container. That is the reality. The controversy that envelopes abortion is not about what it does. The controversy is about how the act is framed. Hence the issue on funding. Given the controversy, it is unethical to demand that all citizens be involved in funding the act. On the other hand, abortion should not be controversial. Abortion is the intentional killing of a human being. In this modern age when women routinely send ultrasound photos and videos of their moving, unborn children to friends and family using their mobile phones, the fact that the fetus is human, alive, and has a destiny of its own can no longer be denied.

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Nevertheless, this biological reality somehow escapes activists who still shout "My body, my choice. My body, my choice." Such an anti-science and anti-reality chant should never be heard again. That the chant is still repeated, demonstrates either the chanters' disconnection from reality or an attempt to influence the audience to disconnect from another person's personal choice. I will be charitable and assume that the reason is the latter, rhetoric, and not full-blown insanity. In that case, that disconnect on the basis of bodily autonomy should also disconnect all other people from the financial impact of their decision.

So at this point we know we can treat children who are unborn. We know that we can find the baby's cells in the mother before the child is born. There's no question about its humanity. So in summary, Connecticut should not use public funds for private acts that are at the very least controversial and more likely morally repugnant to large portions of its citizenry. Until legislative and judicial bodies catch up with the known fact that human beings start at conception, I have a replacement chant: "My body, my wallet. My body, my wallet. My body, my wallet." Thank you. Any questions?

REP. ABERCROMBIE (83RD): [Laughing] Have a good day. William O'Brien followed by Melinda.

BILL O'BRIEN: Good afternoon, Madam Chairman and members of the Human Service Committee. I'm Bill O'Brien, Vice-President of Connecticut Right to Life to speak about SB 7 -- or 274. Governor Lamont, in his budget, has proposed giving over a million dollars to Planned Parenthood. Now, SB 274 would

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increase that figure by providing up to \$2.1 million to Planned Parenthood of Southern New England to make up for funds Planned Parenthood chose not to accept under Title X of the Public Health Services Act when PP refused to stop doing abortions or to separate its abortion business from its contraceptive business. PPSNE does not need the money.

Instead of the state providing Planned Parenthood with funds, it should be the other way around – Planned Parenthood should be giving funds to the state. Planned Parenthood has more funds than it knows what to do with. In 2017-18, the most recent figures it had an endowment of \$12.8 million and made over \$400,000 in investments or from its investments. It had a net operating surplus of \$10 million. The state already pays blood money to Planned Parenthood for killing unborn children by abortions. How many times do we have to pay Planned Parenthood to such children out of the womb or to painfully dismember living unborn human beings by pulling them apart limb-by-limb.

In 2018 Connecticut used State Medicaid funds HUSKY funds, to pay for -- almost 7,000 abortions, that is, Connecticut taxpayers funded 75 percent of all abortions committed that year in the state at a cost of \$4.2 million. Most of those funds went to Planned Parenthood. Why are 75 percent of abortions in Connecticut funded by Medicaid? Why are we killing the children of the poor? Why aide we killing high numbers of the babies of minorities, African Americans and Hispanics? Do you how that there should be 30 million African Americans in the country today, 30 million, but there are only 20

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million because 10 million unborn African Americans have been slaughtered by abortion. If the state actually has a couple million dollars to spare, how about putting those funds toward helping the poor to keep their unborn children rather than destroying it, put the money towards prenatal care and lowering the maternal mortality rate. Connecticut's maternal mortality rate was four times that of California and twice as high as in Massachusetts.

By the way the process of reporting complications from abortion in this state is a cruel joke. I obtained reports of abortion complications from the Department of Public Health a few years ago and could find little consistency in the incidents reported. Last year I again for updated reports, was told I can't have them because they no longer keep them. How can maternal mortality be lowered when we don't even know what complications abortion causes. Let's put funds toward keeping people alive, rather than giving funds to Planned Parenthood, which kills them. Vote no on SB 274. Thank you.

REP. ABERCROMBIE (83RD): Any questions? Have a good day. Melinda.

MELINDA PAULSEN: Hi, I'm Melinda Paulsen and I vote and I want the body to vote no to SB 274. I as a citizen of the United States and of Connecticut and a Catholic do not want to be paying taxes on abortion on Planned -- Planned Parenthood getting extra funding on aborting babies. The money -- our -- our state needs to watch how we spend our money and one thing that we could defer the money to are the homeless to help them find jobs, shelter, so I am done saying what I'm saying but I am saying what

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a lot of other people are saying, vote no on 274.
God bless you.

REP. ABERCROMBIE (83RD): Thank you, ma'am. Any questions? Thank you. Have a great day. Moving on to House Bill 5305, Kathy Flaherty.

KATHY FLAHERTY: Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project and also here on behalf of Keep the Promise Coalition. Just very quick testimony about two Bills. You have my written testimony. I just read HB 5305 and I was a little confused about Section 5 of the Bill because I wasn't sure why the Advisory Commission for the people who are deaf and hard of hearing wouldn't refer complaints to Disability Rights Connecticut, but I'm sure there's a reason.

So -- and then terms of the Bill of Rights for students in higher education who have autism, the only thing that I would ask is that in developing that Bill of Rights that you include actually autistic students on the development of that because they know better what they need and what they'd like to see in terms of the supports and services so that they can succeed in school.

REP. ABERCROMBIE (83RD): Great suggestion on the Autism Bill of Rights. On the other Bill which had to do with Disability Rights Connecticut for the Deaf Community, they had requested to not be the gatekeeper of these complaints. They felt that they did not have the expertise so what we did was last year in the budget we put funding in to go to -- then it was DOORs, now it's the Aging and Disabilities Committee so we put money in the budget

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and they're going to be the gatekeeper for the complaints.

KATHY FLAHERTY: That makes sense.

REP. ABERCROMBIE (83RD): So it was at their request.

KATHY FLAHERTY: Sounds good to me.

REP. ABERCROMBIE (83RD): Yeah.

KATHY FLAHERTY: I mean it's one of the things that happens when you just click on agendas and you click on Bills and you read them and you're trying to figure out what they mean.

REP. ABERCROMBIE (83RD): Yeah, not a problem. That's why we appreciate you being here. Thank you. Have a great day.

KATHY FLAHERTY: And I just want to put on the record my support for the repeal of the welfare lien. One of the stories that you're going to hear is a story of a very good friend of mine, so I encourage you to listen very carefully when you hear that testimony. Thanks.

REP. ABERCROMBIE (83RD): Thank you. And any other ideas you have on that Kath, please send me an email on it, how we can do it. Thank you. Moving on to House Bill 5310, Lori Stewart. Hi. I apologize. It was written up in the same text as the heading so I thought there was no name, so I thought there was no name so I apologize. Can you please proceed, ma'am.

LORI STEWART: Oh, no problem. I'm fairly easy going. [Laughing] Good afternoon Madam Chair, Vice Chair Case and Representative Michelle Cook and I

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was going to say distinguished members but I guess it's just the three of you at this time. I'm Lori Stewart, Legislative Liaison for the Connecticut Catholic Public Affairs Conference, the Public Policy Office of Connecticut's Catholic Bishops. And the Conference supports the intent of Bill 53 -- I have it as 5310 and I also have it as 5307 in concept and will follow its legislative process -- progress through this session. At the national level, the United States Conference of Catholic Bishops supports policies that protect human life and dignity, strengthen families,

encourage and reward work, preserve a safety net for the vulnerable, and build public/private partnerships to overcome poverty.

This morning I participated in a press conference on behalf of this Bill and heard compelling stories from two women who had utilized public assistance in their younger years, transitioned to employment, homeownership, and enthusiastic participants in the exercise of their citizenship, had checked all the boxes and had just passed a sign that said, enter middle class here. When the progress in their lives were derailed by the scarlet letters, WL, Welfare Lien etched onto their personhood essentially for life that they didn't even know they had carried.

In a culture where the arca tike of rags to riches is accompanied by expectation to pull one's self up by your boot straps, the peruvial boot straps and keep believing in the American dream, many individuals do continue to cling to hope for a better future, a brighter tomorrow, etc., even when these ideals seem more like a tag line or cliché than what's tangible. But imagine how devastating

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it is to work, earn and save to get your boots, first one and then the other, then you push a little harder to secure yourself a boot strap and then through further diligence and determination you ultimately acquire that other illicit boot strap. And just when you're poised to finally put that strap to boot, to finish the pulling process and stand, whoosh. Someone comes out of nowhere, snatches your boot, both boots and your straps, both straps, and your socks and the floor from under you and the rug as well.

Unfortunately all of us in this room are vulnerable to unforeseen potentially adverse circumstances. We're human. In any situation, a job loss, a divorce, unexpected health issues, death, etc. could catalyze a domino effect and thrust any individual in this room or family into situational poverty, which is usually temporary. But just as wealth begets wealth, situational poverty in the absence of proper intervention can beget generational poverty.

The passage of this Bill has the power to stop the potential inevitability of the cycle in its tracks. By treating services provided by the Department of Social Services as a grant rather than a collateral secured loan where one's personhood, not just immaterial assets as a collateral, post-welfare recipients will be given a fair chance at economic stability which should be a tangible American dream for all of this. Thank you.

REP. ABERCROMBIE (83RD): Very well said, thank you very much. Thank you for being here. Any questions or comments? Yes, oh.

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REP. COOK (65TH): I've been very quiet. Lori, as you were working diligently outside and I'm not saying that that's what you were working on but I'm just saying what you -- what you had just said, I wish everybody could hear.

LOR STEWART: Thank you.

REP. COOK (65TH): Your words were beautiful and well said but at the same time the reference of a phrase that we often use and you put some significant meaning to it and I just think that generationally the pull yourself up by your bootstraps kind of thing has kind of been lost by meaning and you kind of brought that home. So thank you. Thank you for everything you just said.

LORI STEWART: Thank you so much, Representative Cook. Thank you.

REP. ABERCROMBIE (83RD): Thank you very much for being here. We appreciate it. Have a great day.

LORI STEWART: Thank you very much, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you very much for being here, we appreciate it. Have a great day. Deb Polun, I'm so sorry. I would never pass over you, girl, never. [Laughing]

DEB POLUN: It's no worries and it's my pleasure to [crosstalk]. So for the record my name is Deb Polun and I'm the Executive Director of the Connecticut Association for Community Action or CACA. Work with the nine community action agencies across the state, which serve about 259,000 low and moderate income people every year including all of your constituents. And today I am providing our strong support for House Bill 5308, AN ACT REQUIRING THE

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DEPARTMENT OF SOCIAL SERVICES TO WORK WITH UNITED STATES DEPARTMENT OF AGRICULTURE TO EXPLORE CERTAIN SUPPLEMENTAL NUTRITION ASSISTANCE OPTIONS, and kudos for the length of the title of that Bill.

[Laughing] It's a long one.

I really love this Bill. It contains two innovative ideas that will basically just make it easier for people who are already on SNAP to access nutritious food. The first to allow SNAP and release to purchase groceries online, and I listened to the Commissioner's testimony on this earlier today. A lot of us purchase groceries online right now. This is a matter of convenience for -- for many people. And we know there are social determinates of health that impede access to accessing nutritious foods including living in a food desert, or sometimes we now call them food swamps. So for example, in the north end Hartford that's really a food swamp. You can get food. It's just not the kind of food that you really ought to be getting. So a food desert, a food swamp.

Having transportation issues that prevent you to getting to a grocery store or being homebound, or working multiple jobs and just not being able to find time in your day to get to a grocery store. That's the reason that a lot of people do their shopping online and have it delivered. This same option should be available to SNAP. Now we know the pilot program got started last year. New York state is using it right now. Washington state just got started and there are six other states in the pipeline and I would really like to see Connecticut be the next state in the pipeline once the federal government is ready to expand that program.

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The next piece of the Bill is to allow Connecticut to get into the restaurant meals program, and this program has actually existed for decades as an option for states and the SNAP program but there are not very many states that participate in the restaurant meals program right now. Currently Illinois and Maryland have passed state laws allowing that program and they're awaiting federal approval. One interesting piece that Illinois has done is that in addition to restaurants they're also trying to allow SNAP and Release to access hot, prepared food at grocery stores. So if you think about how convenient it is to go into a grocery store and spend \$5 on an already cooked rotisserie chicken and have dinner and then lunch the next day out of that chicken and maybe make a soup out of it too instead of having to buy the chicken and find a place to cook and time to cook it, this is really a matter of convenience for people who either don't have time or for people who don't have access to either store food or cooked food or have any other barriers to cooking their own food; to be able to get restaurants and potentially grocery stores to participate in this program would certainly benefit the people who need it the most.

Notably neither of these proposals expands eligibility for SNAP. They just make it easier for people to get the nutritious food they need. So I want to thank you for your consideration of these proposals.

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

REP. CASE (63RD): Thank you, Madam Chair. Not necessarily a question; well maybe it is. So doing

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a little research on it and the meals one I think Rhode Island has been the only one that's been successful so far and then we heard earlier today that it's just Subway in Rhode Island. I think it's 12 stores. It's been around for so long on the federal government side than it's been allowed but is the barrier that stores and restaurants don't want to take on the -- the -- I want to say software aspect of it or the aspect of adding something else that they have to look and to watch out for and that they have to report on.

DEB POLUN: I don't know actually. In my research I found that California actually has used the restaurant meals program, so that something that we should look into to make sure that what I found was accurate, because the Commissioner, I did hear her say that Rhode Island and only a couple other states are using it. My guess is that when this program was designed we were -- I know that we were still on the actual food stamps instead of the EBT card. Now things are a lot different you know. People use their EBT card. It looks just like a credit card or a debit card. So I imagine that the software situation is a little bit easier than collecting actual stamps and turning them back in.

REP. CASE (63RD): And you talk about Hartford and the food but Hartford also has one of the best farmer's markets.

DEB POLUN: It does. It has many good farmers markets and a lot of people don't realize this, but you can use your SNAP card at a farmer's market and often times get double your SNAP benefits at a farmers market.

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REP. CASE (63RD): Correct. 'Cause I think that's where the aspect of the -- the produce delivery you know, it's good food coming home to you. The Commissioner is just concerned on how she funds the staff to oversee it because obviously we have to trace where all these dollars go.

DEB POLUN: Understood.

REP. CASE (63RD): I get your point where you know getting access -- people access to the good food and I guess regulating it is where people are scared of.

DEB POLUN: Yeah, I totally understand that. And I think it would interesting to know what the fiscal note is on this.

REP. CASE (63RD): I'm curious what Subway knows that nobody else knows.

DEB POLUN: [Laughing] We should ask them, they're a Connecticut company. [Laughing] Maybe we could ask them to be the first to participate in this. You know the farmer's market that's an excellent point, but they are usually for only certain months of the year. They're usually only once a week during the middle of the workday so they are challenging for people to get to and make the most use out of them as they can.

REP. CASE (63RD): Well thank you for coming. I never thought I would have groceries delivered at home but I do now and it is a whole different -- [Laughing]

DEB POLUN: I've never actually done the grocery delivery but I know many people who do it. It's very convenient. Also as a little detail to this is you would not be able to use the SNAP benefits to

pay for the grocery delivery fee. It would only be for the groceries.

REP. ABERCROMBIE (83RD): Thank you. Nothing? Thank you so much, and again I apologize.

DEB POLUN: No, no worries.

REP. ABERCROMBIE (83RD): Sarah White.

SARAH WHITE: Members of the Committee, thank you for allowing me to testify today. My name is Sarah White. I am a staff attorney at the Connecticut Fair Housing Center. We're a non-profit civil rights organization whose mission is to ensure that all Connecticut residents have access to the housing of their choice. We work to eliminate housing discrimination and that provides free legal assistance to homeowners in foreclosure.

I am testifying today in support HB 5310, which would end Connecticut's antiquated practice of treating many forms of public assistance as debt. This Bill would put Connecticut in line with the 48 other states that have abolished so-called welfare liens leaving New York by itself, and connect the state's provision of public assistance to its goals of encouraging self-sufficiency, economic mobility, and homeownership.

And I've submitted written testimony that outlines some of the center's experiences with welfare liens and why we think they're bad policy. The impact to homeowners in foreclosure, how they prevent people from being able to accumulate equity so they have a cushion when they experience hardships and also that they exacerbate the racial wealth gap in our state. But I want to instead share today one of my client's

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stories. He drove up here from Pennsylvania, 6 hours to testify here today. Unfortunately he had to get back on the road but I want to make sure that the Committee hears his experience about what happened to him.

His name is Daniel Oquendo and he's a dad of four. He was a teen father. He had his first kid when he was 16 but he worked his way through college with some state assistance. He got medical, cash assistance, and food stamps and did end up getting a great job. So for the past 25 years he's worked in the human services field helping families in need who are in a similar to his. After years of saving, he was able to buy a house in Windham and was excited that his kids would get to grow up and he would also be able to have you know, equity, and have something to pass on to his family

But several years ago he ran into some difficult times and he was temporarily out of work. He fell behind on his mortgage and he ended up in foreclosure. But that's unfortunately went from bad to worse because he found out he had \$45,000 worth of DSS liens on his home from back when he was a teen father, a young father struggling to make his life better. He actually qualified for loan modification through his bank, which is the most common way people get out of foreclosure. The bank is essentially restricting the debt. But the bank told him it couldn't finalize his loan modification until the state agreed to subordinate or release the DSS lien. A subordination would be pretty much just maintaining the status quo in this situation, recording the mortgage again with the modification and then having the DSS lien be in second place

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\$45,000 I order for it to subordinate it, which is obviously money he didn't have. He begged the state to accept less and their best offer to him was what they described as a good faith payment of \$25,000, way more than he was behind on his mortgage and obviously money he didn't have or else he wouldn't be in foreclosure.

He ended staying in foreclosure for more than an addition year because of the situation. Only because my office got involved, something we're able to do for very few homeowners, I was able to work something out with the state. He still had to pay money just to get the state to subordinate the DSS lien --

REP. ABERCROMBIE (83RD): Can you summarize, please?

SARAH WHITE: He did get out of foreclosure but he's now in a situation where he has no equity in his home.

REP. ABERCROMBIE (83RD): [Laughing] Thank you, and thank you for sharing this story. Those are the real life experiences that we need to hear to understand the ramifications of this loss, so thank you for that. Representative Hughes

REP. HUGHES (135TH): Thank you, Madam Chair and thank you for your testimony. So how likely would it be that somebody in his shoes would contact your office and get that kind of help for restructuring or you know, push back?

SARAH WHITE: Right. I mean we do see a lot of homeowners in our state so there is a decent chance they would get help because the other thing is that for this situation Connecticut has such strong

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public policy to help homeowners in foreclosure and to really give them every opportunity to avoid it. But as you'll hear from some other folks -- someone else who is going to testify here today, even when we've been involved, even when they have been able to reach us we haven't always been able to work something out with DSS and people have lost their homes as a result of the policy; even though DSS got no money through that foreclosure.

REP. HUGHES (135TH): Wow, okay, thank you.

REP. ABERCROMBIE (83RD): Thank you very much for your testimony. Appreciate it. Evang, Evang -- E-V-A-N-G? Oh, I apologize, ma'am. So, hi, so what we have here is Evang Mary Loud Anderson Wood. Oh, I apologize, ma'am, I apologize.

EVANGELIST MARY LOU ANDERSON-WORD: Good afternoon everyone on the Committee. My name is Evangelist Mary Lou Anderson-Word. I am an advocate for my daughter, Constance Anderson, or Connie to her friends. I am stand before you today because of a law that needs to be changed by passing House Bill 5310. The welfare lien law keeps the truth from getting out about bad people and bad -- bad -- sorry, bad places of bad choices for care. This law keeps justice from being done. This law helps healthcare centers get away with murder, especially if a family is receiving or received benefits at one time from the state.

The state put judgment liens on property and on the lawsuit for malpractice. As a result, I cannot get justice for my daughter and for other patients. The welfare lien law has to be replaced with a law to hold and make these healthcare centers responsible

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for their actions. I have a legitimate case of malpractice against Hebrew Rehabilitation Center for the death of my daughter. This is what the attorneys told me. They also told me this healthcare center had hurt other patients. But because Connie owed money for her healthcare in the amount of \$300,000 and I owed for help I got 40 years ago as a young mother in the amount of \$30,000 they would not take her case. Because of this law, it seems like they are getting away with murder, again. This is why House Bill 5310 has to pass to change the law.

They allowed my daughter Connie to die by bleeding to death in the bathroom by herself. This is where they found her. She died because of lack of proper care. I just -- I want justice to be done, and we need to get this law changed. That Sunday morning when Connie's leg wound was bleeding real bad, if they had called the ambulance, if that had transported Connie to the hospital emergency room for a blood transfusion, she would be alive today. But they wouldn't do this because she did not have transportation coverage. [Crying]. I'm sorry. This is the only way healthcare centers will change--if they know they have to answer to the law. Let's change this by -- let's change this by passing House Bill 5310. [Applause]

REP. ABERCROMBIE (83RD): Ma'am, thank you for your testimony. Let me just say on behalf of our Committee, we're very sorry for your loss and thank you for sharing with us today. We appreciate it. Joshua. You got it. And if you got it, I've got it.

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JOSHUA SERRANO: Good afternoon to the Committee. Thank you for allowing me here to give a testimony today. Appreciate that. My name is Joshua Serrano, and I am an organizer with the Center for Leadership and Justice, co-chair of the housing team for the Greater Hartford Interfaith Alliance also known as GHIAA, and leader in the No More Slumlords Campaign.

The No More Slumlords Campaign rid Hartford of three negligent property owners, including the owners of a property by the name of Barbour Gardens Apartments in Hartford's North End neighborhood. Families at Barber Gardens received mobile Section 8 vouchers to move to safer, sanitary housing. Also in an attempt to help compensate residents for the trauma they endured living in the apartments that received a dismal 9 out of 100 points on official HUD inspection, lawyers worked with the residents to file a class action lawsuit.

However, merely days after filing the petitions, the Department of Social Services sent letters to residents who were/are welfare recipients informing them that DSS was enacting a lien against any settlement winnings. Anyone who receives benefits from Temporary Family Assistance also known as TFA, State Administered General Assistance Cash Assistance known as SAGA, and State Supplement Cash Assistance can expect Connecticut to recollect the funds in the form of a lien.

These are programs that provide assistance to families with children under 18, cash assistance to the aged, blind, or disables, and individuals who are unable to work for medical or other prescribed reasons. These are programs designed to help our most vulnerable individuals and families meet their

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basic needs while encouraging their maximum degree of independence. Yet, we have discovered that welfare liens lead to further economic insecurity and dependency on the system, the opposite of DSS goal. The truth is, Connecticut currently treats these benefits as a loan that leads to further indebtedness, instead of a helping hand out of poverty and into independence. We are one of only two states in the US, New York being the other, that still places liens on public assistance.

Connecticut, we must join with the other 30 states that have repealed welfare liens since 1973. Now, some of you may say that this is not the most opportune time, that our two year budget has already been passed. But when is the opportune time to do what is right? I'll tell you, that time is now. Remember, people critiqued the Civil Rights Movement as untimely, and yet, as Martin Luther King, Jr. reminded them: "Justice too long delayed is justice denied." The time is now to stop denying justice to our most vulnerable neighbors, the time is now to repeal welfare liens. The time is now. Thank you.

REP. ABERCROMBIE (83RD): Thank you, thank you for your testimony. Questions or comments? Seeing none, thank you Joshua. Appreciate it.

JOSHUA SERRANO: You guys have a good day. No problem. [Applause] Thank you.

REP. ABERCROMBIE (83RD): Shelly Stackhouse. Is Shelly here? Okay. How about Isee Greenfield. Did I say it right, ma'am? Oh, good.

ISEE GREENWOOD: Good afternoon. My name is Isee Greenwood. Members of the Human Services Committee, it's a pleasure to be before you today to share what

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I experienced. As of the result of this state's welfare lien policy many people's dreams and desires had to be funeralized, which still remain embedded under six feet of dirt of no return. It is imperative that this policy be cremated and I ask you to pass House Bill 5310.

I am one of those people that watched my dream house shattered into pieces. As the sheriff and the locksmith changed the locks on my door, I sat on my steps for the very last time with nonstop tears falling from my eyes. I was helpless. I thought I was a homeowner, but in reality I just was a home caretaker for the state. I was a first-time home buyer in 2005 and lost my beautiful home in 2018. I was experiencing a hardship and couldn't maintain the mortgage payment. The state mailed me a letter stipulating that they have a lien on my house and that I owed them over \$140,000 all from welfare benefits that I received when I was a single mother in the 80s. I was devastated of reading this news, but there was nothing I could do. I couldn't refinance because the welfare lien took all my equity. I couldn't get a loan modification because of the state lien. I couldn't sell and try to recover what I put into my house, so I lost it.

I became homeless and the City of New Haven auctioned off my belongings that I had accumulated over a 10-year period. And the state ended up getting nothing for its lien. I hope that the Committee will pass Bill 5310 and abolish welfare liens to prevent the ripples that flow down into a group of people that would never have an opportunity of stability of really owning anything. It's important to work out a better today and tomorrow of

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the new generation and present. I thank all of you for listening to my testimony. Thank you.

[Applause]

REP. ABERCROMBIE (83RD): Thank you, thank you for my testimony. Representative Hughes.

REP. HUGHES (135TH): So help me understand when you bought the house did -- was there any warning that this might be something that you know the state would come after you for at the time when you were -
-

ISEE GREENWOOD: I had no knowledge that there was a lien on my house.

REP. HUGHES (135TH): Right, right, okay. Or that -- that was a possibility; you had no knowledge of that.

ISEE GREENWOOD: No knowledge, no ma'am.

REP. HUGHES (135TH): So when were you notified, when did you first have knowledge that this was happening to you?

ISEE GREENWOOD: When my house went into foreclosure and then --

REP. HUGHES (135TH): Okay. And would you say that -- my understanding is during the crisis that there were federal programs that tried to courage people to suddenly get loans and to come into homeownership and I wonder if you feel like you and others were deliberately mislead in order to purchase, you know, in order to purchase your home and to go into homeownership.

ISEE GREENWOOD: Well I had Sarah, them to represent me and they were trying to assist me but nothing --

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REP. HUGHES (135TH): But that was after, right? So I'm wondering if you were also a victim of predatory lending.

ISEE GREENWOOD: Predatory lending?

REP. HUGHES (135TH): That's when they say, hey you can own your house and here's the terms and the deals and you know we can offer you this interest rate and that kind of thing.

REP. ABERCROMBIE (83RD): Representative? No, no.

REP. HUGHES (135TH): Okay. All right. Thanks.

REP. ABERCROMBIE (83RD): Thank you, ma'am, appreciate it. Daniel. Oh, thank you. Sorry about that. Reverend Johnson.

REVEREND A.J. JOHNSON: Waiting all day to talk to you. [Laughing] Went and got a haircut and everything to be here with you.

REP. ABERCROMBIE (83RD): I was just -- so I apologize, I was just explaining to the Representative 'cause she was asking about it being fraudulent. The lien isn't assessed until you have assets, right?

REVEREND A.J. JOHNSON: Absolutely.

REP. ABERCROMBIE (83RD): So if you don't have a house they can't --

REVEREND A.J. JOHNSON: There's nothing to lien, there's nothing to lien.

REP. ABERCROMBIE (83RD): So I was just explaining to her, so I apologize. I shouldn't have done it in front of the whole group, but you have my full attention, sir.

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REVEREND A.J. JOHNSON: Thank you, thank you. Testimony in support of Raised Bill 5310, AN ACT ELIMINATING STATE RECOVERY OF PUBLIC ASSISTANCE EXCEPT AS REQUIRED UNDER FEDERAL LAW. To the Honorable Marilyn Moore who isn't here, to Catherine F. Abercrombie and the Co-Chairs and distinguished members of the Human Service Committee, my name is Reverend A.J. Johnson. I'm the Senior Pastor of Urban Hope Refuge Church, and I'm an organization with the greater Hartford Interfaith Action Alliance.

I am here today to share the horrific effects welfare liens has put -- has on the people I pastor. Most of my congregants have had to be on the state -- on state assistance at one time or another. We work hard to help folks become self-sufficient but the biggest obstacle many of them have is the state of Connecticut at a time when they think they're actually getting ahead. We know that repealing welfare liens will leave a hole in the state budget and that hole is likely going to become the focus of debate around this terrible practice.

We urge you today to make the debate about -- to not -- we urge you today to make the debate about the hole that this practice leaves in the lives of so many families when tempted to think there is no way to make up the revenue that will be lost from doing the right thing, that you make a way out of no way. We ask today that you make a way out of no way. DSS and DAS will suggest that this is going to cost the state millions of dollars. The reality is the prosecution of these liens, the recovery of these liens and the poverty these liens push our residents into is far more costly to the state. The same

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department that offers cash assistance refuses to subordinate their mortgage lien with the resident is in foreclosure. Then it requires the state to provide long-term assistance to the family that is now homeless.

It doesn't make financial sense. We cannot just look at the cost of repeal. This will save money in the long term and it will save lives that should be enough to -- should be enough to force us to repeal this statutes this session. And since I have a couple more moments I want to say that these liens have come at the most wrong times in someone's life. We have worked with residents of Barber Gardens who have lived in the horrible conditions that not only federal government put them in, not only did the state put them in, but not only did the city of Hartford put them in; by the time we got to that project and helped those residents find a lawyer to do a class action lawsuit, what we found was when \$15,000 was supposed to be given to these residents the state came in and said, you owe us this much money for healthcare bills, for this for that. And these welfare liens come at the most wrong times.

I mean you heard this young lady's testimony on how these, this practice is just continual and it's just horrific. So I know that there's only a few of you here in this room but we ask that you all become champions of this in our state legislature because this is so important. It's so important I can't even speak about it right now, but it's that serious.

REP. ABERCROMBIE (83RD): And I think that you -- I think I an speak from most of us up here that we agree with you. But I'm going to be honest with

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you, the challenge is it's about \$18.3 million in the budget. That's a lot of money that we have to try and find and make up. So I just -- I want you to realize the reality of what's in front of us here. What I can say is, I really appreciate all of you coming up and talking about this. I think putting a face to an issue, and I'll just talk personally, is so important 'cause when we -- I also sit on Appropriations so when we start to look at where we put our dollars, I get to remember your faces. So I just want to say thank you so much for coming up here and testifying today.

REVEREND A.J. JOHNSON: And I appreciate you. And again \$18 million you know on the backs of poor people, I think that's an egregious -- egregious thing. You know I live in Hartford but there's great folks in Greenwich, there's great folks in Stamford, there's great folks all across this state that make enough money that we can find a way to tax. And that may be unfair to some but it's really, really unfair when I have to go into my church and preach the gospel to folks that when their loved one dies, everything that they -- all their inheritance is just taken in one swipe. And it's not like we're talking about million dollar houses on Scarborough Street in Westport. We're talking about houses in Blue -- on Blue Hills Ave. worth \$125,000 so thank you.

REP. ABERCROMBIE (83RD): Well done, well said. Sorry, like peanut butter by the end of the day. Thank you, sir. Appreciate it. Cori Mackey, Cori? Is she outside? Do you want to go get her? Oh, she's not here. All right, all right. So we do

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have one person that just signed up, Liz Frazier. Come on up, Liz.

LIZ FRASIER: Hello, I'll be brief today. That was extremely compelling and it segways into what I'm going to talk about today. And I did say this in front the Human Services Appropriate meeting as well. We're very concerned about the benefit cliffs, especially with the increase in minimum wage. And we believe at cause -- oh, and I'm Liz Frazier from the Connecticut Association for Human Services. Sorry about that. We believe that it was the right thing to do that we have to somehow start building, fixing the inequities in our system, the wealth inequities, the pay inequities. However we need to make sure that we keep people whole as well. We've been doing some calculations and we find that Medicaid A is probably the first cliff that will be -- that families -- moms and dads will fall off of.

We want to try and make sure that -- we know that the cliffs are difficult to fix. It's going to take a long time and I think what was being spoken of earlier fits into that. That is the cliff. We're allowing people to get to a certain point and then it all gets pulled away and we keep people poor. And we need to start thinking about that if we're going to fix the inequities in our state. That helps our whole state to rise up, it helps our whole economy, not just certain people, you know. So I think we need to look at it that way.

But we're concerned right now with Medicaid A. While there's work being done, and I think there's another Bill coming out, to look at the cliffs and figure things out. At least we need to try and do something in the meantime to help those moms and dad

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that need insurance, to keep them on insurance. There's benefits to the children. They find that children go to the doctor more often when their parents are insured. They find that hospitals don't have as many costs for the emergency room that they are liable for because there's -- they're not insured moms and dads that are going in, and it's just healthier for the whole family.

My testimony has a lot of charts and graphs. I'm happy to at some point when you have time, talk to anybody about them and about the need for that. But I -- I just wanted to make sure I got here today so I could at least do public testimony.

REP. ABERCROMBIE (83RD): Thank you, Liz and thank you for what you do. So just so you're informed. We have been talking with DSS about what's going to happen with the \$15 minimum wage. They have not seen at this point, because it's only been a dollar increment, anybody being taken off. You're right, it's going to be the HUSKY A adults that are going to be impacted about this so on MAPOC especially we've been talking about this because the reality is, right, people shouldn't have to choose between keeping benefits, right, or getting a little increase in their pay to be able to pay for other things, right. So we are aware of it, we are working on the issue.

LIZ FRASIER: I appreciate that.

REP. ABERCROMBIE (83RD): So I just want you to know that it's not falling on death ears.

LIZ FRASIER: I really appreciate that. We did know that the \$11 an hour --

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REP. ABERCROMBIE (83RD): [Crosstalk] I'm sorry. I've got a sinus headache so I'm like, my head's pounding so I apologize. I meant deaf ears.

LIZ FRASIER: It didn't sound like death. [Laughing] We're all dying right now. But yes, we did look at that and we realized, I think it gets complicated and the charts will show you that -- when you have one or two incomes together sometimes they pile up together. We knew that last year, that's why we didn't start last year, it wouldn't be as bad. We feel that in September when this starts going up again, that's when if -- it might hit. So that's what we're just warning about, and we're happy that you're looking into it. So thank you all. We appreciate it.

REP. ABERCROMBIE (83RD): No, thank you. Questions? No? Thank you. Thanks for being here.

LIZ FRASIER: Thank you.

REP. ABERCROMBIE (83RD): So that concludes everyone that has signed up for this public hearing. Is there anyone that did not sign up who would like to testify at this time? Yes, sir, come on up. For the record just please announce who you are and if you by chance know the Bill number that you're testifying on, that would be helpful.

BRIAN FESTA: No, I didn't see the light so I didn't think it was. Hi, I am attorney Brian Festa. I am testifying with regard to Senate Bill 274, AN ACT CONCERNING FUNDING FOR PLANNED PARENTHOOD AND OTHER FAMILY PLANNING CLINICS. I am testifying in opposition to this Bill. This is coming at a time when -- well, regardless of my personal stance on Planned Parenthood or abortion, I'm not here to even

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talk about those issues. I'm really here to just talk about our fiscal health in Connecticut and I do not think that we are in a position to be giving dollars to -- to be -- funneling dollars to Planned Parenthood at time where we have had, especially in recent years some very serious budget problems in the state of Connecticut. I just think that it's fiscally irresponsible.

There was an opportunity for the clinics to continue to receive federal funding. They chose not to because even though they claim that abortion is a very small part of what they do and -- and they're more about healthcare and providing other services than abortion, it was so important that they were willing to reject that federal funding. So they had the opportunity and they still have the opportunity to restore that federal funding. I don't think it should be the state's responsibility to step in and you know funnel money there, especially when this is taxpayer's money. There are many taxpayers in the state that don't want their tax dollars going.

I don't know exactly how the money, and maybe you can answer that question for me, exactly how the money would be distributed, how it would be channeled to Planned Parenthood from what fund and what sources. But I'm assuming these are taxpayer dollars at the end of the day since the general fund, most things come through the general fund. So I just personally feel that it's not the right time for this and that's why I'm speaking out in opposition. That's really all I have to say.

REP. ABERCROMBIE (83RD): Thank you, thank you for your testimony. Can you spell your last name, sir?

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BRIAN FESTA: So my last name is Festa, it's F as in Frank, E, S as in Sam, T as in Tom, A.

REP. ABERCROMBIE (83RD): Great. Any questions? No? Thank you so much for coming in and testifying. Is there anyone else? Yes, come on up, ma'am. That's okay. Just, when you get closer to the mic just say your name for the record, please.

ANDRIENA BALDWIN: Andriena Baldwin.

REP. ABERCROMBIE (83RD): A-N-D-R

ANDRIENA BALDWIN: I-E-N-A. Last name Baldwin.

REP. ABERCROMBIE (83RD): Thank you, please proceed.

ANDRIENA BALDWIN: About 10 years ago my then husband and son moved back to Connecticut from Louisiana and unable to find fulltime employment we relied on state health insurance to cover the asthma medications and all that that my son needed. After a seven year marriage of mental, physical and emotional abuse I ended up getting a divorce and I still relied on HUSKY insurance after having a second child.

A year ago I -- well a couple of years later I met someone, we then got engaged and we ended up purchasing a home in Hartford. I was not aware of the liens that the state put place on the home that we bought, however, together we have five children total who are now in their first home ever. And about four months after I moved into the house that's when the liens were brought to my attention and so ever since then I've been living in fear of you know hitting hardship or falling behind on my mortgage and the state being able to take the home away from us and our five children. So I just -- I

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know the stories of the people who it has happened to and I just hope that you guys think really, truly think hard about what it does to the families when you snatch homes -- well with the state snatches home away due to the help that was needed for families were in hardships in the beginning. So I just ask that you guys think about that when it comes to SB 5 -- 5310.

REP. ABERCROMBIE (83RD): Thank you, well done. Off the cuff you did a great job. Thank you, thank you for being here and thank you for sharing your story and we wish you much success. Anyone else that did not sign up that would like to testify? Seeing none, I will close this public hearing for the Human Services Committee and I thank everybody for being here.