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CHAIRPERSON: Representative Jonathan
Steinberg

SENATORS: Abrams, Anwar, Lesser,
Somers

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

SENATOR ABRAMS (13TH): (AUDIO STARTS HERE) Because we have a hearty agenda and we're gonna have to take a recess at some point because our -- both the House and the Senate will be going into session. So, we also have some incredible young people here today to testify and we're gonna give them some leeway to do that as soon as we possibly can. I was disappointed to hear that many of them have had to pay for parking. So, for no other reason, we need to get them out of the building and maybe they can even make it to some of their afternoon classes, is what I'm hoping as a former educator.

So, with that, is there any comments from my co-chair? Representative Petit, anything you'd like to say? Thank you. Then we will begin our public hearing. We'll start with Commissioner Miriam Delphin-Rittmon, the commissioner of the Department of Mental Health and Addicted Services. Welcome, Commissioner. Thank you for being here.

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COMMISSIONER DELPHIN-RITTMAN: Hi. Good morning, Senator Abrams and good morning, Representative Steinberg and distinguished members of the Public Health Committee. I'm Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services. Thank you for the opportunity to provide testimony on Senate Bill 141.

As you know, DMHAS is a large health care agency composed of two hospitals and seven facilities that provide community-based services. In FY 2019, DMHAS served over 15,000 individuals, unduplicated, with behavioral health disorders at these hospital and facilities. Many of the individuals have complex needs and participate in multiple levels of care. S.B. 141 is a first step in a process to allow DMHAS to implement an agency-wide electronic health record that would support holistic and efficient care. Currently, the statutory interpretation has been that DMHAS facilities are separate entities. As separate entities, each facility would be required to purchase its own EHR. Individual EHRs do not allow for real-time information sharing including, but not limited to, diagnostic information, medication trials, allergies and other important health information.

A single EHR will streamline functions including prescriptions, by immediately electronically placing orders for prescriptions and securely -- and securing medical records with multiple providers across DMHAS' health care facilities. Complete documentation can be completed at the point of service, which can also improve coding and billing. The language recognizes all DMHAS facilities essentially as a single entity, which would help us with sharing health information within our system

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and allow us to have a single EHR as opposed to multiple EHRs, which, as we've had discussion, is quite costly. So I'm happy to answer any questions at this time and happy to share out testimony on this bill.

SENATOR ABRAMS (13TH): Thank you. Any questions or comments from the committee? Representative.

REP. STEINBERG (136TH): Thank you, Commissioner, for being here today. We're as eager as you are to see this system put in place. Obviously, there's some upfront costs. But are you telling us that over time we will see, perhaps, a reduction in your overall expenses related to maintaining these systems?

COMMISSIONER DELPHIN-RITTMAN: So currently we don't have an electronic medical record. We have separate databases where we house different information. Ultimately, to be recognized as one health care entity, which this -- that's what we're suggesting with this bill, it help to set up that infrastructure for us to then be able to, down the line, purchase an EHR and be recognized as a single entity. So, it would be cost savings because we'll only need one EHR as opposed to multiple EHRs, and it will help to save time in terms of providers not needing to fax health information to different facilities. And so it certainly is a timesaver as well, which essentially would translate to saving resources.

REP. STEINBERG (136TH): That sounds good. And obviously it might have an impact on quality as well with better accuracy in documentation.

COMMISSIONER DELPHIN-RITTMAN: Absolutely.

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REP. STEINBERG (136TH): Well, we look forward to that. Thank you, Commissioner.

COMMISSIONER DELPHIN-RITTMAN: You're welcome.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Commissioner.

COMMISSIONER DELPHIN-RITTMAN: You're welcome.

REP. PETIT (22ND): This will be sort of wide and a little bit vague and it basically has to do with confidentiality in terms of if you could apprise us of any discussions that have gone on when you're connecting multiple groups, multiple facilities with different plans that try to have a seamless transition, but ensure that they people's data is safe. Could you let us know what the discussion or philosophy has been in that regards?

COMMISSIONER DELPHIN-RITTMAN: Yeah. And so there are options in terms of what we can put in place within the EHR related to that as well. So, certainly we would want people to be able to give their consent to their health information being sent or viewed. So, we could put things in place, controls in place internally, where a person is still saying yes, you know, they're okay with their information being shared. The difference is now that we can -- we'd be able to share it through the electronic medical record as opposed to having to print out copies, having to fax it, hoping another person is at the other end to receive the fax and get the information. And so there's -- it's just clunky to go through that process, to use a medical term there, "clunky." But this would essentially be an important efficiency, I think, that would improve the quality of care.

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REP. PETIT (22ND): I would agree. And I guess I wondered if you or the department has an opinion on -- and this may be getting into the minutia, but especially for mental health and substance abuse issues, whether you -- the agency would favor an opt-in or opt-out type of system where someone has to either actively opt-in for sharing or can opt-out. And the second part of that would be whether they'd be able to segregate their data, saying, you know what, sending information on X and Y, but Z, I wouldn't like you to share given these mental health issues.

COMMISSIONER DELPHIN-RITTMAN: Yeah. You know, we're open to all of that. I mean, I think a key philosophy that we have is that people need to be able to be at the central of their health care process and decision making, and I think that includes decision making around what information of theirs is shared. And so, as part of this, my thinking is that it would be part of what we would put in place to have individuals be able to decide what they're okay with being shared or not. And so that would be -- that could be part of what we set up, you know, once we get the EHR.

As you know, at the current time we're still trying to find an EHR that works for us, that's fiscally reasonable, that has an appropriate behavioral health module and that will allow us to have some of the options that we're looking for, you know, things like MyChart, people being able to view their information, perhaps, from a fall, and if we can figure out a way to do that in a secure way. But that's all really down the line, but certainly these would be parts of things that -- or some of the discussions we would have. This bill is largely

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focused on having us be viewed as one health care entity so that we could purchase one single EHR as opposed to technically nine, based on how we're currently structured.

REP. PETIT (22ND): Yeah, thank you for that. And I just -- I think those are -- you know, when you're getting down to the important issues, to ask in terms of opt-in, opt-out and what's shareable, if a record can be segregated or whether once you allow access into a certain part of the record, then people have complete access across the spectrum. And I'm not pretending to be an IT expert in this regard, but it's certainly an issue that many constituents bring up to me often in regard to mental health and psychiatric issues. So, thank you for your response. Thank you, Madam Chair.

COMMISSIONER DELPHIN-RITTMAN: Mm-hmm. Yeah.

SENATOR ABRAMS (13TH): Do we have any other questions or comments from the committee? Seeing none. Thank you very much, Commissioner, for your testimony.

COMMISSIONER DELPHIN-RITTMAN: You're welcome. Thank you.

SENATOR ABRAMS (13TH): For those of you who came in after I announced it, we're gonna move ahead to S.B. 140 and allow the young people that are here today to testify, and so that they can move on with their day and also not pay too much for public parking. So -- unfortunately. So, we'll start with Amy Barratt and Charlotte Hallisey. And when you come up, please state your names because I may not say them correctly, and where you are from. Okay. And you are welcome to bring up any chairs you need to

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bring up. It's perfectly fine. It's nice to see you both here. Thank you very much.

MS. HALLISEY: Good morning. My name is Charlotte Hallisey.

MS. BARRAT: And my name is Amy Barrat. And we are here to testify in support of S.B. 140.

SENATOR ABRAMS (13TH): Charlotte -- I'm sorry. Can you just state where you're from as well, thank you?

MS. HALLISEY: I'm from Greenwich, Connecticut, and I'm a senior at Greenwich High School.

MS. BARRAT: And I'm also from Greenwich, Connecticut, and a senior at Greenwich High School. We're two high school students spearheading legislation addressing a critical issue related to educational equity and access - period poverty. Period poverty is defined as a lack of access and/or ability to afford menstrual hygiene products and the associated cultural stigma, institutionalizing generational, gender-based discrimination and reinforcing harmful gender stereotypes.

In the United States, one in five girls have left school early or missed school entirely due to lack of access to menstrual hygiene products.

MS. HALLISEY: In the 21st century, schools have an obligation to serve all students equitably. Every student deserves the reassurance that their school restrooms are outfitted with the necessities to accommodate their biological needs. Yet, for roughly half of the United States student population, there's a glaring exception to this commitment - menstrual hygiene products. Providing these projects in school bathrooms to address a

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fundamental biological process is no different than providing soap and toilet paper. Throughout this process, it is very important to think about how you would never think to discuss the budget for toilet paper or any other product required for a natural bodily function. This is a human right and should not be looked at as a financial issue.

MS. BARRAT: When our efforts began we launched a petition to gather support and now we have over 1,200 signatures from supporters across Connecticut. This past June, Charlotte and I presented to our district's board of education, resulting in the successful adoption of an ordinance requiring that menstrual hygiene products be provided at no cost to students in our town's public, middle and high school bathrooms, demonstrating their support of the effort to end period poverty. It is critical that these products are supplied in all districts, including those which are perceived to be affluent, as there are many students from low-income families that live in these communities. For example, in Greenwich, twenty percent of students are from low-income families. We should not penalize low-income students just because they live in wealthy communities.

We believe that students in every community deserve the right to access these products as a basic human right.

MS. HALLISEY: After the successful adoption of the ordinance in our town, we began advocating at the state level, first meeting with Senator Bergstein and subsequently Senate Abrams. Since that time, we have created a student coalition comprised of students in every county across the state who

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support the bill, some of whom are here today, vocalizing their support, as well as partnered with many organizations who work nationally on issues involving gender equity and a quality of opportunity. But now we need your support.

It is time for Connecticut to continue to demonstrate its commitment to educational excellence and opportunity for all its students, joining New York, California, Illinois and New Hampshire in passing similar legislation. Educational equity is essential to socioeconomic advancement. Gender-based discrimination harms us all. Please help show our nation that Connecticut recognizes this essential truth. Gender-based rights are human rights. Together, we can help end period poverty and achieve gender equality. Thank you all for your time and consideration.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Representative Borer, followed by Representative Zupkus.

REP. BORER (115): Hi ladies.

MS. BARRETT AND MS. HALLISEY: Hello. Hi.

REP. BORER (115): Do you mind if I ask how old you are?

MS. HALLISEY: I'm seventeen.

MS. BARRAT: And I'm eighteen.

REP. BORER (115): Eighteen and seventeen. Your first time to the Capitol advocating for something?

MS. HALLISEY: No, we've been here a lot actually. We came first in the summer.

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REP. BORER (115): We're in and out, so --

MS. HALLISEY: For this issue, though.

MS. BARRAT: Yes.

REP. BORER (115): For this issue. Okay. Well, I just want to tell you what a great job you've done and really impressive that you come up for something that you believe in and for such an important issue. So, thank you for your testimony and it's something that I'll be supporting.

MS. BARRAT and MS. HALLISEY: Thank you. Thank you.

SENATOR ABRAMS (13TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Madam Chair. Thank you, girls, for coming up. I think it's great that you come up and with your passion and what you're interested in. I do have a question. So, I think it was wonderful how you went to your board of ed, you said. Do they -- are they paying for it, the board of ed?

MS. HALLISEY: Yeah. Yes.

REP. ZUPKUS (89TH): Okay. Because I think that's wonderful. So, I have to be honest. I haven't looked at this bill, but I hope in the bill that it does say for the board of eds, because I talked to my board of ed about it and they would possibly consider it, because there's so many mandates on them and, you know, they have to pay for everything. But I would be -- I'm hoping that this would be on a local level in working with the boards of eds and let them to decide that they want to pay for it or not. But thank you for coming up and doing what you do.

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SENATOR ABRAMS (13TH): Any other questions or comments? Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. And thank you both very much because you've come for a long way. So, I really appreciate it. But I was listening, but I was talking at the same time. You said, I think, at the beginning of your testimony, one in five women. Did you say leave school or -- I can't recall what you said.

MS. BARRAT: So, it's one in five girls have left school early or missed school entirely due to lack of access to feminine hygiene products.

REP. BETTS (78TH): Okay. And can you tell me the source of that information or where you got that from?

MS. BARRAT: I don't have it right now, but I can get it to you after this.

REP. BETTS (78TH): Yeah, if you could get --

MS. HALLISEY: It's also -- sorry. It's also a very established statistic and, like, it's published on Period Movement. It's published in a lot of articles, like CNN and a lot of other news sources. And we can get you a lot of sources from that statistic.

REP. BETTS (78TH): You don't have to get it for me, but if you give it to the clerk that would be helpful and they'll distribute to all the committee members. Thank you so much.

SENATOR ABRAMS (13TH): Any other questions or comments? We have some other young people who want to come up and testify as well. I will ask you both -- thank you so much for your advocacy. It's been a

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pleasure meeting you both and getting to work with you. Oh, I'm sorry, Representative Klarides-Detria.

REP. KLARIDES-DITRIA (105TH): I'm sorry. I was -- my hand, I was just not -- I'm very sorry. Thank you, ladies, for your testimony. This is maybe a question for the chairs. Is -- I heard -- is this bill also in education?

SENATOR ABRAMS (13TH): A similar bill was passed out of Children's.

REP. KLARIDES-DITRIA (105TH): Out of Children's.

SENATOR ABRAMS (13TH): I think is what you might be thinking of.

REP. KLARIDES-DITRIA (105TH): Yes. Okay. So that was -- I just didn't know that we needed it in both committees. But thank you for that answer. Thank you ladies. You did a great job and maybe this is the beginning of a beautiful political career for both of you. Have a great day.

SENATOR ABRAMS (13TH): So, I just wanted to say, is there anything you wanted to speak to, about two things, one, about funding, because I think that was brought up, and the other question about why this might -- why you would prefer to bring this to the state as opposed to keep it on a local issue.

MS. BARRAT: So, in regards to the first question about why we -- funding, sorry. So we think it's really important to think about how you wouldn't talk about funding for schools for toilet paper or for paper towels or tissues or anything that students need for a natural bodily process. So, that's something that we keep trying to reinforce just because no schools discuss their budget for

these types of things and we see pads and tampons, menstrual hygiene products, as the exact same. They are required for natural bodily functions. They are not something like perfume that you choose to wear. They're something you need; therefore we shouldn't be focusing as much on the financial aspects because it is a human right.

MS. HALLISEY: And just to add off that. I think Senator Anwar said something really interesting yesterday about if you're gonna put them in the half the bathrooms, why don't you put toilet paper in half the bathrooms. And it's just not a solution that makes sense at all. And on your point on why we want it to be a state bill and not a local solution, because the districts that it may be the hardest to financially support, and we are looking to get outside funding to help them initially, is a lot of the students are low income. And that's where a lot of the students' period poverty is up, is probably the most prevalent. And so, that's where it's even more critical to get them to pass it. Because if you do it on a local level and the affluent communities, where the school districts can pass it, then you're helping the kids that may be only -- a majority of them are already able to do it. And so if you do it on a local level, the districts where the financials are a lot more tight and the budgets are more tight, then they're not gonna pass it and those kids who need it the most are not gonna get it.

SENATOR ABRAMS (13TH): When you say you're exploring other funding sources, could you talk about that a minute, please?

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MS. HALLISEY: Yeah. We applied for a grant for Partnership for Connecticut, and I think Senator Bergstein talked a little bit about that in the press conference as well. And while we haven't heard back from them yet, we're really hoping that they do respond to us and it does work out. And we're definitely gonna look for others and just as an initial seed funding to really help, but we want to make sure that it goes in the budget so that it's something that is a sustainable change and not just a one-time thing.

SENATOR ABRAMS (13TH): Is there a reason that you picked that funding source?

MS. HALLISEY: I think that it was just the mission behind them and they talked a lot about helping kids, especially from low-income communities. And it's really related to education, which is something that period poverty directly correlates with, and so it was a really good funding source, especially because they're working now towards education. And I think that there are different funding sources and we definitely want to look into all opportunities, but we want to make sure that this is a sustainable change, so we want to fund it in the beginning. But we want to make sure that this is something that happens over and over every year and not just something that happens until we graduate high school.

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

REP. ZUPKUS (89TH): Thank you. Thank you for asking those questions, Madam Chair, and expounding on it. I love that you went to other sources. I think that that's great. And those, if the grant --

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hopefully, it will go through. That would go to the schools that don't have the resources. And how would you decide -- I mean, I don't know how much money you asked for. It could \$100,000 dollars or \$10,000 dollars. But how is that distributed to -- how do you know what schools to give it to? And also, how do you see -- how is this process monitored? Do you put them just in all the female bathrooms or are they given out through a school nurse? How is that handled?

MS. BARRAT: So, to the second question with the school nurse. I think a lot of schools, at least ours I can say, has pad and tampons right now in the nurse's office; however, we see that there is, like, a huge issue with this, because you go the nurse's office when there's something wrong with you or you're seeking medical assistance, and menstruation is not that. Menstruation is not something that you need to seek medical assistance for. Therefore, by putting them in the nurse's office, where nurse's offices we're sending a message to the young menstruators that menstruation is an illness. So, I think by having them in the bathrooms we eliminate that stigma that we have created for so long. And it's really essential that we do that because by putting it in the bathroom it's saying that, you know, it's okay and you don't need to seek medical assistance for your natural bodily function.

MS. HALLISEY: And to add off that, it's not a sensible solution to have it in the nurse's office. Even if you do it have it in the nurse's office, free of charge, which is relatively uncommon, and Miriam also talked about how her school makes you pay for them. And I know many girls across Connecticut who don't even have them in the nurse's

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office. But it's not realistic, especially during passing time or missing school and classes to go out to your teacher, ask to go to the nurse, get a product, go to the bathroom. There's just not that much time for us and especially in passing time, a lot of schools are big and it's hard to get from one end to the other and you're missing valuable education opportunities that way as well. So, it's really fundamental to have them in bathrooms.

MS. BARRAT: I also think -- when you asked about the placement of them in the bathrooms, I think it's also very important that you place them in gender-neutral bathrooms as well, because I think a lot of times we forget that menstruators are not always women. And when women menstruate -- so, yeah. A woman menstruates but not all menstruators are women. So, I think that we need to also look into putting them in gender-neutral bathrooms to make sure that all of the bases are covered.

MS. HALLISEY: And -- sorry. On the other question, about how we would decide what schools would get the funding. I think that we would definitely look through the budgets and who would need it most and based on the low-income students and who is most needing of the products. Obviously all counties, like we said, are needing of the products because it's important to realize that there are many low-income students in affluent communities. But for the outside funding, it would definitely be based on the budget and on the students at large.

REP. ZUPKUS (89TH): Thank you. Thank you for those answers. I ask because I get grants as well for other things and it's very hard to decide who gets it. That's a problem. Or a challenge, I should

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say. And also I've been on the end where you are in a ladies room and you go and there's nothing in the container or whatever it is, dispenser. So, I see that as a challenge also. Thank you, though, ladies.

SENATOR ABRAMS (13TH): Thank you. Senator Somers.

SENATOR SOMERS (18TH): Yes. Good morning and thank you for being here. I want to applaud you on your testimony. You're doing a great job and thank you for your advocacy. I do have a question. At what age -- are you gonna plan on having these available in the middle school also or -- and some elementary schools that may run to sixth grade? What's the demarcation line? And have you seen the results of this being passed in another state and can you share with us what they are?

MS. BARRAT: So, we would like for the menstrual hygiene products to be provided in middle school and high school bathrooms just because those are the age groups that are most likely to be affected by period poverty and the age groups where -- that have the most number of students that are menstruating.

MS. HALLISEY: Additionally -- oh, we think middle and high schools would make the most sense. Obviously, the elementary schools would be great. But just for funding purposes, I think that that is most important to have where the financials would go. And then in other states, so we've -- there's a lot of other states who have passed this because, obviously, it's a solution that makes sense and it's a big issue. And so there's definitely been statistics of reports like in -- for example, in New York, it went up -- I believe a couple of months after they passed it, attendance went up two percent

from ninety to ninety-two percent point -- like, point something in between there. But there's definitely been -- while you can't always say that this is completely attributed to having these products in the bathrooms, they have seen in multiple states of attendance increases and so -- and a lot of times schools get their funding based on attendance. And so that's really important too and I think that it shows that kids are in school more when you have this, and that is really affecting the lives of many menstruators.

MS. BARRAT: Also, the states, as we mentioned earlier, that have passed comparable legislation are New York, California, Illinois and New Hampshire. And then major cities such as Boston and many districts such as Greenwich across the United States are also working to do a similar thing.

MS. HALLISEY: And there are many in the works as well. Connecticut is not the only one who has, like, legislation up on the table.

Senator SOMERS (18TH): Yes, I was wondering if you could point to statistics that have been generated based on the people that are able to menstruate, if their attendance has increased, if it's that complete data or it's just attendance has increased overall in those states.

MS. HALLISEY: I think that a lot of those statistics aren't always published and they're also really hard to get because you need to see who's menstruating and I think that -- we looked through a lot of statistics and we looked at White House press releases over the matter and just to a lot of sources, and I think they're hard to tell the exact statistics. But when you look at the statistics of

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people who are out of school, then you can see really how much this would affect them. And we'll definitely look further into how this affected directly and more facts on how the process and the solution has worked.

SENATOR SOMERS (18TH): Great. Because for those who may not be inclined to support this, I think that would be a great thing to have to be able to correlate it. So, but again, thank you for your testimony. You guys have done an amazing job and I hope your school is watching you today to be, you know, impressed by your advocacy. I do have one more question for the chair. Is this gonna be -- if this passes out of committee, would this be a direct referral to Education?

SENATOR ABRAMS (13TH): I don't know that it would have to be. So, that will be up to the leadership to determine if it gets referred.

SENATOR SOMERS (18TH): I will say I do think that it would be important that Education weigh in on this because it will affect them. You know, regardless of what this body does, I think it'd be important that Education have an opportunity to weigh in.

SENATOR ABRAMS (13TH): Thank you very much. Any other questions? Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Again, Amy, Charlotte, thank you for being here and thank you for your advocacy and your testimony. I mentioned this yesterday and I think it's worth repeating this on a frequent basis. And I see some of the other people who have testified at this and written form. They're talking about calling this a

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mandate. This was a mandate given to us by the higher powers. This is not a mandate given to the state. This is a physiologic need. If we actually as a state cannot take care of the physiologic need and we have prism that the physiologic needs are only for boys, we have a problem. So, what you are doing is actually truly important work because what we have done as a society is we have actually made policies around some of these aspects. We have not looked at the needs of young girls, young women.

And what you're saying is that if there is a right to have toilet paper in a toilet, why don't we have the right for the other needs of the -- women have. And that's the conversation. And when people are going to make that kind of an argument, then we should say that, well, let's start to have a conversation about the amount of toilet papers that are going to be in the rooms, the restrooms, because this is the physiologic need. And I think we have to wake up and it's about time. And as I said yesterday, that it amazes that we are having this conversation in 2020 and we are actually -- many of the people that are having this conversation and looking at it from the prism of dollars and cents. Just amazing.

And I said this yesterday and I'm gonna say it again, I will be looking at the -- when people are going to be speaking about the cost issue at other committees as well and maybe in the municipalities, it would be good to understand and look at the people to see that they are putting a dollar value to a physiologic need, a human need of individuals. And then by doing that, you're saying that some people are more important than the others. And that should unacceptable to us as a society. Thank you.

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MS. BARRAT: Thank you. And as Senator Slap said yesterday, if men menstruated we wouldn't be having this conversation. The products would already be in the bathrooms. So, I think it's important to also look at it from that standpoint. This is a human rights issue and I think it would definitely be a step in the right direction.

SENATOR ABRAMS (13TH): Thank you very much. Any other questions or comments? Representative Arnone.

REP. ARNONE (58TH): Yeah. I can agree with you more, Senator Anwar. And mandates -- we hate mandates. We hate to do mandates, but sometimes they are the right thing, and this is the right thing. Thank you for coming up and enlightening us on this.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments from the committee? You know, I thank you both. I've told you many times that, as a woman of my age, to be educated on something that I accepted that's so fundamentally wrong has been a wonderful experience. Because I do not want other young women to grow up thinking that this is their problem, theirs to take care of. I want them to accept the fact that this is just another biological function and we treat it as such. So, thank you both for being here and for mentoring me and inspiring me through this. I appreciate it.

MS. BARRAT AND MS. HALLISEY: Thank you. Thanks so much.

SENATOR ABRAMS (13TH): Next group up of students, and please, again, say your name and where you're from. I have Miriam Khan and Lizabeth Bamgboye. Oh, thank you both for being here.

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MS. BAMGBOYE: Thank you. My name is Lizabeth Bamgboye and I live in Hamden, Connecticut.

MS. KHAN: My name is Miriam Khan. I also live in Hamden, Connecticut.

SENATOR ABRAMS (13TH): Lizabeth, if you can just turn on your microphone. You press the button down there. Thank you very much.

MS. BAMGBOYE: As mentioned before, my name is Lizabeth Bamgboye and I serve as a member of the Connecticut Period Team, connected to the broader national Period Movement. Last fall, we rallied against period poverty and period stigma. We were driven by not only our own experiences, but a passion for social justice and equity. I am here today seeking to help carry that momentum into important legislative change. I stand with the students beside me and menstruators across Connecticut in firm support of S.B. 140.

In 2016, Connecticut made great gains against period poverty by making them exempt -- period products exempt from taxes. Still, students across our state continue to struggle to access products that help keep them clean and safe. The passage of this bill will not only remedy this need, but help esteem and validate students across Connecticut. As a student, I have grown up under the negative stigma that menstruation is dirty and taboo. If we choose to hold on to these sentiments, both consciously and unconsciously, we ignore those who do not have the privilege of accessing period products whenever it is convenient. I witnessed the manifestations of this in my own life and the lives of those around me.

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When menstruating students are forced to use unsanitary materials like socks in lieu of hygiene products, we have a problem. When those same students seek out products in their schools and are turned away when they're asked to pay, we have a problem. Period poverty is real, no matter how much one may try to deny it. And it only targets women, but our state's disadvantaged. These narratives are not often prioritized and heard because periods are regarded as so taboo. But period poverty will continue so long as we ignore these stories and are slow to act. With this bill, we will be making it clear that the State of Connecticut supports the right to have an education uninhibited for the simple cause of hygiene.

We are supporting young women and all menstruators. The passage of this bill will help fight against this stigma by affirming these students. The time is now and we implore you to help continue the momentum from the removal of the period tax and make feminine hygiene products accessible for Connecticut students. Thank you.

MS. KHAN: So good morning everyone. My name is Miriam Khan and I'm a seventeen-year-old activist from Hamden High School. And a little bit about me. I am obsessed with talking about periods, and no, I am not talking about the grammatical device. I'm talking about the bloody cycle that nearly half population undergoes. It's quite an interesting and taboo topic I know. This six-letter phenomenon, however, is quite uncomfortable for menstruators and non-menstruators alike. Why? Because they're messy. Periods are gross, they're dirty, they're bloody and unpleasant. But what does this rhetoric

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and lack of conversation surrounding periods actually look like?

It's a mother choosing between food and tampons. It's a homeless woman using cardboard and receipts to control her flow. It's a student deciding to stay home from school because her pad won't last a school day. Period poverty; the inability to afford menstrual products, is muting some of our communities' most marginalized voices. It's our job as leaders and organizers to break the silence, to fight for our fellow menstruators. It's why I worked through my role as a Hamden Board of Education student representative to get rid of the twenty-five-cent fee put on products at my school. It's why I started Period Heroes, an initiative where teachers can put hearts on their doors to tell students they have products and that they care. It's why I took on the role as state leader of Connecticut's period movement and led our state's first ever period rally back in October of last year.

Our entire team stands here today still organizing drives and events, pickups and drop-offs of over 4,000 period products, because they are ready to fight period poverty. I come to you all today with the same request. We are fighting every single day. We spend hours on calls, organizing, trying to maximize our impact. But here is the thing. We're sixteen, seventeen and eighteen years old. We're still students. In fact, we missed school to be here today. This is not something we should have to fight for. We should never have to fight for a right. You all -- it's your -- it's the job of you all as legislators and public servants to take this on. You all have the ability to amplify the voices

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of menstruators, to listen to the requests of students, and to validate the experiences of many.

I urge you all to vote for this bill because one should never have to decide between paying for food or supplies. No student should have to decide between school or periods and no menstruator should have to decide between their body or humanity. Thank you.

SENATOR ABRAMS (13TH): Thank you both for that powerful testimony. Are there any questions or comments? I think you heard a lot of what we asked before and I commend you for all of the initiatives you've taken in trying to address this challenge. And I'm wondering why that doesn't feel like enough? Why do we need legislation?

MS. KHAN: I think it's important. You know, it's great to see that students are rising. Students are getting more involved in activism and doing things within community. But I think seeing it in the law, first of all, means you're going to address a lot more people, so it's not gonna be within our own school communities, right, a few hundred, few thousand students maybe. It gonna be the entire State of Connecticut. And secondly, putting it into law means, first of all, we're normalizing it. We're having that conversation.

We're not having that conversation now just with our peers and our educators. We're having it with our legislators. We're having it with the people at the top of the state. And I think that goes ahead and it allows menstruators and students in Connecticut to feel heard, you know, it's telling a lot of our menstruators and our most vulnerable students and populations that they are heard, they are validated

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that you all are listening and you all are going to do everything in your power to make sure they don't ever have to miss out on having a pad or a tampon.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much. Wow. Very, very powerful and amazing. And I just wanted to thank you for being here and thank you for taking time off of school to be here, to educate us, and then your advocacy because this is far more important because there's a lot more work to be done. And I'm glad you guys are here and, Miriam, it's great to finally meet you. We've been talking on email and in conversations, but great job. Thank you.

SENATOR ABRAMS (13TH): Thank you both very much.

MS. KHAN: Thank you.

SENATOR ABRAMS (13TH): Next we have up Samantha, Farah and Justin. Again, please introduce yourself and where you're from. Thank you.

MS. BELL: Hi. My name's Samantha Bartlett. I'm from Westbrook, Connecticut.

MR. ESMER: My name is Justin Esmer.

MS. BELL: You gotta press the button. There you go.

MR. ESMER: My name is Justin Esmer and I'm from Hamden High School in Connecticut.

MS. BELL: Can we begin?

[Off microphone - please.]

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MS. BELL: Okay. Thank you. All right. So, we're doing this a little differently. You've heard formal testimonies, but I personally thrive in creative writing, so this is gonna be a little different. I just thought I'd let you know.

Careful not to generate too much noise and disrupt class, I fumble through my bag, looking for a tampon. I know I have one here somewhere, I mutter under my breath. The wresting of my books and various pens begin to pick up in volume. I need one, but I don't have one. I pick up my head and survey the room, trying to catch someone's eye. My close friend looks over at me and I make some indistinct hand gestures while mouthing the word; tampon? She doesn't understand me. I have to wait until the teacher allows us to go off individually.

Waiting for what feels like an eternity, I can feel the stress creeping up my spine. The cartilage between my vertebrates seems to crinkle and crack. My back begins to tense up and soon I'm not even certain if it's stress or cramps. I should've never worn light wash jeans today. I think to myself, this is all my fault. I should've been more prepared. We break off and before I stand, I'm certain to cross my legs and check to see if I've leaked. Luckily enough, I haven't yet. I cautiously stand up and worm my way through the babbling students around me, over to my friend. Do you have a tampon? Her face squishes up into a contorted, perplexed expression. My heart sinks. She doesn't know.

For a moment longer she thinks to herself, mentally shuffling through her bag and imagining the items she might possess. For a moment, she perks up. She

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whispers to me, does it have to be a tampon? No, no, anything, please. I just need something. Her body deflates as she looks up from her bag after a few moments. I'm sorry, I don't have anything. Defeated, I still can't allow this to go -- to get out of hand. I ask to go to the bathroom. With each step I take, I can feel myself getting closer to leaking. Will I make it? I slam the stall door closed behind me and hastily sit down, unbuttoning my jeans and pulling down my underwear. I've already started leaking. Taking some toilet paper, I do my best to clean myself and afterwards I fold some up, creating a makeshift pad that'll hold me over until I get home.

This is a story that every woman in this room has more than likely lived through. Some of us are lucky enough to say that we've only had to fold toilet paper to make a pad once or twice in our lives, others of us more than that. And what's more, there's some who have to do this every day, implementing things that are rarely adequate. Offering free period products in schools ensures that perspective students in Connecticut schools don't have to worry about whether or not they were prepared enough for their periods. It allows them to focus on their education during school, as it always should've been. Thank you.

MR. ESMER: Hello. My name is Justin Esmer and I'm a student activist from Hamden High School, working with the Period CT Team. Watching students waiting for pads and tampons at the nurse's office, this growing topic becomes a bit more questionable and controversial as we continue to fight for the right of those struggling and living in period poverty every day. How ridiculous is it that students are

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required to pay a fee for necessities such as menstrual products in addition to having to deal with the negative stigma attached to it. Our role as a community is to understand and accept these topics exist as well as working towards a solution together.

My passionate team and I have been working with local doctor's offices, restaurants and pharmacies over the past few months to run period collection drives all over the state. We've done a phenomenal job acquiring over 4,000 products so far thanks to the generosity of these stores and the people who visit them. We have put a lot of time and energy into this work and will continue to strengthen our endeavors to end period poverty. This isn't about women's rights. As a matter of fact, it's about human rights.

Both men and women, menstruators and non-menstruators, should care. We cannot keep on driving inequality into the faces of our people. That is inhumane. Ending period poverty is bigger than Connecticut and in the United States. There are middle school girls having to leave school or drop out in third world countries because of not being able to afford products. If we resolve this rule in Connecticut, it is only a step closer to curing this ugly plaque of discrimination as well as international period poverty. Connecticut is helping lead a movement that others in the world can also follow to help make a change.

It is often rare to find a male advocating for topics like menstruation. I sometimes receive the occasional joke or laugh because of the work I do. But all I know is that in the end it comes down to

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one thing. I support the advancement of human rights and the abolishment of product fees in schools. Are you, the chairman and chairwoman of the committee willing to? Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. I really appreciate it. Are there any questions or comments from the committee? Seeing none. Thank you so much. Appreciate your time.

MS. BELL: Thank you.

SENATOR ABRAMS (13TH): Next up we have Samantha Lajoie. And bring up, Samantha, anybody who you want. I know you have a group here as well. And just introduce yourselves and say where you're from, please. Welcome. Yep, hit the button.

MS. LAJOIE: Hi. My name is Samantha Lajoie and I'm from Ledyard, Connecticut. And I'm here to entreat you all to vote in favor of the Senate Bill 140. And as a current high school student, a female student, I, as most other know, that menstruation can spring surprises on you at any time, and most importantly and inconveniently, when you aren't prepared for it.

So, menstruation is typically taught to young girls as something that needs to be hidden and kept a secret, but is it really fair for some young girls, like, as young as twelve or thirteen, to feel ashamed of their natural biology? And societal norms tell young girls to hide their periods and keep them under control, but it's very hard for some who can't afford the pads or the tampons that they need. And it's not right for a girl to have to be subjected to sitting in her own blood in class

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because she doesn't have the proper supplies with her or supplied to her.

Menstruation, especially when lacking the proper materials can be a burden. And I'm speaking from experience on that one. But it's been studied that when a female lacks a tampon or other form of menstruation device, she'll resort to using some sort of cloth or wad of toilet paper, which can harm the vagina or lead to infections. And middle school and high school students, they don't need to be subjected to the public humiliation of walking down the hallway at school, unprotected, to the nurse's office, hoping that nobody else is in there so that way she can explain her circumstances in privacy, and the nurse may or may not even have some adequate supplies because, quite frankly, the nurse's supplies aren't good quality.

And additionally, some females can't afford an adequate amount of pads and tampons for their children. So what are those girls supposed to use that won't harm the genitalia? And let me tell you, pads and tampons are not cheap. The woman spends an average of \$10 dollars for twenty pads or twenty tampons, and those will only really get you through one period if you change it as directed and you have, like, a five-day flow. And nonetheless, if a family is struggling to get food on the table, they're obviously gonna pick food over tampons any day. And I know all of you would purchase food instead of tampons.

And it's morally wrong for us to watch young girls struggle with the possible embarrassment and humiliation of being unprepared for a period when a

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bill is sitting before us waiting to be passed to prevent this from happening.

MS. ROSE: My name is Devaigh Rose. I'm also a high school student from Ledyard, Connecticut. I encourage you to vote in favor of the S.B. 140. We spend, as high school students, six-plus hours a day, five days a week in school, and that's a lot of time and a fair amount of that time is spent on our periods. Until the age of eighteen, most periods are not regular. And without a regular period, it can be impossible to predict when your period is going to start, meaning it's very difficult to be properly prepared. Even if you carry pads on you, you may run out. And students all the time ask friends or teachers for products.

There's a great deal of embarrassment associated with it, especially if you do leak or if you have to go to the nurse. It's just embarrassing and nobody wants to do that. And in my school, at least, it takes three minutes and fifty seconds to get from class to the nurse's office and back again. And that is -- that was timed well after school, so there were no students, and that is not counting the time it would take to apply a product and to have that conversation with the nurse and have that conversation with your teacher. And that is four minutes, nearly, out of school and class time that people are missing. That is nearly 766 words that could've been read in that time, which is a page and a half of pretty small text.

Students could be learning, but instead they're using their time to get products. Why should this -- in all honesty, it comes down to funding at that

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point. Why should funding be more important than the student's education?

SENATOR ABRAMS (13TH): Thank you both very much for your testimony. Really appreciate your time being here today. Are there any questions or comments from the committee? Okay. Thank you very much ladies.

MS. ROSE AND MS. LAJOIE: Thank you. Thank you.

SENATOR ABRAMS (13TH): Next, Akia Callum.

SENATOR SOMERS (18TH): Excuse me, Madam Chair. I have a question. Are we gonna be going to legislators, like we normally do, to let them talk and then rotate or have we made a decision to do something else?

SENATOR ABRAMS (13TH): Oh, I think that you might not have been here when I made the announcement.

SENATOR SOMERS (18TH): I probably wasn't. Yeah.

SENATOR ABRAMS (13TH): We're gonna let the students go so that they can get back. Some of them are paying for public parking. So, we wanted them to be able to go and then we'll go back to our normal rotation. Thank you.

SENATOR SOMERS (18TH): Okay. Thank you.

SENATOR ABRAMS (13TH): Welcome.

MS. CALLUM: Good morning. My name is Akia S. Callum, a resident of New Haven and the proud president of the Connecticut State Conference, NAACP, Youth and Cause Division, with eleven units and over 500 active members across the small but mighty State of Connecticut. I also serve as the

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chair of National Initiatives for NAACP, National Youth Works Committee.

Period poverty affects everyone. This is an intersectional movement shedding light disparities within communities. It is a global and local health issue affecting boys, girls and nonconformists around the world. Students of color are disproportionately affected. In fact, Representative Kelly, sponsoring the Pink Tax Bill in Ohio, estimates that the average woman will spend on average \$11,000 dollars in their lifetime on tampons alone.

Periods make human life possible, and yet, still today, in 2020, basic menstrual hygiene is thought of as a luxury. In the last year, one in four women struggled to afford period products due to a lack of income. And one in five women either missed or was late to school/work because they did not have access to period products. Further, the first major citywide study on period poverty in the United States found that forty-six percent of low-income students in St. Louis, Missouri, had to choose between meals and period products. When people lack access to period products, they are forced to turn to unhygienic methods of maintaining their periods, often using toilet paper, socks, brown paper grocery bags and even cardboard.

Access to clean, healthy and hygienic menstrual products is not only about general equity and equality, basic human rights and moving towards true equal opportunity. This is for people who are told to respect their bodies when they struggle to afford menstrual products to take care of themselves on a monthly or on a regular basis. This is for students

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who panic when they have an accident and don't have twenty-five cents to pay the nurse for a pad or tampon. This is for young girls who have to miss school because of lack of access to period products. It's for women who are in prisons who have to beg guards for basic hygiene products. This is for me. This is for you. This is for your grandmother, your mother, your aunt, your sister, your brother, our community.

Menstrual inequality is a real issue and we are people too. This fight is for all of us and we must take action now. Unlike most poverty-related issues, this one is solvable. I urge you to support S.B. 140, the Period Bill that was introduced by Senator Bergstein, to create menstrual equity for students in Connecticut. I'm excited to be a part of this -- a part of these movement builders and shakers such as Farah and Miriam, Liz and the Period CT Team, Amy and Charlotte from the Period Movement, and of course Senator Bergstein and that's a period. Thank you. [Applause]

SENATOR ABRAMS (13TH): Oh, we don't allow that. Sorry, you guys. Any questions or comments from the committee? Thank you so much for your powerful testimony. Really appreciate it. Were there any other young people here that had signed up who didn't get a chance to talk? I think everyone has. Thank you for the indulgence of the committee to let them go. Thank you all for being here. I would hope that you all get out of here and get back to school where you belong. So, thank you so much. Next up we have Representative Laura Devlin. Thank you, Representative.

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REP. DEVLIN (134TH): Good morning. Thank you. It's tough following that group of pretty impressive young people. We are a proud state to have them all here. So good morning, co-chairs Abrams, Steinberg, ranking members Somers and Petit, and distinguished members of the committee. Thank you for raising House Bill 5180 - AN ACT CONCERNING THE PROVISION OF CATERED FOOD AND BEVERAGES IN FUNERAL HOMES. I know there are varied opinions on this topic among both funeral directors and also among the public.

But my interest in speaking to you today is in hopes that you will consider changing language related to clarify existing law related to the ability of grieving families to be able to bring food into funeral homes during waking hours. Today, the language is very ambiguous and there are some funeral directors who will turn away and allow families to bring something in, and others that hold firm to what they believe is the law. And it is very much a gray area, and let me give you a personal example of why I think this is so important.

So, last month, I lost my brother in-law. And my sister and her sons went to the funeral home on the day of his wake and they arrived around noon to do the, you know, final check to have a personal -- or a private family viewing, which then led to a public wake, which went until after 9 p.m. That's an extraordinarily long time, particularly for people who are grieving. And while there is a private room that is generally afforded to families in a funeral home, if you follow the strict letter of the law, all that can be offered to you is water out of a cooler, which in this case they had access to paper Dixie cups where they could get a small drink of

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water from a cooler, or you could be supplied with bottled water.

I will tell you I'm from -- originally from Illinois and there it was common practice that a family, a grieving family; we're not talking catering to everyone who comes into a wake, but can bring sandwiches or cookies or something so that in the course of a receiving line, they could rotate and take a break and have some sustenance before going back to the line.

So, what I'm asking you for today is to consider to please provide that clarity and enable families to be able to bring something into a wake, into a funeral home during that period to sustain themselves during a very difficult time. So, thank you and I'm happy to answer any questions.

SENATOR ABRAMS (13TH): Thank you, Representative. Are there any questions or comments? Oh, Rep --

REP. STEINBERG (136TH): Thank you, Representative, for being here. If you wouldn't mind, if you have any specific language that you think would address the issue, it would be great if you could send that.

REP. DEVLIN (134TH): I would be happy to do that. Thank you.

REP. STEINBERG (136TH): Thank you.

REP. ABRAMS (13TH): Representative McCarty.

REP. MCCARTY (38TH): Thank you, Madam Chair. And just quickly, welcome to Public Health.

REP. DEVLIN (134TH): Thank you very much.

REP. MCCARTY (38TH): And just for clarification, because I'm still going through it all. Would you

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be asking just for the funeral home to have a designated area so the family members or people could bring in the food and you wouldn't be asking the funeral home to prepare the food?

REP. DEVLIN (134TH): So, no, not at all to ask the funeral home to prepare food. And generally, families are provided a private room, right, where they can leave their bag. They can leave their, you know, coat. They can -- they could take a break and get a cup of water from the dispenser. But -- so that they could bring in, you know, a tray of sandwiches or they could bring in a plate of cookies so that as, you know, hours into a wake, family members could rotate in to take a short break and have something to eat. But no, it's not at all to request funeral home directors prepare food, nor am I asking to cater for everybody visiting a wake. Just to provide some sustenance for families.

REP. MCCARTY (38TH): Thank you for that clarification. Thank you.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you, Representative Devlin, for your testimony. One question. You had mentioned that this is just for families to bring food in. So, this would not allow a funeral home to, say, to open up a little; I don't want to say kiosk, but a little refreshment stand or something for people to buy food from them in the funeral home?

REP. DEVLIN (134TH): I don't think -- well, I hate to speak for funeral directors. I don't know that

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that's something that they would necessarily be interested in. You know, where I grew up -- and it came to mind because we had many people visiting from Illinois for this occasion, and it reminded me that you can't have anything in here? It's more about, you know, being able to bring in cold sandwiches. You're not generally bringing in hot foods or anything like that. But I don't know that funeral directors would be interested in having paid kiosks for prepared food.

REP. KLARIDES-DITRIA (105TH): Right. All right. Thank you very much. I think that sounds like a great idea.

REP. DEVLIN (134TH): Thank you.

REP. KLARIDES-DITRIA (105TH): Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments from the committee? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. I think -- to that issue, I think what we heard in leadership was that the ask was not so much for the funeral homes to provide it, per se, but to allow catered food to be brought in from the outside that was prepared within the guidelines of the local public health district and you're asking for an additional -- if the family, per se, can bring in smaller amounts of food just for personal consumption for the group. So, it would be in addition to allowing catered food, which I think was really the initial ask from the funeral home.

REP. DEVLIN (134TH): Right. And, you know, I -- whether or not families would want to cater food or if funeral directors would want to offer that as

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part of their service. Today, a family that is gonna be spending over nine hours in a period of tremendous grieving can't have access to even, you know, a tray of muffins or cookies or a tray of wraps or something that they could just, you know, take a break. So, I hope that helps clarify.

SENATOR ABRAMS (13TH): Thank you, Representative Petit. That was my understanding as well, when we move forward with this bill that it would be catered food so that there would be some public health oversight as to what was being brought in. So, just to be clear, that's what we had initially thought. Representative Cook.

REP. COOK (65TH): Thank you, Madam Chairman. And I am from Missouri, so I understand exactly what we're talking about here. But I -- so, I have a couple of funeral homes in my town that have spoken kind of in opposition because of the fear to become -- if you will, now they're responsible for a whole host of other things other than the things that they're truly being hired to do. This requires more clean-up for them. This requires -- you fill in the blank of all the things that we could come up with to have a problem with. So my question would be, in your vision, would it be a "you must allow" or "you may allow," like -- you know the difference in our shalls and our mays here, so.

REP. DEVLIN (134TH): Yeah. And I think a may would be fair. And today, some funeral directors will look the other way as families will bring in something to hold them over during that incredible, you know, time. And they're not spending huge times in this room anyway because they feel bad about leaving the receiving line to begin with. And the

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notion - you know, in my community I know that there are funeral directors who are very eager to be able to have opportunities to cater and some that don't at all. And I understand public health concerns, but I guess where we come from, you know, if you're bringing a tray of sandwiches somewhere that, you know, you've prepared. That's not a real issue. But I know this is new for our state. So, may would be fine and then it would be up to a funeral director to say yes, you may have something, or no you won't. And usually we would clean up after ourselves.

REP. COOK (65TH): So, yes, usually we would. Do we -- to the point of a catered versus non-catered food products, though, are we -- are we envisioning or expecting that a funeral home partner with a specific catering company and that that's the only place that food come in from? Or say, you know, Johnny needed, you know, a Happy Meal from McDonald's and that would suffice and they wouldn't get in trouble for that food being brought in. Because that goes to both spectrums depending on the situations that we're talking about.

REP. DEVLIN (134TH): So, I would think -- would hope that -- I'm sure a funeral home may contract with certain people to do events. Right? But is Uber Eats considered that, you know, catered food? But the other thing is, you know, in those situations, where it's just for the family, and particularly during a wake. We're not talking about after a service where then maybe, you know, generally you would go to a restaurant or to a country club or whatever, and you don't want smelly food. You don't want -- you don't want it to be noticeable. It's

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just something for the families to be able to partake in during that wake.

REP. COOK (65TH): So, I've been down that road so I understand it completely. And when I moved here, I was, like, really? But I do understand some of the concerns about the funeral home directors that are really feeling that they don't want to be a part of or to be forced to do something that they choose not to. So, I wanted to ensure that whatever we choose to do and however we move forward that they do have the option. Regardless of whether I agree or disagree with that choice, I do think that they need to have that option.

REP. DEVLIN (134TH): And I think this bill that you're looking at is absolutely addressing a broader issue. But as suggested by the chair, I would be happy to provide some suggested language to the existing legislation and -- for your consideration.

SENATOR ABRAMS (13TH): Representative Arnone.

REP. ARNONE (58TH): So, I've had some conversation myself in my town with some family-owned funeral homes and one here today that wants to testify. They're eager for this catered food. So, we have to go down the path of public health also and how this is gonna be done right. And one comment was made to me that it has to be done correctly. Bringing food in and out of any facility from, you know, home, may be a local health issue and that's why I think the intent of the bill is to catered end, where this can be provided as a service to families even after, especially after the wake, because now more and more families aren't -- are doing everything in-house now at the funeral homes.

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So, this is very important for them to stay with the trends of today. And I think we need to kind of stay narrowly on this catered food end for a public health issue. Although, I totally agree that parents - -families need something, spending the whole day there, and it's not right that they don't. So that needs to be cleared up and hopefully we can find some middle ground on this bill to provide both, that other states have already done. So, I'll save the rest of it for when we have more testimony. But I truly believe the families do need some kind of a, you know, sufficient snacks, so to speak, when they go through this process.

REP. DEVLIN (134TH): And to your point, Representative, even if the language was a may language and it was a funeral director's either option to provide or to charge the families for, whichever, a brought-in plate of something, you know, great. And what that may offer, because there are -- I know there are funeral homes that maybe don't have the facilities to be able to expand to some of the -- in some of the ways that others would like to. Maybe this would give them something that they could, without worrying about crossing the letter of law, be able to offer to families as well. And there are families who wouldn't want to take advantage of facilities at a funeral home and would want to go elsewhere. You know, our practice after a wake is to go back to the family home and we would continue to do that no matter what. But it may also give those smaller funeral homes that don't have big facilities an opportunity to provide additional needed services to grieving families.

REP. ARNONE (58TH): Thank you.

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REP. DEVLIN (134TH): Thank you.

SENATOR ABRAMS (13TH): Thank you. The legislation as written that we have is a may, so. Just so you know that. And thank you very much for your testimony. Are there any questions or comments? No. Thank you so much, Representative.

REP. DEVLIN (134TH): Thank you very much.

SENATOR ABRAMS (13TH): With that, we will -- we are going into -- oh, Representative Candelora?

REP. CANDELORA (86TH): Madam Chairman, thank you for being recognized. I just want to make a statement before we leave. I was happy to see that we had the young people go first, before the legislators, to get them in and out of here. I think that was important. I wish we had done that last week for the many children that were sitting around waiting to testify for twelve hours. And maybe we could perfect that moving forward as whole in this institution, not just in the Public Health Committee.

And I know we have a lot of bills that we proposed and a lot of work to do. It's -- I just want to say on record it's frustrating to me that we have scheduled a public hearing on a session day. I've never seen that in my fourteen years, where we are recessing and making people hang around to testify. And to add insult to injury, for many of us it's a holy day. It is the first time in twenty years that I will not be having the opportunity to spend mass with my family tonight. And so I just wish, moving forward, there'd be more robust conversation on the impacts of when meetings are scheduled and we would

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look at a calendar and have some respect for people's religious beliefs. Thank you.

SENATOR ABRAMS (13TH): Representative Candelora, I just want to say that this has been on the calendar, and if I'd known that that had been an issue for you, I certainly would've advocated for that, because it really -- I don't like hearing that, that you're being put in that position. So, I apologize. So, we will go into recess until after our session because we are -- been asked that people have to go and so we have to recess now. Yeah. Thank you.

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REP. STEINBERG (136TH): We will continue with our public hearing. Welcome back, or those of you who never left, thanks for hanging in there. So, we're gonna switch to the members of the public now, while we rotate, because we just had Representative Devlin. So first up will be Jessie Black, on Senate Bill 140. You've won the lottery. Congratulations.

MS. BLACK: Thank you. Probably the only lottery I will ever win.

REP. STEINBERG (136TH): Order. Yes, Representative Car -- no.

REP. CARPINO (32ND): Thank you, Mr. Chairman. I've looked at our joint rules and I understand that the question of when we can recess and not is probably a bit of a grey area. So I would politely ask, because we do work so well in this committee, that in the event this committee feels that they need to do this again and recess for an unknown period of time because either Chamber is going to be in session, that we can be a bit more respectful of the public, who had to sit around here all day not

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knowing when we were gonna come back. So, in the event that we have to do this again, I would hope that the chairs could speak to the leaders in both Chambers to figure out when we are coming back so that we could let the public know with a bit more of an approximation than we'll see you later.

REP. STEINBERG (136TH): We thought we knew how long it was gonna take. The problem is the leadership does not basically control the mouths of their caucuses and people chose to, I would suggest, go well beyond what our expectations were in terms of the comments they chose to make. We don't control that. But the point is well taken. There's word that the House may be in session next Wednesday. And based upon our experience, even though we would very much like to be able to get through all the bills we have without having to force people to stay late into the night, if we choose to cancel our meeting for next Wednesday, our public hearing for next Wednesday, that indeed will be the outcome.

So, we have experimented with keeping people waiting for what we had hoped were just a couple, three hours, and that didn't work out as planned. We will take that as a lesson learned and conceivably, for next Wednesday, we will not have a public hearing, which will just mean that other things will pile up.

REP. ZUPKUS (89TH): Thank you. I just wanted to echo what my colleague said, and I don't know mind staying late, quite honestly, because I think it is totally disrespectful for everybody that has been sitting here all day. And I would ask that it would not be done on a religious holiday again because I am not able to partake in that. So, thank you.

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REP. STEINBERG (136TH): I appreciate the comment. Though we have held public hearings and meetings on religious holidays every year I've been here for ten years. And I'm not sure that given the many different religious observances here that if we were to make an exception for everyone that we would have any dates available to us for public hearings. So it is a challenge for us in that regard. Any other comments before we start with the testimony? Please continue.

MS. BLACK: Thank you. Good afternoon. My name is Jessie Black. I am a masters of social work student at UConn School of Social Work with a concentration in policy practice, and a CGA intern for Representative Pat Wilson-Pheanious. Thank you to Senator Abrams, Representative Steinberg, and the entire Public Health Committee for taking the time this afternoon to hear my testimony in support of Senate Bill 140.

As a social worker and graduate of Connecticut public schools, this is a bill that could benefit all cisgender, transgender, and non binary students in need of these products. But with that being said, it is important to be mindful of only using the language feminine hygiene products in this bill because that insinuates it is only meant for cisgender female students. More inclusive language that could be utilized is sanitary products. It is crucial that the language in this bill reflects that these products need to be made available in boys' restrooms and single-stall gender nonconforming to ensure all students have access to these products and feel safe while doing so.

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According to the study *Queer Periods*, attitudes towards and experiences with menstruation and the masculine of center and transgender community, the need to keep menstruation secret is arguably more important to transgender people than it is to cisgender women, for both safety and identity reasons, especially when using public toilets. Transgender men and masculine of center people may fear being outted by leaks, by being seen carrying tampons or pads, by the sounds made when sanitary products are unwrapped and by the challenge of discarding used products.

The safety and peace of mind for transgender and gender nonconforming students is crucial to be written into the language of this bill. Eight-six percent of menstruators will unexpectedly start their period while in public without the necessary menstrual products. And these individuals -- oh, excuse me. Because these sanitary products are not provided in restrooms, these individuals must frantically search for someone who not only has the products, but is also willing to share them. If they fail in the search or are too humiliated to even try, these individuals must resort to unsanitary and sometimes dangerous alternative methods. There is free toilet paper provided in public restrooms, so why aren't we expanding this to include a natural bodily function such as menstruation.

It is time to expose and eliminate the bring-your-own tampon policy as a violation of human rights and equal protection. I'm asking you to support the passage of this bill while also including gender-inclusive language. Thank you for your time today.

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REP. STEINBERG (136TH): Thank you. Are there any questions or comments? Let me just say thank you for being patient and thank you for giving us that nuanced context about how we should talk about this difficult subject, but also about all the people who can be affected by it. Thanks very much.

MS. BLACK: Thank you.

REP. STEINBERG (136TH): We'll go back now to legislators. Is Representative Bolinsky present? He'll be followed by Jamie Rosenblatt.

REP. BOLINSKY (106TH): Good day everybody. Thank you very much for allowing me the opportunity to speak. I'm here to speak in the most enthusiastically, strong support possible about S.B. 75. So, thank you to Co-Chairs Steinberg and Abrams, and my Ranking Members Petit and Somers for bringing this bill back. It's sort of a frequent flyer at some point, but it's really terrific legislation that's -- that has got hung up a couple of times because of technical issues that have been ironed out.

But just to summarize on this bill that I think everybody in this committee is pretty aware of. What it's going to do is give the option for sixteen year olds in the State of Connecticut to participate in blood drives. It's a voluntary program. All the states around us and forty-three other states in the United States of America do have this provision and it doesn't happen without parental consent and, obviously, you have to have a healthy sixteen-year-old to do it. But the crux of this bill came from a constituent of mine, Harry Eppers, who was doing a blood drive at Newtown High School, and they

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collected, I believe, 116 pints of blood, but they also had turned away over sixty sixteen year olds.

And when you think about that conceptually, that's about the healthiest blood that you can have, assuming, of course, with a healthy individual, and the Red Cross is fantastic when it comes to screening. And the State of Connecticut is in a perpetual state of blood shortage. I'm not certain -- you know, I'm not gonna take a vote and show of hands, but I've been called and texted by the Red Cross three times this week already because of the blood emergency, to come in and donate. And I'm inside my window because I do donate. But the fact of the matter is this is a very simple measure. It is voluntary. It doesn't create a mandate on anybody to have to take the blood. So, if an individual blood drive does not have the staffing necessary to check the paperwork, it doesn't have to, you know, doesn't have to comply.

And it will potentially solve a statewide issue of a shortage of blood, which doesn't just apply to people that need a blood transfusion. Keep in mind that blood products are actually the stimulus of this bill, because Mr. Eppers, when he was testifying and when he was doing his blood drive, his mother, Sherry, she suffers from multiple myeloma. She's doing very well even three years removed from the original testimony. But she doesn't actually take blood. She takes platelets and other blood products. So, those are in very short supply and in the State of Connecticut we typically import that, those blood products, from other states.

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REP. STEINBERG (136TH): Representative, I'm gonna have to ask you to summarize, please.

REP. BOLINSKY (106TH): Okay. I'm sorry.

REP. STEINBERG (136TH): Do you mind summarizing?

REP. BOLINSKY (106TH): I have summarized. What I would like to say is thank you for raising this bill again. This is a wonderful piece of legislation and I look forward to having it reach the Senate and then the House. So, thank you very much.

REP. STEINBERG (136TH): Thank you, Representative. And as you mentioned, this is not the first time you've testified on this bill before our committee. And, you know, for some of us it's a head scratcher why it's been so difficult to bring this across the finish line. So, let me play devil's advocate, not that I espouse these positions. But here we're talking about people who are below the legal age to make these choices for themselves and we are requiring parental permission, as makes sense, but what's magic about the age of sixteen? If we have a blood shortage, why aren't we encouraging twelve year olds to provide blood? Is there any logical limit to this?

REP. BOLINSKY (106TH): You know, conceptually, that's a very interesting question, Mr. Chair, and I don't have an answer for it aside from my commonsense, which tells me that somebody that's twelve years old is prepubescent. There's a difference in the body chemistry and they're more - probably more fragile from a health standpoint than a strapping sixteen-year-old who might be a cheerleader or somebody that's on the football team.

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So, that would be mind. The other thing is we're talking about precedent.

When we look at forty-three states where a sixteen-year-old is allowed to donate with that parental consent, they've all established sixteen as that threshold. So I'm guessing, and pardon me for guessing, but I'm guessing there's pretty good protocols that actually define that, A; that's a safe age, and B; we should probably be leaving the blood of a twelve-year-old inside a twelve-year-old.

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

REP. MCCARTY (38TH): Thank you, Mr. Chairman. More of a comment. I would just like to recognize Representative Bolinsky for continuing to advocate for this important legislation over so many years. I appreciate it very much. Also, that I just point out that the Connecticut Hospital Association, in looking through the testimony, support the bill.

REP. BOLINSKY (106TH): Oh, yes. Thank you. I didn't include that in my -- we have testimony that's on the record from Harry Eppers. After he left high school, his effort was picked up by a gentleman named Michael Enaye, who has testimony on file. But for the third straight year the Connecticut Hospital Association has -- you know, has said that this is a good thing. And, you know, I think that that would -- that would qualify as a pretty darn good endorsement. Thank you for asking that.

REP. STEINBERG (136TH): I would think so too.
Representative Klarides-Ditria.

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REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you, Representative. I think this is a great bill that we've seen for a few years now and hopefully we'll get it over the finish line. And I think, just as a little public service announcement, everybody should be donating blood because as we know right now it's a very tough time with blood donations. We're in a huge shortage. And I do donate every three to four months whenever possible. So, thank you for doing this. Thank you, Mr. Chair.

REP. BOLINSKY (106TH): Thank you for donating and wouldn't it be nice to eliminate the shortage. Okay. I get too many messages from the Red Cross. I don't want to hear from them anymore.

REP. STEINBERG (136TH): Well, that is a good message. If we could address the blood shortage, it would be an excellent outcome. Are there other -- yes, Representative Genga.

REP. GENGA (10TH): Thank you. Thank you, Mr. Chairman. Representative Bolinsky, thank you for this idea. It sounds great. And as a former teacher, I could see where in high schools, schools could promote this. And we have, in my town, East Hartford, give awards for community service. So, I could see where this would be used to help provide an opportunity for students to do a community service. But I've heard that this was brought up before and was not passed through. Do you have any idea why that?

REP. BOLINSKY (106TH): There's -- without divulging too much, because it's not a matter of pointing fingers and blaming games and things like that. The Red Cross, nationally, has a stance where, you know, this is acceptable policy and most states have this.

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It's my understanding that there's a medical director that's here in the Connecticut chapter that still has reservations. And the Red Cross, itself, is working hard to move that needle now. I've been told by the Red Cross this year, and again, I might be overstepping, but what the heck, it's my job, that they're -- you know, they may not support this measure this year, but they will not stand in its ways. So they're standing down because of protocol and because of the fact that you, you know, have this happening in every neighboring state and, like I said, forty-three states around. So, Representative Genga, it's a great question. It's a complicated question and, you know, it will resolve itself. It's only a matter of time.

REP. GENGA (10TH): Thank you. I've been giving for years. I've got twenty-one gallons, but I just can't imagine why this wouldn't be a good idea, and that's why I asked you what the hold up. Thank you.

REP. BOLINSKY (106TH): Yes, thank you. A good question.

REP. STEINBERG (136TH): Thank you, Representative. Other questions or comments? If not, thank you, Representative, for bringing this to us once again. Maybe this is the year.

REP. BOLINSKY (106TH): Thank you very much to the legislator -- legislature's hardest working, longest working committee.

REP. STEINBERG (136TH): I'm not sure we're seeking the record. Next up would be Jamie Rosenblatt, to be followed by Representative Conley.

MS. ROSENBLATT: Hi. Good afternoon to the esteemed members of the Public Health Committee. My name is

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Jamie Rosenblatt. I'm a student, getting my masters in social work at the University of Connecticut. I am here to testify in support of Senate Bill 140, AN ACT REQUIRING FREE FEMININE HYGIENE PRODUCTS IN MIDDLE AND HIGH SCHOOL STUDENT BATHROOMS.

I would first like to begin by asking who personally gets or knows someone who gets their period. Okay, cool. So, I also happen to know someone who gets their period. I was the first of my friends to get my period and I will never forget that day. My mom was out of town. I called her, hysterically crying, and made her swear that she wouldn't tell my mom or sisters. She did, of course, without my knowing. I remember that night my oldest sister and I were watching TV and each time a female-presenting person was on the screen, she would say to me, they get their period. The one piece of advice that she gave me was to never wear white pants when you have your period.

In school, I would keep pads and tampons in the pockets of my oversized, pink jacket. I was very protective of my jacket, always self-conscious, and nervous that someone would find out what was in the pockets. Fast forward to today and I catch myself slipping a tampon in my sleeve to hide it before going to the bathroom. As a twenty-five-year-old, I've had about 144 periods - 144. Although I am no longer mortified each time I get my period, I notice the way that society's stigma attached to having your period, a natural occurrence, influences me to this day.

Part of the female socialization process teaches menstruators to be ashamed of our bodies and to hide something that half of our population is

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experiencing on a monthly basis. We acknowledge that everyone goes to the bathroom, providing toilet paper, soap and water into every bathroom. So why not acknowledge that people get their period? Providing menstrual products in middle school and high school bathrooms meets more than the physical need. It sends the message to menstruators that they matter and are important.

Although I can speak to how impactful having menstrual products in my schools would have been on my younger self, it is vital shed light on the many people who are unable to afford these products. Period poverty is the inability to access menstrual products. Nearly one in five girls in the United States have left school early or missed school because they did not have access to period products. Also, I am a cisgender woman, meaning my gender identity matches the sex I was assigned to at birth. This is not the case for everyone who gets their period.

In order to ensure this bill is truly inclusive, I suggest that the committee changes the language from feminine hygiene products to menstrual products. Let's join New Hampshire, Illinois, Boston, New York and California and provide free menstrual products in all middle and high schools. Thank you.

REP. STEINBERG (136TH): Excellent. Are there any questions for Ms. Rosenblatt? And I thank you for your patience in staying to testify. We really appreciate it.

MS. ROSENBLATT: Thank you.

REP. STEINBERG (136TH): Next up we have Representative Conley, followed by Nicole

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Bettinelli. Is Representative Conley available? If not, we'll have Nicole Bettinelli, followed by Representative Fishbein.

MS. BETTINELLI: Good afternoon. Thank you to Senator Abrams, Representative Steinberg and the other members of the Public Health Committee for taking the time to hear my testimony today. My name is Nicole Bettinelli and I am a master of social work student at the University of Connecticut in Hartford. Today, I will be testifying in support of Senate Bill 140. This bill requires free feminine hygiene products to be available to middle and high school student bathrooms.

In an ideal world, menstruators would know the exact date, hour, minute and second that their period starts in advance so that they could always be prepared. However, this is usually not the reality. According to Free the Tampons, eight-six percent of menstruators have started their period in public without the supplies they need. For six through twelfth grade students this can be challenging as well as humiliating. It forces students for try to find a classmate that has a pad or tampon that they can use or they have to go to the school nurse and ask for one. When this happens it can take students several minutes to access the supplies that they need, causing them to miss an important class time and face embarrassment. Any student who gets their period unexpectedly at school without having the supplies they need faces an awkward situation, but it is even more important -- or more challenging for students who are living in poverty.

Students living in poverty have the additional struggle associated with the cost of feminine

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hygiene products. Families that are living in poverty often have to make the decision between putting food on the table or buying sanitary pads or tampons. This can force low-income students to use rags or toilet paper when they are menstruating. This is unhygienic and humiliating. Many students often leave school early or stay home from school because they do not have the supplies that they need. Chronic absenteeism is already a big problem in the state, so it's unacceptable for students to be missing school for an issue that can easily be prevented.

Students that can't access the feminine hygiene products they need have trouble concentrating in school, miss precious class time and fear that they will bleed through their clothes. By supporting this bill you are helping to alleviate students' anxieties and worries and make them feel confident that if they find themselves in a situation where they need a pad or tampon at school, they will have the products they need. Non-menstruators have everything that they need provided to them in their bathrooms. I am here asking for your support to help ensure that young menstruators do too. Please assist Connecticut in joining the four other states that have passed bills like Senate Bill 140 into law.

REP. STEINBERG (136TH): Wow, that's just about perfect. Nicely done. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. I've two questions actually. My first question is -- well, let me have a comment. I wish I would've known time, date, everything as to when that comes because that's not the case, as we all know. But my

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question is how will -- if we put the products in the bathrooms, a lot of times, and I've been there, they're gone, like, they're stolen or whatever. How do we handle that?

MS. BETTINELLI: To me?

REP. ZUPKUS (89TH): Yeah.

MS. BETTINELLI: I think that kind of goes with toilet paper. How do you keep track to make sure the toilet paper is stocked, the soap's stocked? Maybe it's a daily thing that when you're changing the toilet paper and the soap, you check that those machines are filled as well.

REP. ZUPKUS (89TH): Okay. And my second question is do you know -- what would it cost?

MS. BETTINELLI: I -- I mean, we've all heard the testimony from the students this morning. I forgot actually. No, no. I'm not saying that -- I'm just -- I'm not sure actually at this moment. But I know they were very familiar with it. So I can -- I can get back to you on that.

REP. ZUPKUS (89TH): I would appreciate that because that's, you know -- I mean, it would to go onto schools to pay for that. So, I would be curious as to what. And if anybody comes up after you and testifies and knows that, if they would share that, that would be great.

MS. BETTINELLI: I do think it is an important cost to make, knowing that it does affect so many students, especially those living in poverty, so.

REP. ZUPKUS (89TH): True. And I just don't know if it's, you know, \$500 dollars or \$40,000 dollars a year. I have no idea.

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MS. BETTINELLI: Yeah. I'm not sure either, so I will let you know.

REP. ZUPKUS (89TH): Thank you.

MS. BETTINELLI: Thank you.

REP. STEINBERG (136TH): I thought you had two questions, Representative. Did you get them both covered? Okay, good. Any other questions or comments? If not, thank you for your testimony. Good luck with your social work studies. I understand Representative Conley is present. She'll be followed by Megan Aretta.

REP. CONLEY (40TH): Thank you, Mr. and Mr. Chair. I very much appreciate how kind everyone was to the students that we had this morning and the four students from Ledyard who came to testify very much appreciated their time before this committee prior to our session. I'm testifying today to support the student-led coalition to support S.B. 140. Students shared with us that some -- I guess some of us who are a little older might forget the troubles that we had in middle school and high school with that time of the month and not having the right products at the right time.

So, it's important that when students share that they have a need in their schools, that we do what we can to support them. So, I'm urging this committee to listen to the youth and let them know that there is an issue in all high schools. Some students of means and students without means can all find themselves in needs of products every month, especially if these folks have irregular periods where they don't necessarily have -- you know, know when they're going to get things when they need

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products. And when they're found that they have a need to use a feminine hygiene product that they have accessible products.

I found it very compelling that a student from Ledyard had mentioned how far away the nurse's office was from the section of the high school that she regularly is in and that missing several minutes of class to go to the nurse to get a product might not be the best use of her time when we want these students to be learning, to be interacting, and having to travel to the other side, get teacher permission, travel all the way to the other side of the school just to get a product to go to the restroom and get back to their class, I don't think is the best use of their learning experience. So I would hope that the committee, the men and women on the committee, can support the students in having accessible products in the restroom. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony and for whatever efforts you brought to bring all these good young people here today. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Thank you, Representative Conley. Do you know how much it will cost?

REP. CONLEY (40TH): What I heard in a press conference this morning is that they said statewide there was a figure floated around of, I believe, it was \$400,000 dollars was the statewide figure floated from some of the students' research. I've not personally verified those numbers, but Senator Bernstein spoke of that at the press conference.

REP. ZUPKUS (89TH): Thank you.

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REP. STEINBERG (136TH): Not. Thank you, Representative Conley, for enjoying us -- enjoying time with us in our bifurcated public meeting. We next move to Megan Aretta, followed by Representative Fishbein.

MS. AURETTA: Good afternoon members of the Public Health Committee. My name is Megan Aretta. I am an MSW student at the University of Connecticut and I am interning with Representative Jillian Gilchrest this year. And I am in support of S.B. 140, AN ACT REQUIRING FREE FEMININE HYGIENE PRODUCTS IN MIDDLE AND HIGH SCHOOL STUDENT BATHROOMS.

So, whenever you go into a bathroom you expect toilet paper and good to be available to you in order to clean your body, which maintains good hygiene. And period products is one way people who menstruate maintain their personal hygiene during their monthly period. S.B. 140 addresses the issues of period poverty and menstrual health by requiring the schools to supply period products, ensuring that menstruating students have enough while attending school. Each month millions of menstruators struggle to afford period products that they need in order to participate in daily activities and one in four women report not being able to afford enough supplies to meet their needs, and one in five menstruators report having to miss activities such as school or work due to insufficient products.

This bill also addresses the issues of period shame. When I was in middle school, I got my first period in gym class and I felt extremely embarrassed as I was not prepared. And instead of going to the nurse to get period supplies, I opted to fold up some toilet paper and put it on top of my underwear and I

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hoped that it would not leak. This is not unique. Many young girls do this not only when they get their first period, but frequently if they do not have enough period supplies or they cannot afford it and are too embarrassed and ashamed to go to the nurse for a pad or tampon. Also, having period supplies only available in the nurse's office creates a culture that periods are something medical and abnormal even though they are a natural occurrence of the body.

There is a bathroom in the LOB that actually already supplies periods and tampons to people who have access to it and the University of Connecticut, only on the Storrs Campus, implemented this practice about three years ago. So, all the women's bathrooms on campus have pads and tampons. I also urge the committee to amend the language in this bill to be more inclusive to include not just women's bathrooms, but boys and girls and possibly gender inclusive bathrooms because not everyone who is female-presenting menstruates and not all menstruators identify as female.

And also, by providing free period products in Connecticut middle and high school bathrooms, we would be take a step towards addressing period poverty, menstrual health and period shame. This bill will also ensure that Connecticut students can and will participate in their daily activities as period products are a necessity. Thank you.

REP. STEINBERG (136TH): Thank you. You did very well to close it at the end. We appreciate your testimony and for the time you've taken today. Are there questions or comments? If not, thank you for

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the taking time to share with us today. Appreciate it.

MS. AURETTA: Thank you.

REP. STEINBERG (136TH): Next is Representative Fishbein, followed by Samantha Bell.

REP. FISHBEIN (90TH): Good afternoon, Chairman Steinberg and Chairman Abrams and distinguished members of the Public Health Committee. I'm Representative Craig Fishbein. I'm here to speak about two bills. I submitted written testimony on one of them. I'm accompanied by Matthew Bailey, who happens to operate a funeral home that's in my district. I've known Matt for many years and Matt actually brought to my attention the situation that's addressed by H.B. 5183.

And that is when a cremation certificate is issued by the Department of Public Health, a fee is charged. And I know in the governor's revised budget, he has proposed that this fee be increased. It's my understanding that when this fee originally went into place that there were certain things the Department of Public Health had to do in order to have that certificate issued. It's my understanding that today that work really isn't done, that the certificate is sent by fax. So there's very little cost at all.

All 5183 would do is to eliminate the fee for the cremation of a minor, which I - you know, I've been involved personally and been involved with clients who have lost children, I mean, for parents -- I know over the last week or so I've been talking about parents a lot. But, you know, the most tragic thing that can happen to a parent is the loss of a

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child. I think one of the worst things that the state could do is come in and say pay us money for, with all due respect, virtually doing nothing. So that's what that bill would do.

The other bill that I'm here to testify in favor of; and I know Matt will have some comments about it, is 5180, which has to do with the ability to have food at funeral homes. So, with that, I turn it over to Mr. Bailey.

MR. BAILEY: I thought I was talking later, so. Thank you, Representative Fishbein and thank you to the members of the committee for the opportunity to testify before you today. Brevity is not one of my gifts, so it has taken a substantial amount of discipline on my part to not respond to some of the arguments that I saw in written testimony earlier. I'm happy to answer any questions that might come up from that that you might have, though.

It is clear that a number of the people arguing against the perception of the legislation are arguing not against what it actually does, but what they perceive that it does. Others are making worn and tired arguments that have been consistently disproven every single day in funeral homes and the forty-nine other states that permit food and beverages to be served. I am simply going to share some of my story.

I'm a fourth-generation funeral director. My family owns B.C. Bailey Funeral Home in Wallingford, the Carpino Funeral Home in Southbury and Waterbury Funeral Home in Waterbury. This legislation does not force anyone to do anything. It simply allows those of us who wish to provide some hospitality to our client families and their guests the ability to

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do so. Just last week, one of our locations had a family choose not to hold a celebration of life service at our funeral home -- is that his time or my time? All right. They chose not to have a facility at our funeral home because we told them that Connecticut law would not let them food and beverages. They went to a rec room at a nursing home instead. It was a lost opportunity for us. It was a lost opportunity for the small business that we would work with that would sell them their cookies, and it was unfortunate.

I know some people say some funeral homes are too small for this. My Waterbury Funeral Home is probably the smallest, if not the smallest funeral home in the State of Connecticut. We'd still be able to find a spot for a coffee pot and some cookies for people that drive four hours in New Jersey traffic to get here to us. The idea -- this is a bill as the idea's time has come. There's no reasonable cause to oppose the effort. Everyone will still be able to operate their businesses the way they wish. And I thank you for your support, I hope, for this bill and I'm happy to answer any questions that you might have.

REP. STEINBERG (136TH): Thank you, Representative, and thank you for bringing this bill before us again. We've been down this path more than once and we've heard from many funeral home directors this is something that they feel that they're clients would appreciate. We've heard a variety of testimony as to what's the appropriate kind of refreshment that ought to be provided, and we have to wrestle with that and make sure what's been suggested would be in compliance with health district requirements and things of that nature. But I really do appreciate

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you helping us understand the context in which this would be then official in the settings that you described. Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman. And thank you both for coming forward. I'm not as familiar with this issue in terms of the reasons for opposing it. Could you enlighten me or some of the members here as to what the source of primary opposition is for doing this?

MR. BAILEY: Yeah. I'm obviously biased, but I believe the reasons against it are bad. The ones -- we were here seven or eight years ago, talking about this, and the things that we heard were, frankly, of an anti-competitive nature. The belief that people thought if someone else offered it they might be forced to do so themselves. That's not how we handle beer and liquor stores. It's not how we handle anything else. It does require anybody to do anything.

Other people have made arguments about the health and safety of preparing food in a funeral home. That's been addressed in the wisdom of the legislation that was drafted. It is done by catering services who are regulated by Departments of Public Health, who have to make sure the temperatures of the food are properly done. That everything's handled the right way. Funeral directors don't want to go home at 11 o'clock at night after an eighteen-hour day and roll meatballs, I promise you that. So, you know, the goal would be partnering with other small, family catering companies in our communities and give them a further opportunity to meet the needs of their families.

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I understand that some people are worried that someone might spill a coffee on their carpet. God forbid we wear the place out because people are using it. You were gracious enough, when we have a long day here, that you let me sit my Coke in the back as I sit here. If I spilled it, they would clean it up and something would happen. Certainly our funeral homes are able to accommodate that as well, I think.

REP. BETTS (78TH): Okay. Thank you very much. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Are there other questions? Representative Borer, followed by Representative Genga.

REP. BORER (115): Hi. Thanks for your testimony. So, you had said that all the food that came in would be from a licensed caterer. So everything would be regulated by the Department of Public Health; where the food is served; how the food is stored; where you would eat the food, everything. Okay.

MR. BAILEY: And they're already inspecting those kitchens, so it's not like they have extra time and energy and effort to go around and inspect funeral homes. We're not preparing it there. It's the same as if a caterer brings it into an Elk's Lodge, to a church, to a synagogue, which they're doing on a daily basis. In fact, we have funerals happening every day with food being served at churches. It's already happening. We just -- as society is changing and we see the largest church in this country is now the Religious Nuns according to the peer research poll. In order to respond to those needs, we have families that are looking not to go

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to churches anymore, but to be at a certain facility.

REP. FISHBEIN (90TH): If I may. You know, in 1997, my grandmother passed away and she was very well known in my town. And I believe we were there for nine hours, greeting people. It was a very overwhelming experience. And I got hungry, and, you know -- and I was told I had to go down to the street to go to McDonalds to, you know, to get something to eat. And I was in serious grief over that situation and I was baffled. So, this is just -- you know, it's just another thing when, you know, somebody loses somebody and they just want to eat because they're hungry and they've been greeting friends and neighbors for hours. It only makes sense, so.

REP. BORER (115): And then one other question on the liability. Would that be -- that would just fall under your liability insurance if there was a food allergy issue. How would that be covered?

MR. BAILEY: You'll have to ask my attorney.
[Laughter]

REP. BORER (115): Attorney Fishbein, how would that be covered?

REP. STEINBERG (136TH): Is there a relationship here we need to know more about? [Laughter]

MR. BAILEY: He'll probably try to bill. I don't know.

REP. FISHBEIN (90TH): I think -- I think I am barred by the rules of professional responsibility from disclosing the identity of my clients, so. I have represented Mr. Bailey in the past. That would

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depend upon what kind of coverage he has, ultimately, so.

MR. BAILEY: And that's, frankly, part of why the catering thing I think is a good idea as well. If we have someone bringing crock pots in from home and eighty people coming through to try some of the seafood bisque and it's not good because it wasn't prepared the right way; it wasn't handled the right way, we understand that people might want to do that. But by having the professionals stay in their lane and us staying in our lane, I think all parties are best served.

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

REP. GENGA (10TH): Thank you, Mr. Chairman. You mentioned a coffee pot and cookies. If this were to pass, you could offer that in your smallest facility. Are you able to do that now? Is it existing?

MR. BAILEY: No. We're not -- not in conjunction with the services. So, a few years ago, we -- the law was changed here in Connecticut. We were allowed to serve prepackaged food and nonalcoholic beverages during pre-need and at-need arrangement conferences with families, which is crazy, right. I mean, it's nice that we could have a Keurig when they're making arrangements now, but we actually -- we could serve water. And I believe mints are a grey area, but most of us do them because we're risk takers and fun seekers, so.

REP. GENGA (10TH): Are you allowed to serve candy under the existing?

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MR. BAILEY: I believe that's a grey area to be honest with you.

REP. GENGA (10TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Are there any questions or comments? If not, thank you for taking the time today to share your testimony.

REP. FISHBEIN (90TH): Thank you all.

MR. BAILEY: Thank you.

REP. STEINBERG (136TH): Next up -- somebody has my list. Samantha Bell, followed by Janet Alfano.

MS. BELL: Good afternoon, Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit, and esteemed members of the Public Health Committee. I'd like to thank you for the opportunity to provide testimony in support of Senate Bill 140 today. My name is Samantha Bell and I am providing testimony today on behalf of the Alliance for Period Supplies. The Alliance for Period Supplies is a program of the National Diaper Bank Network, and we work in Connecticut with local partners to address period poverty by providing period supplies to those in need.

Senate Bill 140 requires boards of education across Connecticut to provide menstrual hygiene products in middle and high school restrooms free of charge. This legislation addresses the important issues of period poverty and menstrual health for our students by ensuring that they have a sufficient supply of period products while at school. Each month, millions of menstruators struggle to afford period supplies that they need to fully participate in

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daily life. In fact, one in four women report have been unable to secure enough period supplies to meet their needs. This creates huge barriers for menstruators. One in every five girls and women report missing activities such as school or work because of insufficient access to period supplies.

Period poverty exacerbates the vicious cycle of poverty by forcing menstruators to withdraw from daily life, losing pay or missing educational opportunities. Additionally, without adequate access to supplies, menstruators can risk infection by using proxy products such as toilet paper, paper towels, tissues, or by not changing products as often as needed. Senate Bill 140 addresses this issue while menstruators are at school, ensuring that they can attend classes and focus on their school work, as they should.

This legislation also ensures that menstruators whose families can't afford period supplies are not forced to leave school or class or use proxy products simply because they did not have bring products to school that day. By providing free period supplies in schools, we are ensuring that students in Connecticut have what they need to fully participate in daily life. Period supplies are a basic necessity, and the Alliance for Period Supplies is proud to support this important legislation that recognizes them as such. Thank you. And I'm happy to answer any questions you may have.

REP. STEINBERG (136TH): Thank you. It's nice to have this in the broader context of the other programs that we're talking about. Any other questions or comments? If not, thank you for taking

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the time to share with us today. We really appreciate it.

MS. BELL: Thank you.

REP. STEINBERG (136TH): Next, we have Janet Alfano. I understand there's still some legislators we didn't call earlier, so after Janet, we'll either have Representative -- Senator Bergstein or Representative Phipps. Thank you for being here.

MS. ALFANO: Thank you. Good afternoon, Senator Abrams, Representative Steinberg and the esteemed members of the Public Health Committee. My name is Janet Stolfi Alfano, and I'm the executive director of the Diaper Bank of Connecticut as well as the Connecticut Alliance for Period Supplies. And I am also a proud UConn alum. I want to give kudos to the MSW students and to all the students who testified today. They are truly leaders and really inspiring to those of us who are working in this field. I'm testifying in support of S.B. 140 that will provide period supplies in middle and high school student bathrooms.

An adequate supply of period supplies is essential to the optimal health and wellbeing of women, girls and all who menstruate. According to a 2019 study by Dr. Ann Kuhlman, which was published in the *Journal of Obstetrics and Gynecology*, nearly two-thirds of the women her team surveyed and interviewed were unable to afford menstrual hygiene supplies like pads or tampons at some point during the previous year. And twenty-one percent of women lack supplies on a monthly basis. And forty-six percent of those surveyed could not afford to buy both food and period-related products during the past year.

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Adequate menstrual hygiene management is not a luxury. It's a basic need for all women and should be regarded as a basic woman's right, and really the right of all those who menstruate. Our failure to meet these biological needs is an affront to dignity and a barrier to full participation in the social and economic life in our country. You have heard some of the stats; the one in four women struggling to purchase period supplies within the past year. One in five women reporting missing work, school or other events because they did not have access to adequate supplies. The lack of access to period supplies is linked to using substitute products, and we've heard this before. And we have experienced with some of our partners reporting this exact thing, where folks are using socks and other items that are not hygienic and could cause further health implications for them.

The simple fact is that period supplies are a basic need for the health and wellbeing of all who need them. Supply banks like ours and others through the state and country are doing what we can to meet the needs of the state's residents, but we can't do it alone. And this bill will go far in helping support those in need, particularly our future leaders like we saw today. So, please support Senate Bill 140. Thank you.

REP. STEINBERG (136TH): Thank you. You've been listening to the testimony to this point and a number of people have inquired as to what the estimate of the cost might be. Would you be in a position to offer any sort of insight?

MS. ALFANO: Not more without doing a little bit of digging, other than what was offered today. So, I

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haven't done the - you know, done the data dive on that, but I can certainly look into that.

REP. STEINBERG (136TH): I'm sure many members of the committee would appreciate that.

MS. ALFANO: Sure.

REP. STEINBERG (136TH): Thank you.

MS. ALFANO: Thank you.

REP. STEINBERG (136TH): Any other questions or comments? Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chair. Just very quickly. I agree with you, the students were very well poised today and did a great job. But you made reference to a - -was it a survey that you did? Could you just tell me?

MS. ALFANO: Sure. So, that was a survey done by Dr. Ann Kuhlman and it was in the *Journal of Obstetrics and Gynecology* in 2019. She's a researcher at the University of -- I think it's St. Louis. Thank you. St. Louis University.

REP. MCCARTY (38TH): Okay. Thank you very much for that.

MS. ALFANO: You're welcome. Yeah, there's -- you know, there is not a lot of research, period research on this topic, but certainly we are looking with our partners both at the state and national level through the Alliance for Period Supplies to look at more peer-reviewed types of data, but the data's simply not there, more than what you've heard today.

REP. STEINBERG (136TH): Well, hopefully, eventually we'll have more data to work with.

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MS. ALFANO: We would love that.

REP. STEINBERG (136TH): Other questions or comments? If not, thank you for your testimony today. We appreciate your patience.

MS. ALFANO: Thank you. Thank you.

REP. STEINBERG (136TH): Are either Senator Bergstein or Representative Phipps available? Ah, I recognize someone who may be here on behalf of Representative Phipps

MS. ROSSIGNOL: Hello. I am sorry Representative Phipps is not able to make it at the moment, but I am his aide, Audrey, and I would like to submit testimony on his behalf.

REP. STEINBERG (136TH): Great. Do you have a last name?

MS. ROSSIGNOL: Audrey Rossignol.

REP. STEINBERG (136TH): There we go.

MS. ROSSIGNOL: Thanks. Dear Chairwoman Abrams and Chairman Steinberg, Ranking Members and distinguished members of the Public Health Committee. For the record, my name is Audrey Rossignol and I'm submitting testimony on behalf of Quentin Phipps, State Representative for the 100th District.

I'm here testifying in support of Senate Bill 140. Feminine hygiene products like pads and tampons are a basic necessity for menstruators and should be accessible to students at school. I believe that this legislation promotes gender equity in our schools and a student should never have to choose between necessary hygiene products or their lunch

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for the day, and should never feel ashamed or barred from receiving hygiene products.

When students are at school, they should be able to focus on their education and not worry about how to pay for their pads or tampons for the remainder of a school day. I look forward to working with the Public Health Committee on this legislation in any capacity that I can, and thank you for your time.

REP. STEINBERG (136TH): Thank you, Audrey. Are there any comments or questions? Representative Comey.

REP. COMEY (102ND): Hello. Audrey is my aide as well. Thank you for coming here and speaking on behalf of it. I was wondering, I -- when you told me you were going to testify, I was so excited that maybe you were gonna testify on the food allergy restaurant bill that I was going through, because not only do you have food allergies, but Q. also. Representative Phipps has food allergies. So, I'm wondering, while I have you there on the hot spot, how you would feel about the bill 5093?

MS. ROSSIGNOL: Sure. I'd be happy to. I do have food allergies. I have a deathly tree nut allergy. I go into anaphylactic shock. And I also worked in the service industry throughout high school and college, so I do understand the lack of knowledge that servers and cooks receive when they are on the job in a restaurant.

I am in support of 5093, but I would ask that it goes a little bit farther than a poster in a restaurant. I ask that servers and chefs please are required to go through training about cross contamination and the seriousness of allergies and

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how it impacts people who have allergies when they're going out to eat. And I ask that the committee please look into that and enforce that.

REP. STEINBERG (136TH): Thank you, Representative. Are there any comments or questions? No. Thank you, Audrey. Thanks, Representative Phipps, for his testimony. Next we have Amy Barrat. No, we do not. We have Gretchen Roffa from BPS&E. Is Gretchen here? Then is that Zozan Antar?

MS. ANTAR: Good afternoon. Distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony in support of the Senate Bill 140. My name is Zozan Antar. I am an MSW student at UConn School of Social Work, and I'm also an intern at the Office of Senator Murphy.

Growing up, I thought that having a period was something to be ashamed of. I never had the courage to tell my mother or my sisters about my period because I felt ashamed. I remember trying hard to save the money that I was given to buy lunch, to buy my period supplies. Today, I am thirty-two years old. I'm thirty-two years old. I know that having a period is a normal biological process, but I still hide my pads in my purse and then slip them in my pockets before I go to the bathroom.

Our society teaches us from a very early age to be ashamed of our bodies. Unfortunately, our current policies do not help in normalizing the biological process for our body. I am told that I have to pay for my pads and tampons at school, but I'm given toilet paper for free. That tells me that my body - - my period is my choice and that I have to pay for that. Lack of access to adequate period products has major impacts on people. It can impose physical

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health risks and has been linked to reproductive health and urinary tract infections. One in five students have missed school because of lack of menstrual products and support.

Students living in poverty face additional struggles because of the cost of these products. Senate Bill 140 would change that, requiring boards of education across Connecticut to provide menstrual hygiene products in middle and high school restrooms free of charge. I encourage this committee to amend Senate Bill 140 to specific that menstrual products should be available in all bathrooms in middle and high school regardless of gender and to support the bill with this amendment. The adjustment of the language will ensure inclusivity in recognizing that there may be transgender and non-binary students who have periods, but do not use the girls' bathrooms. Let's help the next generation have every possible opportunity to learn and flourish without worrying about menstrual products.

And I have found something. I'm not sure if it's a hundred-percent accurate, but it says that in New York they found that it cost \$29 dollars per student per year to provide the menstrual products. Thank you.

SENATOR ABRAMS (13TH): Thank you. I think that's a higher number than I've heard. So, we are gonna dig down and find the accurate information. But thank you for sharing that. And also, thank you for articulating really the reason why I feel so strongly about this bill and I thank you for bringing that out, just that we need to change the culture and let women know that there is -- that this is just a biological function and should be

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supported in the way that we support all biological functions in schools. So, thank you very much for your testimony.

Are there any questions or comments? Thank you. Was there anyone else here to testify on Senate Bill 140? I believe that we finished and I just want to make sure before we move on. Okay. Thank you very much. We are going to be moving on to -- let me just check. Is there anybody here to testify on House Bill 5183? Okay. We're gonna move on to House Bill 5093, the food allergy bill, and start with Linda Corning. Oh, my goodness. Welcome! It's so nice to have you here. Can you tell us your name?

SHAUN: Shaun.

SENATOR ABRAMS (13TH): Hi, Shaun. Thank you for being here. How old are you?

SHAUN: Five.

SENATOR ABRAMS (13TH): Five years old. Wow. Thank you so much and thank you for waiting. I'm so sorry to have kept you waiting so long. I hope that you found things to keep yourself entertained with.

MS. CORNING: He had a full day of school.

SENATOR ABRAMS (13TH): Okay.

MS. CORNING: I didn't think he was gonna be here, but we actually got in a full day of school and then Grandpa dropped him off so he could join us.

SENATOR ABRAMS (13TH): Excellent. Well, there you go. Sometimes there's a silver lining. So, welcome, Mom, I'm assuming.

MS. CORNING: Yes.

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SENATOR ABRAMS (13TH): And if you could introduce yourself and where you're from. Thank you.

MS. CORNING: Yes. Thank you. Good afternoon. My name is Linda Corning and I'm a mom from Bristol. This is my son, Shaun. He's five and he currently avoids seven foods to prevent a reaction.

SHAUN: And I used to have twelve for baggies.

MS. CORNING: He did. Eating out for my son, which is a regular activity for most people, brings tremendous risk into our lives. A risk that could end with a life threatening reaction called --

SHAUN: Anaphylaxis.

MS. CORNING: Anaphylaxis. Shaun's only eaten out at one restaurant. It's the only place. And it's because we've been able to get meat and potatoes, literally, quite literally meat and potatoes there. And, as a mom, there are days where it is very hard to come home and not have an option to get a safe meal for my son unless I prepare it myself. I know that sounds a little bit crazy, but when you don't have the option ever, it is really limiting.

Unfortunately, there is little information and often misinformation about how to accommodate food allergy patrons in the foodservice industry. As a number of people with food allergies -- as the number of people with food allergies continues to grow, this lack of understanding and information is a growing health, public health concern. We must work harder to bring acute awareness regarding food allergies to restaurants. Paul Antico, the founder and CEO of AllergyEats has shown through both research and working side by side with restaurateurs that there is a potential profit increase to be made when a

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restaurant becomes allergy friendly and that allergy patrons are incredibly loyal customers, because as he calls it, the veto vote.

Shaun has about eight adults between myself, my husband, his grandparents that kind of follow him all around. If you can accommodate Shaun, you are filling eight other adult seats in that process. And I can tell you, if you're an allergy-friendly restaurant, we are gonna come back to you. If I feel that you are providing -- again, it's not gonna be a perfect -- it's not a perfect system, but a safe system. We will come back.

House Bill 5093 will begin to put into place the information and awareness to keep my son safe. Yet, as an allergy mom, I must express that House Bill 5093 in its current form is not comprehensive enough. Requiring the display of food allergy in a kitchen, in a designated staff area, as a food establishment, is not enough to make me believe that the restaurant staff would be adequately prepared to accommodate my son safely. Training is needed. Understanding of the kitchen staff as well as the wait staff of cross contact, hidden food allergens, and best practices need to be included. A procedure also allowing patrons to access ingredients that are used in all dishes should be put in place.

Please review the attached documents from FARE, Food Allergy Research and Education. I'll submit them. And it's in regards to food allergy legislation. And thank you and I'd be happy to take any questions, or Shaun would be happy to take any questions.

SENATOR ABRAMS (13TH): Thank you very much. And I do sympathize with the idea that you, you know, are

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a busy family. And not to be able to just pick up and get something to eat out. I remember relying on that probably more than I should've at times, just to make life work. So, I -- that's certainly compelling to me. And, Shaun --

SHAUN: Yeah.

SENATOR ABRAMS (13TH): -- I think that you are obviously a very smart young man and I thank your family, your mom and your dad and your grandparents for all doing such a good job of helping you understand how to take care of yourself, because that's very important. Is there anything that Mom forgot to say that you would like to mention?

MS. CORNING: Anything you want to say? No. Okay.

SENATOR ABRAMS (13TH): You're good? Good. Are there other questions or comments? Representative Scanlon.

REP. SCANLON (98TH): Shaun, I have a very important question to you. As a fellow Sean, how do you spell your name?

SHAUN: S-H-A-U-N.

REP. SCANLON (98TH): Okay. I won't hold it against you. [Laughter] Thank you for coming today, Shaun.

SHAUN: Thanks.

SENATOR ABRAMS (13TH): Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. And thank you both for coming. You mentioned that there was only one restaurant in Bristol that you went to. What was the one in Bristol?

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MS. CORNING: Sir, I have to be honest. It's not actually in Bristol. We go to the Red Robin over by Westfarms Mall. Red Robin is actually very -- they have a separate area in their kitchen and they are allergy aware and I can access -- because they have special allergy menus, I can be certain that they're cooking in a separate space. Do you want to tell them your order?

SHAUN: No cheese, burger and fries.

MS. CORNING: A burger and fries. No bun.

SHAUN: But no seasoning.

MS. CORNING: No seasoning.

SHAUN: No cheese.

MS. CORNING: No cheese. And so that we're able to go in and they're able to cook his meat on a separate cook top that has not been cross contacted with any of his food allergens. And they actually have a fryer. So, the regular potatoes go into soy oil, which at one point we couldn't use, but now we can. And there is no other food that goes into that particular -- they have two fryers. And so one is just potatoes and soy oil, and so I can be sure that there's no cross contact with things like chicken wings that might've had either milk or cheese, or cheese sticks or anything like that, because we have to be very careful that there's no cross contact as well.

REP. BETTS (78TH): Thank you. Is there a list? I was gonna look it up, but I thought I'd just ask you. Is there a list of restaurants on a website that you can find in Connecticut that are designed

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to meet the need, the nutritional needs of people with allergies, food allergies?

MS. CORNING: So, I mentioned Paul Antico, from AllergyEats. He created a website and the goal of the website is not so much to create a review on your food, the actual quality of the food that you're getting, but it's an allergy - -you can go in and you can rate the allergy experience you had at a specific restaurant. That's the best we have in the allergy community. To be honest with you, there's not much out there, and it's hard. It's hard.

REP. BETTS (78TH): Okay. Thank you so much.

MS. CORNING: Thank you.

SENATOR ABRAMS (13TH): Thank you. Representative Comey.

REP. COMEY (102ND): Thank you, Chairwoman. Thank you so much, Shaun and Linda. I first heard of Linda and Shaun through a podcast. They do a wonderful podcast for listeners, called the Art of Allergies, and dad is also on it. And they really break down a lot of these things. And I actually listened a couple of weeks ago about the one about talking about restaurants and eating out, and it was wonderful and I really appreciate the effort, the extensive effort that goes into making a podcast and your passion for educating folks around.

MS. CORNING: Thank you.

REP. COMEY (102ND): You mentioned the Red Robin. As a mom of a food-allergic kid, I was wondering, do you find that chains do a better job than regular - -you know, than privately owned restaurants and why do you think that is?

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MS. CORNING: Okay. So, there's -- there's chains, franchises and privately owned restaurants, right. From what I understand, and again, from my limited experience, because it wasn't until maybe even a year ago that I was willing to walk into a restaurant and consider ordering off the menu. Shaun's food just goes with us everywhere. What I understand is that chains and small, like, mom and pop or family owned restaurants are able to accommodate better than a franchise because people assume you're getting consistency with a franchise that might not be there across the board. So, those are the ones that tend to be more trusted in the allergy community.

There really are no safe restaurants. There really are comfortable restaurants. And I think that -- again, this bill that's been proposed here, I think it would be a start, but I do think that there are so many intricacies of being in a kitchen and preparing food for food allergy people that there would need to be more than what there is now. Or I would hope at some point we could get to a place where there's more structure and more involved in that.

REP. COMEY (102ND): I'm sorry. Just one more question. I know we have others.

MS. CORNING: Sure.

REP. COMEY (102ND): The -- what sorts -- you mentioned going further. What sorts of -- have you been to other states? Are other states doing it? We often look at other states.

MS. CORNING: So, actually, in some of the stuff that I will submit, this is a pretty -- it's not a

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very long document. I picked three pages to submit. There are five other states right now that have some sort of legislation around this. And again, FARE, if you're not familiar, Food Allergy Research and Education is one of the leading national nonprofits for food allergy awareness and research. And in this they lay out some specific things about what you would hope to see in food allergy legislation as far as they are concerned. And part of that is training. Part of that is making it available in a poster form for the kitchen staff, and part of that is making sure that the dishes -- that the chefs know what's going into their dishes and that that information is available then to the customer.

REP. COMEY (102ND): And I think that's because as the customer, we have a decision to make.

MS. CORNING: Yes.

REP. COMEY (102ND): Do we eat the food or don't we eat the food?

MS. CORNING: Yes.

REP. COMEY (102ND): You know, do we trust the process that's gone on that we can't see. That we can't see. Thank you so much.

MS. CORNING: Thank you. Anything else? No. Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments from the committee? Thank you so much for your testimony. Thank you, Shaun. I can see why you're so comfortable if you are doing a podcast.

SHAUN: Thanks.

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SENATOR ABRAMS (13TH): I look forward to great things from you.

MS. CORNING: Thank you for your time.

SENATOR ABRAMS (13TH): Thank you. Next, we have Vanessa Darmofal. Oh, excellent. Is this Alex as well? Hi Alex. Welcome. Can you press the button at the bottom of your microphone? And if the red light comes on, you're good. Very good. Thank you very much, Alex. And would you introduce yourself and tell us how old you are?

ALEX DARMOFAL: I'm nine.

SENATOR ABRAMS (13TH): And what's your last name, Alex?

ALEX DARMOFAL: Darmofal.

SENATOR ABRAMS (13TH): Oh, I said it right. And this is your mom with you?

ALEX DARMOFAL: Yes.

SENATOR ABRAMS (13TH): Well, welcome. Thank you for coming to our committee meeting and talking about this important issue.

ALEX DARMOFAL: Thank you.

SENATOR ABRAMS (13TH): And welcome to you too, Mom.

MS. DARMOFAL: Thank you very much. Good afternoon or almost evening. Yes, evening. My name is Vanessa Darmofal, and my husband Jason and I are the proud parents of Alex, who just turned nine, sitting to my right. And Alex has had food allergies all his life. This was something very novel to me. Something I didn't know a lot about or what it involved.

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According to the CDC, food allergies increased fifty percent from 1997 to 2011, the year Alex was born. Although there's promising research, there's still no cure. The children with food allergies today will more than likely see this into adulthood. They'll be entering the workforce; they'll travel; they'll dine out with their families. And we cannot expect people with food allergies to take a backseat to those activities. It simply isn't feasible. When he was young, I wanted to put him in a bubble, just as a parent, just in general. You can't do that.

With awareness and education, restaurants can lower the risk of dangerous reactions in their patrons with food allergies. It's about compassion, empathy and due diligence. How can we improve the quality of life of these individuals? We can work as a team to find a commonsense approach to accomplish these goals. As mentioned before, several states including neighboring states, Rhode Island and Massachusetts, have successfully passed laws to improve the experiences of diners with food allergies.

When my family has had the privilege to dine out in these states, we were beyond impressed. We made -- they made the -- what made these dining experiences different? First, let me be clear that there was no guarantee that our son would not have a reaction. This is, unfortunately, impossible to expect and that is why we must always carry an EpiPen wherever Alex goes. It was the interest from the restaurant staff to do the right thing. They had knowledge about how to serve a person with food allergies including knowing how to prevent cross contact with an allergen.

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They asked questions and worked with us to make a safe dining experience as well as an enjoyable one for our son. It's a simple concept. It is a partnership between patron and staff to minimize risk. Restaurants are in the food industry and hence should be educated in food safety. Why is it mandatory for restaurants to have a standard of knowledge regarding risk of food borne illness? Just like restaurants must know about safe cooking temperatures and how to not contaminate utensils for food borne illness prevention, this same effort should be made regarding food allergies.

I ask you this. How can we look at food safety differently simply because of who it affects? Knowledge isn't a guarantee, but it lowers the risk of a bad outcome, thereby increasing safety. As a parent, it is difficult to hear about the inconveniences placed on the restaurants. What about the risks placed on customers with food allergies due to insufficient knowledge? My son will always have to be diligent and carry his EpiPen. Due to his allergies, he won't be able to dine at certain restaurants with cuisines that use his allergens in their food frequently. But that doesn't mean that restaurants get a pass and don't have to practice due diligence by being educated about food allergens, cross contamination, and have a process to accommodate a patron with food allergies.

SENATOR ABRAMS (13TH): Go ahead, finish.

MS. DARMOFAL: Oh, thank you. I work in a hospital and I have all of my adult life. And hospitals have the potential of causing great harm and because we're human we have the potential of making errors.

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So, what we do is we try to put processes in place to reduce the risks from that happening. And this is the same concept. The CDC Environmental Health Services Branch recommends food allergy awareness programs for staff. They conducted a study which found that less than fifty percent of restaurant managers, food workers and servers had any kind of training or process in place for food allergies. The CDC found that one in three people with food allergies have had reactions in restaurants.

The bill will finally promote food allergy awareness by using a standardized approach. The poster would serve as an educational tool regarding identification of food allergens, how to prevent cross contamination, and having a process in place to reduce risk. These kids with allergies will most likely have it into adulthood. There are also many adults with food allergies. They'll be in the workforce, taxpayers, and perhaps your constituents. It's appropriate to have -- it isn't appropriate to have them stay at home instead of dining out, traveling and attending work events. It's not feasible. I hope you will take this into consideration. Thank you for your time.

SENATOR ABRAMS (13TH): Thank you. Alex, I know that -- I got a message that you were gonna secede your time to your grandfather, but I would like to hear from you if you wouldn't mind.

ALEX DARMOFAL: I go to school scared sometimes, thinking something might happen. And I always will think that. If this bill were to get passed, I would feel more like a normal kid.

SENATOR ABRAMS (13TH): You know what? You're more than a normal kid.

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MS. DARMOFAL: He's pretty incredible. I'm biased, but he's pretty --

SENATOR ABRAMS (13TH): You are pretty darned incredible I would say. Where do you go to school?

ALEX DARMOFAL: Mary R. Tisko in Branford.

SENATOR ABRAMS (13TH): Thank you very much for being here. And thank you so much for taking such good care of yourself. Now, would you like to introduce your grandfather who's going to speak on your behalf as well?

ALEX DARMOFAL: Yes. Well, he's my grandfather. He cooks for me a lot and stuff and watches me. So, he knows a lot about this stuff.

SENATOR ABRAMS (13TH): Is he a good cook?

ALEX DARMOFAL: Yeah, he's good.

SENATOR ABRAMS (13TH): He is? What's his best?

MR. SPECIALE: Does it look like I'm a good cook?
[Laughter]

SENATOR ABRAMS (13TH): What's his best dish, Alex? What's the best one you got?

ALEX DARMOFAL: I don't know. They're all really good.

SENATOR ABRAMS (13TH): That's a good -- see. I knew you were better than normal. You are way above normal.

MR. SPECIALE: Well, I'm tempted to offer a bribe here. You folks pass this legislation and you all come to my house for a great dinner. But --

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SENATOR ABRAMS (13TH): Could you introduce yourself? Grandpa, could you please introduce yourself?

MR. SPECIALE: Yes. My name is -- I'm your constituent. My name is Michael Speciale. I live in Middletown. And, you know, talk about awareness. I just have to bring something up. I was director of the New England Air Museum up at Bradley Airport for twenty-nine years. And with allergies -- and Dr. Petit and his foundation helped run a great event up there. Thank you. And we also did scout sleepovers at the Air Museum and where did everybody sleep? Well, out on the floor among the airplanes. And I remember a woman called me ahead of the event and said my son is allergic to rubber. And, you know, it's like there are these things we don't know about and awareness, or lack of awareness, is just astounding. And I said, well, sure, you know, we have airplanes everywhere and they're sitting on rubber tires. And she said, well then, I guess he can't come. And I was shocked. I had never heard of such a thing. Anyway. We're trying to make a long, complicated story short.

This bill, if it were to pass, I think with minimum effort, if we look at the effort compared to the results, that'd be quite a good proportion here of, you know, advancement to pass it. I think when you go to restaurants you see, I mean, as a customer, you see the posters about warning signs of a heart attack or what would you do -- what would you do if somebody had some kind of a reaction or if somebody were choking. This is really no more than that. And although this is a severe problem, many implications, we've got to think about it, because the population's growing.

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This bill at very least would ensure -- it would ensure that people are becoming aware, aware of the issue, because I do think that a lot of people don't understand exactly how serious this is. So, I'm gonna leave it at that. So, I think a small effort, a small investment and I think all problems can be solved, but you have to become aware of them first. And this is a pretty good first step. So, thank you very much.

SENATOR ABRAMS (13TH): Thank you. Are there questions or comments? Representative Scanlon.

REP. SCANLON (98TH): Hi, Alex.

ALEX DARMOFAL: Hi.

REP. SCANLON (98TH): Good to see you. So, as you know, and maybe some members of the committee know, you've been up here three times now to try to pass this bill, which I first introduced three years ago and then again last year. And then Representative Comey has been working on it now this year. Do you think that this year is the year we should probably pass this bill?

ALEX DARMOFAL: Yeah.

REP. SCANLON (98TH): Okay. Can I just ask you quickly, you go to the Home, right, in Branford?

ALEX DARMOFAL: I've never been there, but we will see if I would go.

REP. SCANLON (98TH): Okay. But that's a good example of a place in our community that embraces this and understands the importance of it. Right? And maybe Mom can talk about that a little bit?

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MS. DARMOFAL: Yes. And there's also a restaurant as well in Guilford and they just go above and beyond. I mean, they've taken the time to learn about it, to have a process in place, to work with the customer and, you know, we're never gonna feel a hundred percent sure. We are taking some sort of a chance, but if we really feel like they have knowledge and they're working with us, we're gonna go back. Unfortunately, it's just not a standard.

SENATOR ABRAMS (13TH): Yes, it sounds like there's money to made as well, you know, for businesses that are willing to take this seriously and reach out to people who this is a concern for, but. And I'd also just like to say that as a grandma, I very much appreciate you being here and supporting your grandson in this effort. And Alex, I'm brand new to this job, and so I'm always surprised sometimes how long things take, but I'm hoping this is the year to, so. Are there questions or comments from the committee? Representative Comey.

REP. COMEY (102ND): Just a brief. Thank you. Just a brief. Thank you, guys for all your work that you've done year over year on this, for your commitment to it, for your doggedness about this. I know how important this is to not only you, but to the community, to the food allergy community. You know, one of the things that you touched on was how we're all -- that the children that were first diagnosed early on in this years ago, ten, fifteen years ago, whenever it was, are now adults. And so that's why we're seeing the rise in adults with allergies.

Just, I think was last year, early last year, in January, they came out with a study, as you know,

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that thirty million adults have food allergies now, which is double what they thought. So it's even more than the kids have it now. Are there -- and so, places like colleges are doing a fantastic job because they know that they -- in order to get the young adults to come to their college, they have to have a better process in place. And I think that this is a great first step. Is there anything that you had advocated for in previous years that possibly are not in this bill this year that we might want to consider?

MS. DARMOFAL: Well, I think training is very important and -- I mean, it is. I do think a poster does serve a purpose. I think it's very important to have something in real time that's right in front of you that's comprehensive, something that's standardized that everyone has and some accountability. But training is important and having a process in place from the time the order is taken to the back.

SENATOR ABRAMS (13TH): Have you been to Disney?

ALEX DARMOFAL: Yes. But we think Turks and Caicos is a hundred times better. [Laughter]

MS. DARMOFAL: Beaches was phenomenal. We were so accommodated it was unbelievable. They actually had an office for people with food allergies and menus, and you pick everything out and it was customized. And I know that's kind of above and beyond, but it was amazing. Things can be done. It's possible. And there is a statistic about the money lost, that restaurants lose by not having customers with food allergies.

REP. COMEY (102ND): Forty-five million dollars.

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MS. DARMOFAL: There you go.

REP. COMEY (102ND): Each week. Forty-five million dollars each week.

ALEX DARMOFAL: That's a ton.

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

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

MS. DARMOFAL: Thank you.

SENATOR ABRAMS (13TH): Thank you so much for your testimony. Thank you, Alex, for being here. And not only would a restaurant get to make money, but they'd have a delightful customer like you. So, thank you.

ALEX DARMOFAL: Thank you.

SENATOR ABRAMS (13TH): Next, we have Mike Pascucilla. I know I'm killing your name. I apologize. Oh, okay. I'm notorious for mispronouncing last names, so. Welcome.

MR. PASCUCILLA: Thank you. First, let me thank the co-chairs and members of the Public Health Committee for allowing me to introduce this testimony. My name is Michael Pascucilla and I'm in support of H.B. 5093. I'm speaking from three different positions. And I'm not going to read the testimony that I provided or the Connecticut Directors of Health Association provided, but I'm representing both of them.

So, with respect to the Connecticut Association of Directors of Health, we are a nonprofit organization. I'm a past president. I'm a board member. All local health departments are a part of

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this association and we are the folks, boots on the ground that do inspect restaurants and work the State Department of Public Health when it comes to the essential public health services at the local level.

I am also here as a local director of health. I represent East Shore District Health Department for East Haven, Branford and North Branford. And so as a local health director, we license restaurants. We do the inspections. And when it comes to food safety, it's a bit tough because we really don't have the tools to do the education or even do the enforcement when it comes to food allergies.

Lastly, and for full disclosure, I'm a father of a son who has food allergies. And I know firsthand what it's like to drive to the ER when he's having an anaphylactic reaction, a white-knuckle drive, pretty intense. This bill is a good first step. Having posters and education, I think is the right thing to do. Minimal effort. If we look to Rhode Island and Massachusetts, the work is already done. The Department of Public Health would only have to refine it to our -- to Connecticut needs. So a simple polishing and some editing.

I would recommend putting some language in there that we address different languages because -- but especially for our food service establishments where many languages are spoken. And if we really want to be effective it has to be written in a way that everyone understands it.

Lastly, we keep talking about the FDA code here in Connecticut, and it is coming, but it's been three years and it has not come and it's gonna be a little time before it gets here. And while the FDA code

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will address some food allergies, it doesn't go far enough. And I do believe we need to take it to the next step, like our adjacent states, Rhode Island and Massachusetts. We share the same customers and we share the same workforce. Thank you.

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

REP. COMEY (102ND): Thank you, Madam Chair. Thank you, Michael, for coming out. Michael is, also on full disclosure, has been working with this group and with others in the community, in the food allergic community, to try to make people understand what can be done at the local health district and has been a big champion for it. So, thank you so much for that and thank you for coming down today without me forgetting to tell you to -- ask you to. But you recently -- well, not so recently now. Maybe a few years ago, traveled overseas. And can you tell us about that -- the work that you did over there and what you found out about how they handle things in other countries?

MR. PASCUCILLA: Yes. So, in 2016, I did a sabbatical and I went to the UK. The UK is the leader when it comes to food allergies. And the reason why I did that is in years prior, trying to get the laws changed for food allergies was -- it was a bit tough. And here we are, you know, years later and we haven't really made any progress. And the United States, in general, is behind food allergy awareness, education and enforcement. And so I wrote a proposal that got accepted and I went to the UK. I studied there and I can tell you it

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works. It works very well. Not just in the UK, but in other countries.

And so from there, I testified at the Conference for Food Protection, this is going back about three years now, where the Conference for Food Protection makes recommendations to the FDA to change the code. And what I was able to do is to get them create a committee and so for the last several years I've been working with the committee. And next month, I actually travel to Denver to present the committee's two years' worth of work. And what we're trying to do is change the FDA code, to do a few things, one, education. There is just no required education when it comes to food allergies. And two, label -- we need to label the menus. Right now, you could go to a restaurant. On a regular basis, you know, the family and I just travel. We go to a restaurant and someone says all right, I'd like to order this. Can you tell me -- can I have gluten, can I have nuts or whatever? And a lot of times they're like, well, we don't know what the ingredients are. You can't have this. You can't have that.

And the UK has addressed this. And so what we're hoping is that in the future the FDA code will address it. And Connecticut is slated to adopt it, but it's gonna be years, and this is why states like Massachusetts and Rhode Island have been progressive and have moved forward with their own legislation. And I would encourage Connecticut to do that too. Again, this bill is a great first step, but it just doesn't go far enough. We need education and we need better label -- menus that are clearly labeled.

REP. COMEY (102ND): And thank you. And the -- do you think -- so, you're saying that change is coming

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and so -- can you just talk to that, like, what we're gonna --

MR. PASCUCILLA: Well, when I say change is coming, it's a process. So, with the FDA code, we anticipate that there may be some changes. But when we look at Connecticut, it's been three years since we have announced that we're going to move forward with the FDA code. And quite honestly, it's not in sight. We still don't know when we're going to do that. And so I think we need to be proactive and as a state we need to pass some food allergy awareness and some education and awareness. That's what's needed. The FDA code, right now it doesn't go far enough. But there's some hope in sight.

REP. COMEY (102ND): Thank you. And just one last question. As you're director of the local health department, regional health department, what are some -- how difficult would it be for your inspectors to add something to the form, the inspection form, and be able to carry out what it would need to be done to put a little bit more safety?

MR. PASCUCILLA: So, the -- right now, as we currently speak -- so, I'm not gonna talk about the future with the FDA code because that's another process. But right now, there -- when an inspector goes in a restaurant, there is really no discussion about food allergies. So, if it were to be added to the form, which it can be done fairly easy by the Department of Public Health, then the conversation would happen and I think that's a necessary first step, is to start talking about it. And then the education and the menu labeling would follow.

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REP. COMEY (102ND): Thank you. Thank you, Chairman.

MR. PASCUCILLA: Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Are there other comments or questions? If not, thank you for taking the time today. I particularly thank you for pointing out that surrounding states have really provided us a path for going forward. And even while we wait for the FDA to come up with the next wave, there's much that we could do in the near term. So, let's see how far we can get with the bill this year.

MR. PASCUCILLA: All right. Thank you.

REP. STEINBERG (136TH): Other comments or questions? If not, thank you. We're moving on now to Senate Bill 143. First up is Dr. David Boisoneau, followed by Dr. Art Tarantino.

DR. MOELLER: Dr. Boisoneau couldn't make it today.

REP. STEINBERG (136TH): Would you be Dr. Tarantino?

DR. MOELLER: Dr. Tarantino. I'm Dr. Moeller.

REP. STEINBERG (136TH): So, you're -- are you going up to use the same three minutes together or are you --

DR. MOELLER: Yes.

REP. STEINBERG (136TH): Okay. Then please proceed.

DR. MOELLER: Thank you. So, thank you, Senator Abrams and Somers, Representatives Steinberg and Petit, and other distinguished members of the Public Health Committee. For the record, I'm Dr. Carl Moeller. I'm with Dr. Art Tarantino. I'm a board

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certified otolaryngologist and Dr. Tarantino is a board certified urologist. We both practice at Hartford Hospital. We're here representing the Connecticut ENT Society, Connecticut Urology Society, as well as our colleagues in Ophthalmology and Dermatology. Collectively, we represent over hundreds of physicians who provide over a million visits per year to our citizens of Connecticut.

On behalf of the above-mentioned societies, we are here in strong support of Senate Bill 143, AN ACT PROHIBITING THE USE OF RESTRICTIVE COVENANTS AND NON-COMPETE CLAUSES INVOLVING PHYSICIANS. In Connecticut, most, if not all, physician employment contracts contain non-compete or restrictive covenant clause.

So what is a non-compete clause? A non-compete, also known as restrictive covenants, is essentially a function as a restraint on trade. In the medical arena, non-compete clauses prevent physicians from caring for their patients when a physician begins a new employment or, alternatively, departs a practice or a hospital to work as a self-employed physician. They also restrain physicians from practicing medicine in a predetermined geographic area for a specified period of time. Now, we do acknowledge the positive changes from the 2016 legislation and we thank the legislature for their efforts.

Non-compete provisions are found in contracts both in -- within small private practices as well as within large health institutions. Therefore, this is not an issue limited to size of the organization and really affects physicians of all types. We would like to outline two important reasons why we, as diverse group of physicians, feel that, once again,

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legislation to prohibit the use of physician non-compete clauses is very important and is passed out of committee.

First, the most important reason to do this is to do what's best for the patients. The doctor-patient relationship is at the heart of medicine. When a patient and a physician come together to address a medical problem, that therapeutic alliance should be allowed to continue until the problem is resolved. I think we can all agree that a patient should never be restricted from choosing a physician simply because of changes in that physician's employment. Likewise, a physician who leaves a practice when he or she has cultivated many patient relationships should be able to continue care of those patients without geographic or time constraints.

Second, Connecticut faces a critical problem attracting new physicians. This is for a variety of reasons, but as a medical community, we have come to realize that non-competes are one of the many factors contributing to our state's inability to attract young physicians. While we are both very happy with our employers, more than half of new physicians entering the workforce will change jobs within their first few years of practice. Often this decision is made more difficult by geographic limitations [Bell] -- I will wrap up for time for questions. But again, in representing all four of these state societies, we would strongly encourage that this passes out of committee.

SENATOR ABRAMS (13TH): Thank you very much.
Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for being here and I agree with you. As a physician and as a

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chair of the Department of Internal Medicine, I actually have seen horror stories of individuals who have spent years of their life in getting trained and then subsequently working, but as a result of their employer's situation, they actually have - - because of the restrictive covenant, have literally uprooted their families and children and moved to another place. And I think that's part of the challenge, I feel.

Many of the hospitals and larger health care systems may not realize how this is impacting, but as more and more clinicians are employed, this becomes very relevant for the sustainability of families and also sustainability of the profession, especially in a state where we are having struggles to get - -to retain the top-quality clinicians and physicians in our communities. So, thank you for coming and I'm glad many of the physician organizations are supportive of this. So, thank you.

DR. MOELLER: Thank you for having us.

SENATOR ABRAMS (13TH): Other questions or comments? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Have either of you seen examples of this recently? Clearly, a lot of discussion leading up to this came upon the fact that there's -- you know, that the two giants in the room -- there's Hartford Health Care. There's Yale. There's Trinity and some smaller players. And a lot of these geographical areas overlap, so it's tough when someone wants to move from one system to another. Have you seen that negatively impact people's ability to move or continue with their same patient base?

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DR. TARANTINO: Yes, sir. I've seen that. I'm part of Hartford Health Care Medical Group and I used to be -- run a forty-five-doctor multispecialty practice. We got bought out about ten years ago. So, I've seen it from both sides. And it -- and we have employed people who have come from other health systems that had to take a year off or work greater than fifteen miles from where they previously worked, and actually made accommodations for them because we really wanted them.

The thing that concerns me is we're really anachronistic to the rest of the states in New England. None of the other states in New England, except maybe Maine, will enforce a physician non-compete. I did a straw poll of urology colleagues from Vermont. UVM, Dartmouth, Lahey Clinic, Beth Israel Deaconess, Boston University, none of them have non-competes. And those are -- and three of those are major Boston, you know, systems in that regard.

So, it's -- if we're to be competitive in our local environment and to be able to attract physicians into here, we need to give them some sort of mobility. And at the federal level, Senator Murphy, for the last three years, has tried to get legislation put forth to eliminate non-competes across the country at the federal level, you know, and he calls it the Workman's Mobility Act or something like that. So yeah, and as we -- as we've employed other people we've had to put them in facilities, say, away from their primary site for a year until the non-compete wore off.

REP. PETIT (22ND): Have you seen, mainly in the contracts, say, over the last five to ten years,

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non-competes versus economic distance? In other words, a group or hospital brings in a urologist or an ENT, spends \$500,000 dollars in office and equipment, etcetera, and six months later or a year later someone decides -- there's a different offer or something and they're gonna move. And the facility attempts to one of the areas to try to recoup their investments. They say, jeesh, we put \$500,000 dollars into bringing you here, so you need to pay us back X percentage of that. Have you seen mostly non-competes or have you also seen monetary values attached to people's ability to migrate, depending on what was invested in that physician?

DR. TARANTINO: I've seen some contracts, not so much in our group; that has financial penalties for leaving within a certain period of time based on an investment and primarily things like moving expenses, loan forgiveness for educational debt and things like that, but not to the extent of facilities or services, you know, as far as that goes.

REP. PETIT (22ND): And finally, I realize you're representing, really, specialty societies. Have you had other input from primary care providers or other people who -- I know you're not speaking formally for them, but in discussions, have you heard some of the same issues with primary care specialties, internal medicine, family medicine, pediatrics, OB/GYN?

DR. TARANTINO: Well, my observation as a subspecialist who relies a lot on primary care physicians, they -- I kind of fear for our primary care colleagues because they're here for two years and if it's not a comfortable fit, they have to

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leave because of their non-competes. And we've lost somebody who's been building a practice and they've had to move to another state. And so, I think we're shooting ourselves in the foot. I understand -- I totally get the concept of trying to protect the business interest in some of the states, to have language that if you're an owner or share owner, you know, shareholder of a group and you leave. That's different.

When I was part of my specialty group, I went through a legal battle with one of my partners, you know, and we came to a common agreement. But it's different now. We're much more of a commodity. We're -- you know, we're employed. Most of the physicians in New England are now employed, very few private practice. And so it's a whole different world. And it's -- we don't want to restrict ourselves as being a good landing zone for physicians if we're not gonna be as competitive with our neighboring states.

REP. BETTS (78TH): Thank you. And thank you, Madam Chair.

SENATOR ABRAMS (13TH): Are there any other -- yes, Representative Carpino.

REP. CARPINO (32ND): Thank you. I have a question and I'm not sure if you two are the best ones to answer this. I always worry about patient access to our physicians. I've been very fortunate and had mostly wonderful physicians in the state and I hope that all of our Connecticut residents have that. But when folks are choosing their insurance plans, often they'll look to see what procedures are covered and they'll also look to see which of their physicians are covered. And if doctors have greater ability to

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move around, do you think that would impact our patients to their detriment, for instance, if they're no longer covered by the plan that the patients counted on when they signed up? I'd just love your perspective.

DR. TARANTINO: Moving around doesn't necessarily mean you're not gonna be part of that plan. You'll still contract with whatever --

REP. CARPINO (32ND): Right. But it doesn't necessarily agree that you were where you were when the patient signed up for the plan.

DR. TARANTINO: Yeah. Yeah. That's a tough one because I know over the years we've brought legislation forward with some more transparency and position panels on insurance plans, because a lot of times those panels are lacking in accuracy when the products are sold, you know, as far as that goes. But I think -- I wouldn't think that if a physician left one practice to go to another, they're still -- I mean, they're still gonna participate with all of the major payers and that access is still gonna be there. I don't think that's gonna be affected one bit.

DR. MOELLER: I think to Dr. Petit and Dr. Anwar's point, there's been such consolidation within the state that most patients -- most physicians are either employees of Yale New Haven or Hartford Health Care, one of the large systems, or such as myself or a private group, we negotiate all our contracts through Hartford Health Care. So, I think most of the large organizations are contracted with almost all the providers.

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REP. CARPINO (32ND): No, and I don't mean to be unsympathetic. I personally lost a chief of surgery here at one of our local hospitals, who I won't name, but you'll probably figure out. Went as far as Nebraska because of non-compete issues that he had to endure, him and his family. They did have to uproot and I'm not sure how much further from Connecticut's way of life you can get to Nebraska. But I just wanted to understand if you thought we'd be losing or reducing coverage for our patients. So, thank you.

SENATOR ANWAR (3RD): Thank you for your comments. Does anybody have any other questions? Yes, Representative Demicco.

REP. DEMICCO (21ST): Thank you. I don't pretend to understand this, but since you're here I'm gonna let you help me understand this a little bet better. So I'm looking at the language of the current statute, which we're trying to change with this bill, and it talks about covenants not to compete and it refers to them as necessary to protect the legitimate business interest, reasonably limited in time, geographic scope and practice restrictions as necessary to protect such business interests. So, are -- is the typical covenant not to compete that restrictive that it has to be done away with completely or how restrictive are they, I guess is my question?

DR. TARANTINO: Well, in 2016, there was a huge change for the state in that regard, because I -- our societies were intimately involved in that process. I remember that very well. And it codified it much more objectively than previously. Now -- and that's okay because -- but in terms of

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how we fair with our neighbors who have no physician non-competes, or if they do, they just don't enforce them. It makes them that much more attractive for physicians to want to work there and move there. New England is still a very desirable place to practice medicine in when you look at lot of these employment surveys that are out there.

But we -- I don't think we want to keep ourselves as the lone outsider and have this as one of the barriers to recruitment. I mean, you're starting to see even in cities where there's competing health systems, physicians will make a decision -- there was an article on this in the *Wall Street Journal* last year. Make a decision based on the non-compete component to the contract.

DR. MOELLER: The typical restraint is one year and fifteen miles from your site of primary practice.

REP. DEMICCO (21ST): Is that really all that onerous? Again, I'm playing devil's advocate here.

DR. MOELLER: Well, so -- I think I can provide some insight to that. I've been in practice for nine years now, you know, I have a child in fifth grade. I'm ingrained into the community. I have a house in West Hartford. My practice is in Wethersfield. Wethersfield would be considered my main area where I generate most of my revenues. So, you draw a circle fifteen miles outside of Wethersfield for one year. If I'm going to decide to open a practice on my own, what am I gonna do during that year? You know, it is onerous, yes, especially if you've been established in a community, both personally and from a family perspective and in terms of your patient base.

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REP. DEMICCO (21ST): And I won't argue with that. I just wanted to get a sense of, you know, what the typical restriction would be.

DR. MOELLER: Yeah.

REP. DEMICCO (21ST): And I guess the theory is that this hospital provided you with training and got you started, and therefore -- therefore, they should be entitled to put this kind of restriction on you for a year and for fifteen miles because of what they did for you previously, is that the spirit?

DR. TARANTINO: You already come to them trained. You're already trained when you come -- when you get employed. You're not getting any additional training. You are getting a computer, a desk, you know, patient list, you know, assistants to run the office, but you're coming in with your skills and knowledge to whatever entity, you know, as far as that goes. And so --

REP. DEMICCO (21ST): So, I'm just trying to understand the theory. In other words, we got you set up, so therefore we can put these restrictions on you if you decide to leave. That's the long and the short of it.

DR. MOELLER: You know, I think that the restricted covenants are a little bit of a holdover from the days when physicians were small business owners. And I think there is -- it does make sense to some extent if you're a group of four physicians and one decides to open up shop across the street. That's going to inflict economic damages and damages to those other three physician's practices. When you're employed by a health system that employees hundreds of physicians, you're probably not going to

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make much of a dent in a system such as Yale New Haven, you know, as a single provider.

REP. DEMICCO (21ST): Okay. And again, I wasn't trying to give you a hard time. I was just trying to understand the theory.

DR. MOELLER: No, no. I appreciate your clarification.

REP. DEMICCO (21ST): Okay. All right. Thank you.

DR. MOELLER: Yeah.

REP. DEMICCO (21ST): Thank you very much. Thank you, Mr. Chair.

SENATOR ANWAR (3RD): thank you so much. And I'll just make a comment and I'll have Representative Genga. I would encourage any of the committee members to do an exercise and then call for a new trained, adult internal medicine doctor as if you're a new patient. And then see how soon you can see a trained internal medicine physician who has spent many years of training and then see if you can get one in the next two months - two months. And say that's an emergency and see if you can get this, and that'll give you an understanding of our challenge right now and these doctors are actually leaving our state. And that's our challenge, because it's gonna be a disaster and it's a policy issue that's impacting this. Representative Genga.

REP. GENGA (10TH): Thank you, Mr. Chairman. I heard Dr. Anwar mention a couple of cases he knows of. How widespread do you think it is today in Connecticut in terms of the number of people affected, those who haven't been able to move around because of this clause?

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DR. TARANTINO: I think it's pretty significant, especially -- I think more so on the primary care side, to be honest with you. I see a lot of primary care physicians leave the area and they have come to join one entity, for some reason the culture wasn't right, and they want to move, or they want to stay in the area but work in a different entity, but this is what keeps them from staying and they have to leave.

I've seen it on specialty side, where we've actually hired people from other entities and we put -- I mean, the medical group, and we put them into a location outside their radius for a year and put the investment in and whatnot, because we thought they were a really good person and we wanted to keep them, rather than being able to let them join the group, you know, and so. And we're not talking about, you know, a migration, an out migration, but I think what we're talking about it enough of a critical mass that makes, in a state that can't afford even a small percentage loss, you know, to do our [Swear] to try to keep people here and be desirable.

REP. GENGA (10TH): This particular clause, then, effectively doesn't make sense to you as a professional. And from what I heard you say basically today, this is not something that provides any kind of protection insurance to those who may be affected by people leave -- physicians leaving.

DR. TARANTINO: Well, when I was part owner of a large, private practice group, it would hurt us, as Dr. Moeller was saying. But now that we're part of these large systems, the pain is not the same in that regard, and we pick up the slack when somebody

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leaves. But the trick is we just don't want people to leave. We want to keep people here. We want to continue to attract them. Other states have seemed to do away with them and without any untoward issues. I think if five of the largest medical centers in the region do not enforce a non-compete, that's gotta tell us something, you know, in terms of that. You're talking Vermont, Dartmouth, and three of the largest ones in Boston. You know, if they're not -- so, I think it gives us an idea that other people have realized the -- probably the more harm than good component.

REP. GENGA (10TH): Thank you.

SENATOR ANWAR (3RD): Thank you, Representative Genga. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. Hi. I'm not -- I'm familiar with what a non-compete clause is, but I'm not familiar with the whole entire thing. So, I used to work at a hospital and you'll probably when I say it's a one-hospital town with two hospitals. And so, what would happen is doctors or even doctors' groups would leave -- be at one hospital and then other hospital would say, well, we'll pay you more, and they would there. And then another group that was there, the other hospital would say, well, we'll pay you more. And they were always going back and forth. So, I sit just depending on your contracts that you sign who has non-competes and who doesn't, or is it individual doctors versus these doctor groups? How come, I guess, some people can do it and some can't?

DR. MOELLER: Yeah. I mean, I can think of a couple examples of what you're referring to, and then there's one specialty in particular that's tended to

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do that. And I don't know what the specifics of that. I don't know if there were financial repercussions to break in any non-compete with a specific hospital or not. But oftentimes, if it's the group that I'm thinking of, that's a private group that jumps back and forth between hospitals with privileges, not necessarily as employees.

REP. ZUPKUS (89TH): So, some people -- I guess, though, some can do it and then others cannot.

DR. MOELLER: So, if you're a large -- if you're a member of a large, single specialty practice, self-employed, you have privileges at one hospital. You're not an employee of that hospital.

REP. ZUPKUS (89TH): Okay. Great.

DR. MOELLER: So you wouldn't be under a restrictive covenant.

REP. ZUPKUS (89TH): Yeah. Okay. I understand. Thank you. And, I mean, my optometrist, I just went yesterday and found out he left and went across the street. So they must not have a non-compete.

DR. MOELLER: Right.

REP. ZUPKUS (89TH): Because he was literally across the street. So, thank you for explaining that to me.

DR. MOELLER: Sure.

SENATOR ANWAR (3RD): Thank you. Any other comments or questions? Thank you so much for your testimony. Thank you. We appreciate you coming.

DR. MOELLER: Thank you for your time.

DR. TARANTINO: Thank you.

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SENATOR ANWAR (3RD): Next is for H.B. 5180, Lionel Lessard. Thank you so much for waiting, Lionel.

MR. LESSARD: Good evening, Chairman, and everyone on the committee of the Public Health Committee. Like us, it seems like you have to be very flexible with your position. But once again, my name is Lionel Lessard. I've been a licensed funeral director, embalmer, and now general manager at D'Esopo Funeral Chapels in East Hartford and Wethersfield. And D'Esopo Funeral Home has been in business since 1905, serving thousands of families in our Greater Hartford Area at time of need.

I'm here today to -- in partnership with Dignity Memorial to support the raised bill of 5180, allowing catered food, nonalcoholic beverages in a funeral home by a licensed caterer. We are one of only two states where food and beverage are not allowed in the funeral home at the present time. The other state being Pennsylvania and they even allow it. They're not -- even though it's not in the rule, they do allow it. Being in the business myself for forty-one years, I've noticed the industry is changing. More families are requesting celebrations of life. And we all understand that when we have a celebration there's normally food and beverage. And what's what families are looking for now.

I had a good friend of mine whose parent died. They wanted to have a service with their loved one's remains present, but they wanted food and beverage. We could not do it. I told them that. They ended up going to a local restaurant and having it right there. It was somewhat of an inconvenience for them. They had to go out of town to do this. And

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that's just one example I can share. We've also become more of a transient society and more people are traveling, families, far distances to attend funeral services and wakes, and the grieving family wants to thank them by offering them food and beverage during the stay at the funeral home.

It's not just the conglomerates that are doing it. Art Erickson, who is president of the select independent funeral homes, was here earlier. He had to leave to go and see a family. But he was here to give testimony in support of this too. So, I just ask that you consider public -- the bill 5180 as a benefit of grieving family and allow the funeral homes to better serve our client families and the community as a whole. I welcome any questions.

REP. STEINBERG (136TH): Thank you for your testimony. You've been here before on this bill and I think you make a point. With each passing year, the behavior of those are traveling to these celebrations is changing, and then the nature of celebrations, themselves, have changed. You're reflecting, really, maybe some cultural changes.

MR. LESSARD: Correct.

REP. STEINBERG (136TH): Yet there are some funeral directors who continue to oppose this legislation. Why do you think that is?

MR. LESSARD: Some funeral homes or funeral directors, like a lot of people, we do not adapt to change very well. And we have to understand we're dealing with a younger, different clientele, younger family members, the millennials, where their wants are totally different than what our parents were, what even we believe. And this is -- we're just

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changing with the times and there are some funeral homes that do not want to do that. There are other funeral homes that are looking at it as a more responsibility on their part, more time on their part, where are they gonna put it. You know, like everything, we have to be flexible.

We have to think out of the box, how can we do this. And this is just an option that we're asking that you are allowing the funeral homes to do it. It's not mandating every funeral home has to do it, but it's an option, allowing this at the present time.

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

REP. ZUPKUS (89TH): Thank you. I just wanted to say -- and you just made my point. To me, this piece of legislation doesn't mandate it. So, if people want to do it, and I know someone in my town, they're building a new funeral home, and they would like to have something. And now, they can't even give you a cup of coffee.

MR. LESSARD: That's correct.

REP. ZUPKUS (89TH): So, to me, if people don't want to do it that's fine. That's their choice. But if funeral homes would like to serve something, I don't have a problem with that. I think it's good customer service.

MR. LESSARD: And that's a good point, if I may add. Our industry's all about service and we're there -- we're meeting with families that probably may be one of their most difficult in their life that they're ever going to face. And whatever we can do to make their life easier and give them a good memory, that's what we're trying.

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REP. STEINBERG (136TH): Anybody else?
Representative Genga.

REP. GENGA (10TH): Thank you, Mr. Chairman. I know you've had a long week and I surely appreciate your position. I think you're doing a great job, so. Lionel is one of my constituents and a friend, and I want to ask a few questions because some comments were made earlier today, to clear up some information that was lacking. My understanding is this is an option for a funeral director. Not something that would be required. It would be the choice of the funeral home.

MR. LESSARD: That's correct.

REP. GENGA (10TH): Okay. And that only food would be brought in, not prepared at the facility itself.

MR. LESSARD: Correct. Brought in by a licensed caterer.

REP. GENGA (10TH): That's right.

MR. LESSARD: Not allowing --

REP. GENGA (10TH): Very specific in the legislation. There was some questions about if they're preparing the food and meeting the ordinances of the individual community and so forth. And this would be to serve the general public at a funeral reception, where services were being provided.

MR. LESSARD: Correct. There would -- and let's make sure we understand. It's in a separate room of where the grieving is happening or where the loved one is. It's not going to be in the exact same room of where the loved one is. It will be in a separate room, catered food, whether it be Danish and coffee

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in the morning, whether it be sandwiches and wraps, whether it be a buffet spread put on. But again, the families would choose that, not the funeral home.

REP. GENGA (10TH): Earlier, it was testified by an individual representing that industry that he couldn't serve coffee and cookies under the present law. Is that correct to your understanding too?

MR. LESSARD: That is correct. That is correct. When anyone comes to the funeral home, first off, they come in with a coffee and we have to stop them and say due to present law with the public -- State of Connecticut Public Health Department, we cannot allow anything but water in a funeral home. There are -- somebody had mentioned there are individual wrapped mints in most funeral homes, but they're individually wrapped for the family members normally.

REP. GENGA (10TH): Yeah, I had asked him if he could serve candy, and he said he didn't think so. Is that yours?

MR. LESSARD: Correct.

REP. GENGA (10TH): Because I've been to a service where they did serve candy, but it was at the request of the deceased, because that was one of their big things in life. And --

MR. LESSARD: Correct. And normally, that's on the way out of the facility.

REP. GENGA (10TH): Yeah. Thank you. Thank you for your testimony. I think it all makes sense.

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

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SENATOR ANWAR (3RD): Thank you, Mr. Chair. And Lionel, thank you so much for being here. And again, I -- he's my constituent as well, so I have to mention. And thank you for waiting for a long time today. I've had a chance to visit your facilities and we've had had detailed conversation. Did I hear you say that about forty-nine states have this already?

MR. LESSARD: That is correct.

SENATOR ANWAR (3RD): Okay. So, just think about this, that there are only -- we're the farthest behind around this and I think this is truly a necessity for families who are just there for hours in many situations, that they are grieving and they are just being able to basically hydrate themselves, but beyond that they are not able to get any other help. So, literally, it's sustainability for them on that grieving day, difficult day for them as well, and then also for all the family members who are coming from all across the state and the country.

MR. LESSARD: Correct.

SENATOR ANWAR (3RD): I'm hoping that this would get through this time and then we don't have to be 49th in the country to achieve this, so. But this is important. Thank you so much for being here and thank you for your testimony. Thank you, Mr. Chair.

REP. STEINBERG (136TH): So we'll just be 49th on MAs being able to -- never mind, I won't go there. There you go. Any other questions or comments? If not, again, thank you for your time and for your perseverance on this. We really do appreciate it.

MR. LESSARD: No, thank you for all your hard work every day that you do.

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REP. STEINBERG (136TH): Thank you. Next up is Sean Stevens, followed by Nick Fulton. It happens. Sorry about that. Nick Fulton.

MR. FULTON: I've watched person after person do that and I forgot when I got up here, so. Good evening, members of the Public Health Committee. My name is Nick Fulton. I am the manager of Fulton-Theroux Funeral Home, Swan Funeral Home and River View Crematory, along the Connecticut shoreline. My territory runs from New London down to Madison. I'm a second-generation funeral director and been licensed in Connecticut for twenty-one years.

I'm here with the support of House Bill 5180. I've done some research and my research has shown that Connecticut is over fifty percent cremation at this point, which is a point I wanted to make today. My locations along the shoreline are around seventy percent. These families are aggressively asking for more and more nontraditional services. And I'll define nontraditional services as casket -- define traditional services, I'm sorry, as casket and remains going to and from a church, followed by a cemetery burial.

Usually, nontraditional services are based on food service of some kind. Other industries have marketed very well to host a celebration of life and take families out of the care of the funeral service professionals and into the care of a restaurant or an event planner. We can't compete with our hands tied under the current statutes. I don't believe in any way that a smaller funeral home would suffer. The key to this program would be to offer what we can, which was a point made previously. My location in Old Lyme is around 1,800 square feet and that

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includes the garage. I would love to be able to offer a family coffee and cookies or a pastry during the visitation or the private time before leaving for church in the morning.

Someone that drives a few hours to come to us or come to a service, I can't offer a cup of coffee or hot chocolate in the winter. Connecticut is the only state that does not allow families to eat a basic meal or drink a beverage in the funeral home. As for our preparation of food, it would be the expectation that they food would be prepared professionally in duly licensed kitchen that's been certified by the State of Connecticut.

This legislation would never require a funeral home to retrofit their building. This legislation is about the comfort and care of a grieving family. A family that lives in Connecticut, particularly along the border, who wants to provide food their guests, only needs to go across the state line to satisfy that request. From Greenwich, Connecticut, to Port Chester, New York, they share a common border, just like many communicates along the Connecticut state line. We are the trusted experts and we need to be able to stay on a level playing field to offer our client families what we are -- what they are asking for.

We urge you to -- your support for this important proposal and we thank you very much for your consideration. And any questions you might have, I would be glad to answer.

REP. STEINBERG (136TH): Thank you for that. And it's always good to see somebody who's multiple generations in the business and appreciates it. Any comments or questions? Yes, Representative Demicco.

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REP. DEMICCO (21ST): Thank you, Mr. Chair. I won't belabor this. I'm having some trouble with my computer, so I can't bring up any kind of opposing testimony. So, as far as you know, is there any reason other than we don't do it that or we've never done it that way before? Is there any legitimate reason why some funeral homes are opposing this kind of change?

MR. FULTON: I believe you said a key word, legitimate reason. No, I don't believe so.

REP. DEMICCO (21ST): Are there any reasons? Let's take out the word legitimate.

MR. FULTON: When Lionel was just speaking, he had brought up the opposition that we've heard over and over again, our building isn't equipped for it; what if we did something to a local restaurant and took money out of their pocket. Well, as I stated previously, they're taking money out of ours.

REP. DEMICCO (21ST): Okay. Thank you. I appreciate that.

MR. FULTON: Certainly.

REP. DEMICCO (21ST): Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. Other questions or comments? If not, thanks for sticking with us. We really do appreciate the testimony and seeing you again.

MR. FULTON: Thank you very much. Thank you.

REP. STEINBERG (136TH): We going to now move on to House Bill 5185. First up is Susan Dubb, followed by Anne Hulick.

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MR. SULLIVAN: Excuse me, Mr. Chairman. I was on the list for that today.

REP. STEINBERG (136TH): I'm sorry. We may have crossed your name out in error. Your name is?

MR. SULLIVAN: Brendan Sullivan.

REP. STEINBERG (136TH): Yeah, sorry. You got crossed out by mistake. Please come forward.

MR. SULLIVAN: I am the millennial opinion, by the way. So, as stated, my name is Brendan Sullivan. My family owns and operates funeral homes in Glastonbury and Wethersfield. I would like to thank you all for being here, first off, and taking the time to listen to us. I am a funeral director and embalmer here in Connecticut. I am a third-generation funeral director and currently work for my family's funeral home.

After receiving notice that bill 5180 was going to public hearing, I decided to come speak out on why I believe -- and what I believe would happen if this went into effect. My peers here are kind of giving a little bit of a half picture of what would happen if this went into effect. So, I am very unequivocally opposed to this bill going forward and for the reasons why, I will say. I strongly believe that a funeral home is just that. I believe it's a place to conduct funerals and that alone.

It could be detrimental to local businesses, halls, banquets. All of these businesses need the extra income from funeral repasts to survive in this market. If they lose out on this revenue, there will be a very strong possibility that many of these places can close. A local restaurant owner, when asked about this, about losing out on potential

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funeral repasts, said I don't know the exact numbers, but we do quite a few. Enough, that not getting any more would definitely take a chunk out of my income. Clearly, affecting local communities.

Smaller funeral homes will have a difficult time providing such a service and could potentially lose revenue to a larger operation that can fulfill such an event. A smaller funeral home may not have the facility or the means to compete with a larger competitor, therefore potentially losing business. Again, based on these last two points, this bill, I do not feel fully takes into consideration small business owners.

For families having a funeral or a wake while another family is served catered food, like they were saying, in a separate room, it could be quite disruptive towards the family that is grieving. If you put yourselves in that family's shoes and you're the ones mourning the loss of a loved one and you hear commotion going on next door, how would that make you feel? Put yourselves in those shoes. Think about if you were having a wake for your mother, your brother, your spouse or even your child, and you're trying to grieve and mourn, and all of a sudden you hear a bunch of commotion and laughter coming from the next room.

This bill states that the funeral director cannot serve alcoholic beverages; however, it does not state that alcoholic beverages cannot be consumed if the family, attendees or a third party can bring it in.

I also have health concerns about having food in a funeral establishment. And I'm running out of time. So, if you'd like to ask questions about that, I'd

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be more than happy to answer them. And I'd like to end by saying this will affect aspects of the community, not just funeral homes. And as community leaders, I encourage you to vote no on making this go forward.

And I'd like to ask my peers a question. Think about why you became a funeral director. Is the funeral business not enough anymore? If you answer no, then you have every opportunity to open a restaurant or purchase a hall to run these catered food events separately, like some funeral homes in the state have already done. I did not get into the funeral business to carry on my family's name or their business for -- that's been going on for nearly eighty years, but I got in to help grieving families get past a difficult time in their life. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony and offering an alternative point of view. I have to admit I'm confused, however.

MR. SULLIVAN: Okay.

REP. STEINBERG (136TH): First of all, since this is permissive as opposed to required, we're not suggesting that any home would be obliged to choose to provide these services. I'd also like to confess that with my - knock on wood - limited experience with nursing homes, I find them to be very well sound proofed, and if there were something going on in the next room, I'm not sure necessarily why I would be hearing what goes on there. So, I have to ask the obvious question and I'll be frank and perhaps a little bit bold-faced about it. Are you concerned this will put you at a competitive disadvantage?

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MR. SULLIVAN: So, I do not believe, personally, because our facilities are very well equipped to handle such an event, I'm more so thinking about all the other funeral homes in the entire state. I would like to have -- you know, a lot of them are old buildings. A lot of them do have thin walls and even with current building codes, you would probably still hear that noise. You know, I -- I am a volunteer fireman and I do know quite a bit about building codes and whatnot. And a lot of these old buildings, you can still hear those creaks, you can still hear those noises. And in terms of competitive disadvantage for me personally, I do not feel that way because, like I said, our facilities are very well equipped to handle such a thing, but that's not why I'm here. And then, I'm sorry, your other question was?

REP. STEINBERG (136TH): No, no. That pretty much addresses it. Because I'm still very confused why you would not afford other organizations that would want to take advantage of this that opportunity and why you would go out of your way to oppose it. I also don't think I heard from their testimony that they're using this as a profit center or in any way other than providing more service to their clients.

MR. SULLIVAN: Well, in regards to profits, if I may answer that question. So, the way it would work is that you can't -- you cannot charge for this catered food. It is a cash advance. It is a third party. You cannot charge excess for this; however, you can charge for your facility. You can -- just like a hall would. And I think that would put the families at a disadvantage, because now you can charge for a hall and catered food. It's just as much as going to a restaurant.

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REP. STEINBERG (136TH): I'm sure that that would also afford them consumer choice if that was a choice. Thank you. Representative Genga, please.

REP. GENGA (10TH): Thank you, Mr. Chairman. Mr. Sullivan, I asked a couple of previous speakers on this subject if providing coffee and cookies, which you can't do under today's standards of the law.

MR. SULLIVAN: Correct.

REP. GENGA (10TH): How do you feel about that?

MR. SULLIVAN: So, well, I do have an opinion on this. I personally do not like it. I don't think it should be an option. And the reason I say that -- well, I'll retract that. The way it's written in this legislature is that it has to be catered food and beverage. So, even to have cookies and to have coffee and what not, according to this legislature, it has to be catered, which means somebody has to bring it in.

And I don't know if that means the funeral home or if that means -- I heard it has to be a licensed caterer. I'm personally not a licensed caterer. The families are not licensed caterers. So, food and beverage in a funeral home, even if it was as simple as cookies and coffee, if it has to be a licensed caterer, now you have to hire out for that.

REP. GENGA (10TH): Well, I'm suggesting that there's -- the current law is so restrictive and out of date.

MR. SULLIVAN: Yes.

REP. GENGA (10TH): Because, as you said, you're in a funeral service.

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MR. SULLIVAN: Correct.

REP. GENGA (10TH): And part of that service becomes providing to the family, providing to the visitors, conveniences. So, tough, the weather, particularly this time of year, when you're talking coffee and cookies, I personally can't see where that would be an objection. I'm not talking about catered food. I'm talking just about that. And I would get into the part with you separately about the catered food.

MR. SULLIVAN: So, the part with the cookies and coffee, at the very minimum of what you're talking about. Say that that goes through this legislature instead of this catering. That, to me, would open a door for later on to keep continuing on and continuing on to allow different things to occur. Now, I'm not saying that would that necessarily be the worst thing in the world, to offer families cookies and coffee. I'm not saying that at all. However, I do think that it opens that wormhole for other things to happen and spiral and domino against what I believe in.

REP. GENGA (10TH): Well, I (Inaudible - speaker not on microphone). Then we have to adjust, as was mentioned earlier, to the current environment that we live in. The reason I believe it's in the law about the caterers is not to allow the funeral homes to prepare their own food, which would open another door.

MR. SULLIVAN: Correct.

REP. GENGA (10TH): Catered means it's brought in -- brought in by somebody else, it meets those standards when you're talking about public safety and public health. So, I'm just thinking here that

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what we have is a change and you have to get used to change and the ability to read your constituents and your services to meet those constituents.

MR. SULLIVAN: If I might add two things to that. Number one is I am the youth. I understand what the youths want. You know, I have many friends who are in this age group. I'm twenty-four years old, for those who didn't know. Not only does nobody ever want to go to a funeral home, I think we can all agree on that. Nobody ever wants to be there, myself included sometimes. But be that as it may, I've asked many of my friends and I'll ask you this as a hypothetical. Who would want to eat in a funeral home? I understand that you might be hungry, but mentally, what would make you want to do so? What would drive you to want to eat there versus a restaurant or a hall that's designed for something like that? Not a place that's a receptacle for deceased human remains.

And then the other point that I have on the old way of thinking, if you will, o, as I like to call it, the new way, because, again, I am the up and coming generation, is the health concerns. And I don't know if anybody has questions about the health concerns, but I'll address my areas now. Is -- I'll kind of combine them into two -- the two into one. Is nowhere in this legislation does it say it has to be a separate room. I know that they were talking about that it has to be in a separate room.

But nowhere does it say that I cannot be in a parlor. It doesn't say that it has to be in a separate room. So, a potential fear of mine, and again, barring the way the legislation's written, is the lobster bisque or whatever they were talking

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about earlier, what if somebody's eating that over the deceased and it spills on the deceased. Okay. That's a legitimate concern. And I hate to put it that way, but you have to think of the worst-case scenario in a situation like this. I can't think of anything worse or more horrifying to a family than for that to happen.

And the other health concern that I have is -- we talked about allergies tonight. Those two kids, Shaun and Alex, that were in here, they have severe allergic reactions to certain foods. They come into a funeral home; they don't know what's there. They've probably never been to a funeral home. If there's food there that they are allergic to, they could very well have an allergic reaction and that's on us now. And again, you're talking about liability and insurance and whatnot.

However, I more so think about the public and these children and all the people that could potentially be harmed by even something as simple as an allergic reaction, because somebody spilled, you know, a handful of peanuts in a couch and a kid gets into it, and all of a sudden that kid breaks out in hives and has to go to the hospital. And allergies could be potentially fatal. And I know, again, that's extreme; however, that is a legitimate concern of mine.

REP. STEINBERG (136TH): Representative Demicco.

REP. DEMICCO (21ST): Thank you very much, Mr. Chair. I was just gonna ask a question or two about the topic that you brought up, Mr. Sullivan, which was the health concerns, but you've pretty much addressed that. So -- and I just wanted to say thank you for coming and testifying and giving us

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something to think about with regards to this bill and offering an alternative point of view, which is why we have these public hearings. And finally, I just want to say it must be nice to be twenty-four years old. (Laughter) I wish. Those days are gone. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Are there any other comments or questions? If not, thank you for --

MR. SULLIVAN: I just want to say one final thing if that's all right.

REP. STEINBERG (136TH): I suppose.

MR. SULLIVAN: I just want to say that I've known these gentlemen here and they've known my family, and I do want to say that I do respect you. I apologize that our opinions differ on this, but, you know, that's what we're here for. And I do respect them and they all run good funeral homes.

REP. STEINBERG (136TH): I'm sure they very much appreciate that. We all do. And, yes, we are here to hear all different points of view and it really does help our process. Thank you.

MR. SULLIVAN: Well, thank you for hearing me everybody.

REP. STEINBERG (136TH): Now, we're moving on to House Bill 5185. Susan Dubb, followed by Anne Hulick.

MS. DUBB: Well, my statement started with good morning, but I'll go with good evening. Thank you very much for offering me the opportunity to come and testify. My name is Susan Dubb. I'm a registered nurse and I'm here representing myself as a registered nurse, but I'm also speaking on behalf

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of the Connecticut Association of Public Health Nurses. And I'd like to thank you for the opportunity to provide testimony about House Bill No. 5185, AN ACT CONCERNING TITLE PROTECTION FOR NURSES.

I've been a registered nurse in Connecticut since September of 1989. I was nine months out of nursing school in Canada and you guys had a nursing shortage, and I answered the call. I've worked in various health care settings since coming to Connecticut including critical care, long-term care, behavioral health, homecare behavioral health, and most recently local public health. I speak in support of House Bill 5185.

As a registered nurse of thirty-one years, I worked really hard to become a registered nurse and I've had encounters over my career with individuals who have shared with me that they're in nursing. And when I asked about what area or what they do; when I asked pointed questions, I find out that they are not indeed registered nurses or licensed practical nurses. They're actually nurses' aides or some other form of employment. And to me that is very disrespectful to the individuals who work so hard to become healthcare professionals and to care for our citizens.

The American Nurses Association says that there are thirty-nine states that are known to have language in their Nurse Practice Act either explicit in restricting the use of the title, Nurse, to only those who are licensed, or the implicit language restricting the use of any words implying that the individual is a licensed nurse. I'd like to propose

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that Connecticut consider the following language to protect the title of nurse.

No person shall use the title, Nurse, or any other title or abbreviation that would represent to the public that a person is authorized to practice nursing unless the person is licensed or otherwise authorized under this article. Any person who uses the title, Nurse or nursing, must hold a current license issued by the Connecticut Department of Public Health. It shall be unlawful for any person to practice or offer to practice nursing in this state or use any title, sign, abbreviation, card or device indicating authority to practice nursing unless such person has been duly licensed and holds licensure issued by the Connecticut Department of Public Health.

I do have other language that I'm happy to submit to the committee for consideration, but I'd like to thank you all for taking the time to listen to me. It has been a very long day, but it's very important to me as a nursing professional, and I'd be happy to answer any questions.

REP. STEINBERG (136TH): Thank you. I don't think you know what a long day is - (Laughter)

MS. DUBB: I was here at 8:30 this morning.

REP. STEINBERG (136TH): Okay, there you go. I take it back.

MS. DUBB: Yes, I can understand.

REP. STEINBERG (136TH): First of all, thank you, if you wouldn't mind submitting the language that you proposed. You know, when we were first brought this bill, some of us were a little surprised. We were

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wondering where was the abuse of such a use of a title. Can you provide us with an example of something that's -- you've viewed as problematic in terms of representation?

MS. DUBB: The most common misuse that I've experienced over my career has been with individuals who say that they're in nursing and, as I said, it usually turns out that they're nurses' aides. But the word, nurse, is associated with trust and high levels of ethics. We're the most trusted profession in the entire country, have been for many, many years with the exception 9/11, when the firefighters beat us out. But I think that, you know, when somebody is saying that they're in nursing, it needs to be clear, not only to other nursing professionals, but to our patients, our residents that are being provided care, that they understand who is providing their care.

And I can say that, personally, a couple of weeks ago, my husband had to have surgery and the hospital that we chose to go to, and I do see this more in hospital settings, acute care settings, where it's very clear whether it's color-coded scrubs or on the badge of the person, giant letters that say RN, LPN, PCT, CNA. It's very clear to the consumer or the patient or the resident who is taking care of them. And I was very impressed by that and I think that that is incredibly important. But in other area, home health care, I think it's a little more ambiguous and sometimes I think that the word, nursing, is used a little too freely.

REP. STEINBERG (136TH): Well, I think you raise an important question, because from the language you shared with us, would that necessarily cover the

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contingency, where if somebody's simply saying they're in nursing as opposed to protecting the use of the definition nurse? Those two are not precisely synonymous.

MS. DUBB: I hear what you're saying. I think that the language would allow for actions against an individual misrepresenting themselves for the services that they provide. Right now, there's nothing in the Nurse Practice Act that provides any level of retribution or -- or not retribution, I'm sorry. Action -- legal action for somebody who is presenting themselves as something that they're not.

REP. STEINBERG (136TH): Other comments or questions? Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for your testimony and thank you for serving as a nurse and working for that. And I agree with you, nurses are the most trusted people and do God's work every single day all across the country and beyond. The language that you're suggesting, if I heard you correct, is saying that if the nurse who is trained to be a nurse, but no longer has a license, should not be called a nurse. Did I hear you incorrectly?

MS. DUBB: Yes, they should have a current license.

SENATOR ANWAR (3RD): That's a problem, because once a nurse always a nurse. That's how I see it. So -- and the bill currently says that once a nurse always a nurse, but you're saying once a nurse, if you lose the license or you do not renew your license, you are no longer a nurse. And I have a problem because they have put in the education effort, training. And that's a problem for me, at least, to understand.

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MS. DUBB: I think the distinction is if they have had the training and they are a nurse, but they're not currently licensed to practice. I agree that there's probably a little bit of confusion in that language. And I do agree, once a nurse always a nurse. I will never not be a nurse.

SENATOR ANWAR (3RD): Right.

MS. DUBB: But I also recognize what the limitations are about practicing outside of my scope or practicing when I am no longer licensed. I know that there are avenues for nurses to continue to carry a license or to come back into the nursing practice, but to be able to say that I am currently a registered nurse or I am currently a licensed practical nurse and I'm able to provide care to you legally, needs to be clarified.

SENATOR ANWAR (3RD): So, when I first looked at this bill, I understand where the nurses are coming from because people have unfortunately started to use the term very loosely. Not necessarily professionals, but necessarily sometimes a patient who would just say, oh, can I ask the nurse, and then that person is not a nurse. He or she has not had the training and they're just probably assisting at other levels or as a nurse's aide. So, that -- I understand that.

But your current suggestion of change, at least me, personally, I'm having a little bit of a difficulty. I want to protect the title, but I don't want to link it to the license because then I am taking away somebody's - you know people define themselves who they are. And you're trying to say that if your license is no longer there because you are -- for one reason or other you have let it lapse because

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you're not working anymore, then you will -- your definition of who you are will change.

Because we define ourselves by what our professions are at times. So, I'm gonna have to reconcile with that personally, but I'm not sure I'm ready for that yet. But I wanted to clarify that. Thank you so much, again, for all that you do.

MS. DUBB: Thank you.

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

REP. CARPINO (32ND): Thank you. My concerns are along the same lines as the Senator. I compare it to my profession; once an attorney always an attorney, regardless of -- I'm an attorney whether I'm in another state where I am not particularly licensed. It doesn't mean that I'm a licensed attorney in California, but I will always be an attorney because I've gotten my training and education and have passed the bar.

So, I struggle with that concept, particularly in the confines of -- my perception as a nonmedical provider, when if I, you know, seek out a higher education professional, just because they're not a licensed nurse, perhaps they are an RN who now happens to be an attorney and they may not have a current nursing license, but perhaps they are teaching another course at a higher education. So, I too struggle with that. I've had wonderful experiences with nurses in multiple states. I'm probably one of those transient individuals we talked about in the last bill. So I do want to protect the profession, but I'm very uneasy with that language.

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Because if somebody says I'm in the legal profession -- there are very well-qualified paralegals, for instance, and they are in the legal profession, but they're not saying that they're attorneys. So, I just -- I have difficulty with some of the language suggestions and would to you or anybody else who perhaps could help us refine them. Because we want to protect our patients. I am fortunate in that the hospital I go to, they are color coded based on their scrubs. I've never had a difficulty in any of the medical offices that I have visited in southern Hartford County or northern Middlesex County. I trust that you have seen these difficulties, but I'm not sure that any of this language will solve those problems. So, thank you, sir.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. I too am struggling with this. I guess my question is do you bring this up -- are there instances where a nurse practiced and did something that nurses would do and she's not a nurse or, hey, it's not a nurse? Like -- because I would think if you're certified and you're a nurse, you can do certain things. And if you -- I'm not familiar with this kind of industry, but. And if you have a different title you could do different things. So, is there something that maybe nurses that aren't licensed are doing that they're not supposed to do be doing or -- what brings this up?

MS. DUBB: I think the distinction is how people are representing themselves to patients in the community. And that as licensed registered nurses and licensed practical nurses we provide a different level of skill and care. We are taught assessment

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skills. There are certain things that fall within our scope of practice that actually define us as a registered nurse, versus a CNA, who may go to a two-week class or a three-month class, representing themselves as a nurse. And as somebody else mentioned, you know, the resident or the patient asks, well, let me ask the nurse, and these individuals are answering questions that they shouldn't be answering, because the proper thing is for those individuals to direct the question to the actual nurse.

REP. ZUPKUS (89TH): Well, I think you're right. So, I'm not sure how legislation can fix that. That would be a hospital mandate or something internally. I think that would have to be. But I, like my colleagues, if you're a nurse and you retired or you're not licensed anywhere else, what are you gonna call them? I would want to be called a nurse too. So, thank you.

MS. DUBB: Thank you.

REP. STEINBERG (136TH): Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Would it be possible if this was, I guess, limited to the terms being used in a practice setting? I think there's a distinction between -- you know, I have not practiced law in twenty years. I'm still an attorney.

MS. DUBB: Mm-hmm.

REP. CANDELORA (86TH): But I'm also not putting a shingle out and saying I've been in practice. I mean, I think you're concerned about the misleading patients. So, if I'm not licensed in New York, I'm not gonna say I'm a New York attorney. Would it

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make sense if this language is limited to in the course of practice, so it would be confined to hospital settings and medical settings as opposed to, you know, being a retired nurse and sitting on the beach and having a conversation with somebody and saying I'm a nurse?

MS. DUBB: I could maybe concede to that. I know that I will always represent myself as a nurse. But I think I have enough personal and professional responsibility to admit that I was a nurse. I no longer practice as a nurse. I'm not longer licensed as a nurse. I would not offer nursing advice to somebody without being currently licensed. And I just think that it's a professional boundary that I need to maintain and I think that patients, in general, tend to be very -- I don't want to say that they worship their health care providers, but they hold us in a certain level of respect.

And it goes -- you know, when they're talking to their nurses, when they're talking to their doctors, they believe that what you're telling them is the truth and it's the best information that you can give them at that time. And I wouldn't do anything to break that trust. We worked hard to get where we are as the most trusted profession and I think it's important that we maintain that level of trust with our patients and I -- if there's individuals out there that are misrepresenting themselves as nurses -- one of the things that I did mention here is if the word, nurse, is part of a longer title, such as certified nurse's aide, that that full title be used so that the patient has the context in what the word, nurse, is used, so.

REP. CANDELORA (86TH): Okay. Thank you.

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MS. DUBB: You're welcome.

REP. STEINBERG (136TH): Other questions or comments? If not, you've given us a lot to think about. We appreciate your testimony.

MS. DUBB: Thank you.

REP. STEINBERG (136TH): Next up is Anne Hulick, followed by -- it looks like -- it is a very flowery hand. Shawn Gagacy (Phonetic), something along those lines. You know who you are if you're still here. And I imagine he might have something to say about a former practicing nurse. I need to ask a question as you were walking. Please identify yourself.

MS. HULICK: So, thank you all for your time tonight. So, I'm Anne Hulick. I'm here on behalf of the Connecticut Nurses Association. I'm kind of third-string hitter tonight for my colleagues, Mary Jane Williams, who is our government relations chair, as well as Kimberly Sander, who is our executive director, both of whom couldn't be here tonight, so they asked me to come. I've been a member of CNA since I graduated from nursing several decades ago.

And so, I know that Mary Jane Williams provided testimony on behalf of CNA. And on behalf of all of us, we wanted to thank this committee for bringing up House Bill 5185, AN ACT TO PROTECT THE TITLE NURSE. It is something that is very important to the nursing community. It is very similar to a bill that you all passed last year to protect social workers.

And it was really the same concept, frankly. It's not an attempt to, certainly, regulate speech or,

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you know, legislate behavior. It is an attempt to, as with the social worker bill that was passed, to make sure that people are using the title, nurse, when they are licensed to be a registered nurse or a practical nurse. And that is primarily to protect the public, to assure that there is no confusion as to who are the care providers, and to provide clarity and certainty with the public that we serve, particularly now, as you all know, when there's many different roles and new changes, and complex changes, in the health care delivery system.

So, this bill is really important to Connecticut Nurses Association, our members. Sue really provided a lot of the background. But there has been concern that the increased use of the word nurse has been confusing to some patients because it's not clear at times if the care provider is a nurse or a nursing assistant, perhaps. So, we do worry about that. Connecticut currently protects the title, RN and LPN, but not the word nurse. So, we would like you all to consider putting Connecticut in line with the thirty-nine other states that have passed protection for the title, nurse.

Mary Jane's testimony included a couple of examples of language from New York and Rhode Island. And I know that also in New England, New Hampshire and Vermont have protected the title, nurse. So, I do think that, Senator, you raised a really good point about if you're not longer maintaining a license. I didn't mean to hold you up, but. That is a concern, frankly, and as I understand it, it is CNA's desire to protect the title, nurse, even if someone is a retired nurse.

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And we have spoken to -- we have a group of retired nurses that we work closely with and we certainly would not want to, you know, exclude them from using the word that they are a nurse. I do believe that Kim and Mary Jane and the Connecticut Nurses Association membership believes once a nurse always a nurse. Similar to Representative Carpino's point about being an attorney. I'm also an attorney. I would not represent myself as an attorney if I wasn't trained and educated and licensed to hold that title.

So, we want to thank you most sincerely for raising this bill. We understand that you have many, many, many important bills on your plate this session. We met with the leadership and you raised it, and we're very grateful for that. That's it. I'm happy to answer any questions.

REP. STEINBERG (136TH): Thank you, Anne. It's amazing to all of us that you're a nurse, you're a lawyer, you're an advocate. I don't know when you find time to sleep, especially keeping your nursing license up to date. As you can see, we take your analogy with the social worker definition from last year and we want to make sure we get this right if we're gonna move forward with it. And you said that you weren't interested in sort of limiting appropriate expression, people's ability to market themselves. But I think we all agree that our desire is to make sure people don't misrepresent themselves.

MS. HULICK: That's right.

REP. STEINBERG (136TH): So, we'd appreciate your input and that of your colleagues, anything to make sure that we get the language right without imposing

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unfair burdens on others and acknowledging that context matters, but it may not be simply or explicitly the use of the word nurse as much as that for the context. That's a greater challenge to manage from a statutory standpoint.

MS. HULICK: Absolutely. We do understand that. And we'd be happy to work with you at any time to see -- to make sure we get the language right.

REP. STEINBERG (136TH): Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you, Mrs. Hulick.

MS. HULICK: Thank you.

REP. PETIT (22ND): When this came up in screening, my thought was that -- really was the verb, nursing, because I thought in a hospital that nurses are nurses and most of the nursing homes. But when you look for homecare or you look services that says, oh, we provide nursing care, and then do you get a CNA, do you get an LPN, do you get an RN. So, I agree with some of the comments that may have indicated that it may have to do more with the presentation or even advertising that we're gonna provide nursing care.

Unless you specifically ask who's gonna be doing that nursing care, you might not get an RN. That's your perception or is that something you've seen out there, you know, as an example or do you think that's an off-base concept?

MS. HULICK: No, I think you are right on point. And I think we struggled with this and I think it was Senator Somers who brought up an also very valid point, that we're not asking this committee to

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regulate marketing, per se, but just, again -- again, going back to the analogy of the social workers, that we really need to be mindful of how -- you know, protecting the title, nurse, means that there is -- there is something to be said, you know, we are licensed professionals.

We have a certain level of education and you -- I think it just lends some, not credibility, but a better sense of you can't just use that word lightly, because it is confusing and concerning to the public. And as we're seeing more and more types of practitioners out there and even educational programs that may use that term, it seems like an appropriate time to protect the title.

I don't believe in this state, but in other states there are some educational programs for veterinary nurses. So, again, I think this is just something that we need to -- as a public, as a society, this was something that the nursing community felt was important.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? And my guess is we'll see you again before session's over.

MS. HULICK: PFI.

REP. STEINBERG (136TH): PFI. One of our favorite subjects.

MS. HULICK: I knew it would be. I wanted to put it in tonight, but I didn't think it fit.

REP. STEINBERG (136TH): Yeah, thank you for sparing us for -- there's plenty of time for that.

MS. HULICK: Thank you.

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REP. STEINBERG (136TH): All right. So --

MS. HULICK: It's been a long day.

REP. STEINBERG (136TH): Yes. Well, this is what we do here. We now have Shawn. Is Shawn here? If not, we're moving on to Senate Bill 141. Kathy Flaherty. We'll move forward with Senate Bill 145. Nathan Tinker.

DR. TINKER: Well, it looks like I'm batting cleanup this afternoon. I didn't bring coffee or cookies despite the other conversation. I apologize. Chairman, committee members, thank you. I'm Nathan Tinker. I'm the CEO of the Connecticut Pharmacists Association. You have my written testimony there, so I'm not gonna read the whole thing. But I do want to dive in just with a couple of quick points and then we can discuss this is a little bit.

S.B. 145 requires pharmacists and pharmacies to make manufacturer rebates for prescription drugs available for patients. I believe that the intent of the bill is to try to drive every discount opportunity available towards the consumer. And I think that's a great thing. We're always looking for ways to drive down prices and make it easier for patients to pay for their therapies out of pocket. But, unfortunately, the way the bill is currently put together, it kind of misunderstands the way the -- the way pharmacies price their products and the way the whole system of pricing from the manufacturer down to the consumer works.

I know you have a few other pieces of testimony, written testimony, that kind of go into this in some detail from different angles. But just from the pharmacist's standpoint, this really could not work

or function period, because pharmacists and pharmacies do not have access to manufacturer rebates, and therefore do not have anything to give on the other side of that table.

So, you can look more deeply into it. I mean, there are, you know, a variety of middlemen in the process that I think you would be behooven to take a closer look at, the PBMs and other agencies that actually are the ones who price drugs and control the way they move through the system. But pointing out the pharmacists and pharmacies isn't going to get you there with the intent of this bill. And with that, I'd be happy to take some questions.

REP. STEINBERG (136TH): Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chair. That was my concern. Because as I understood it poorly, I assumed that most of the rebates would go directly to the pharmacy benefit manager who's the intermediary negotiating these deals between an insurance company and the different pharmacies. And I suppose if a PBM negotiates a deal with a big chain like CVS or Walgreens, they may be able to take part of that, but I don't know if that was standard operating procedures. So, would you say that for the most part these rebates are swallowed up mostly by the PBMs and not passed along --

DR. TINKER: Yeah. I mean, that's what happens with spread pricing, right? And the spread between what the PBM is charging or being rebated at and what they're actually getting from the pharmacist, and that difference between those two amounts is what the PBM literally just kind of scrapes off to the side as that reimbursement goes through the system. So, the PBM is the one that actually sets that

price. And the insurance companies, the managed care organizations, the PBMs are the ones who control what you pay out of your pocket when you step up to the pharmacy counter.

REP. PETIT (22ND): That's such a big topic. Sometimes you have to think about it concretely. So, I a drug's a hundred bucks, the manufacturer is gonna sell it to a hundred bucks, and they ask the PBM to get it into more places, if you will, and they say we're gonna give you a rebate of \$20, and it's now \$80. Do they always then just put it in as \$80 or do they push it maybe to \$90, go halfway in between and increase their spread as well? Do they ever pass anything on to the consumer or to the pharmacy?

DR. TINKER: I think -- and I'm not a PBM specialist, nor do I want to be. But that is often what does happen, yes. And that is the way, you know, they make their money. And there are instances, in fact, where if a drug manufacturer is willing and aggressive enough in their rebate to the PBM, the PBM could make that drug the lone drug in that class on the entire formulary. So, you wouldn't have, you know, a couple of choices of a particular class of drugs, you would only have that single choice because of the size of the rebate that the PBM is driving.

REP. PETIT (22ND): So, if you were to -- you probably don't want to get in this field either. If you were to rewrite the legislation, would you aim this at the PBMs? And ask you to hypothesize. If we did aim it at PBMs, would they then -- would it still be worth their while to take rebates if they

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are forced to pass it completely along to the consumer?

DR. TINKER: This is a very, very timely topic, because PBMs largely are unregulated, especially at the federal level. There is a little bit at the state level. Even Connecticut has a handful of regulatory framework around PBMs, including that they have to register. The registration fee for a PBM in Connecticut is \$50 dollars. And if you are a PBM that is owned by an insurance company that is housed -- a domicile in Connecticut, it's zero. You don't have to pay the \$50 dollar fee.

PBMs have -- a number of states have brought suit against various PBMs, trying to build in regulatory frameworks that are much more aggressive. And virtually every case, the PBMs have come back and said that they are, in fact, regulated under ERISA, the Employee Retirement Income Security Act, and therefore are not subject to any state regulation whatsoever. That's been in place since 1974 and there has been virtually no change to that - except, last week, the State of Arkansas and the Pharmacy Association of Arkansas, who has been fighting PBMs for -- since 2014, succeeded in getting their regulatory suit to the Supreme Court.

So, on April 27th, the Supreme Court of the United States is going to take up the question of whether states have the right to regulate internally, PBMs. And this will be in one way or another a landmark decision and it will completely change the way, especially -- well, if Arkansas wins -- the case is called *Rutledge v PCMA*, and you see that PCMA was actually one of the other organizations that

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supplied testimony today. And PCMA is actually the association for the PBMs. That is the trade group.

If Rutledge is successful in their suit in the Supreme Court, it'll completely change the way that PBMs function, the way that those rebates and so forth are driven through the system, and will enable states to directly regulate them within their borders.

REP. PETIT (22ND): All right. Thank you, Dr. Tinker. Mr. Chairman, I'm not sufficiently confused, so someone else may continue questioning. (Laughter)

REP. STEINBERG (136TH): For me it's a regular state of being, so I can sympathize. Yes, Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for your testimony, and thank you, Mr. Chair. Can I understand a little bit your part of the Connecticut Pharmacist Association?

DR. TINKER: Pharmacists, yeah.

SENATOR ANWAR (3RD): Okay. And the majority of the pharmacists, if not all of them are now employed by larger pharmacies?

DR. TINKER: Yeah.

SENATOR ANWAR (3RD): In the outpatient setting and even in the inpatient setting.

DR. TINKER: Yeah.

SENATOR ANWAR (3RD): Okay. So, there are -- I'm gonna try to understand this and maybe hopefully explain this. There's a drug manufacturer. There's an intermediary, the middle person. There is a pharmacy.

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DR. TINKER: Well, there's one more layer in between there. There's the insurance company and the managed care organization.

SENATOR ANWAR (3RD): So, the insurance company is on the side, though. But that's -- and then right below that is the pharmacy and then there's a pharmacist.

DR. TINKER: Right.

SENATOR ANWAR (3RD): Okay. And the insurance company is partly controlling. The challenge we have is -- and right below, in the lowest level in this whole situation is the poor consumer, who's dying. Right?

DR. TINKER: Yeah.

SENATOR ANWAR (3RD): So, what we are trying to do is we are trying to figure out the disease process off the cost of medicine, and then that is going out of control. And then the manufacturers, when you go to them, they say, oh, we are giving rebates. And then we go to the pharmacy and you say, oh, we are not getting rebates. And the poor consumer says we are not getting any rebates either. So, the one who's not in the room is usually the one that everybody points fingers at. But money is not coming through for the situation, so. And insurance companies are the same thing, for that matter.

Now, the insurance company would say that well, there are rebates in the pharmacy. The employer of the pharmacist is now being identified as the major culprit in taking on these rebates. They're translating it down to the -- transferring it down to the patients or the consumers. I think that the

one piece in there that might -- I understand where you're headed with that.

DR. TINKER: Yeah. The thing that has kind of changed in the last the major pharmacy networks, we'll say, CVS, have merged with insurance companies and have launched or are already -- you know, by their own PBM. So, you've got a circular firing squad on -- in one case, where the pharmacy itself is owned by or a sister organization to the PBM that is selling the product or delivering that -- you know, moving that reimbursement system into the pharmacy. So -- I mean, there's a -- I think that's a whole other regulatory mess that we, you know, should've taken up before allowing these sorts of mergers.

But I think that -- that's where the -- it's one thing when you're talking about independent pharmacies who are forced to work with PBMs kind of on their own line or on a separate scale. When you're talking about chain drugstores, larger organizations that have that sort of clout and can do deals of sufficient size, they're making -- you know, that spread pricing is a little more -- is land -- is land -- let me just put it this way. It lands above the pharmacy itself. It never gets down to the pharmacy, and much less the pharmacist and the consumer.

SENATOR ANWAR (3RD): So, how is CVS getting bigger and bigger and Walgreens getting bigger and bigger, when the manufacturer is saying we are giving all the rebates that we can give? You know the intention and you know -- you understand this far better than we do. So, if this bill doesn't do it, we need to figure out a way to get the rebates that

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are promised, get to the consumer. Somebody in the middle is eating them up.

DR. TINKER: Yeah. And, you know -- and I agree that there's a lot of finger pointing at the PBMs, and it's because the PBMs are the ones who actually are driving that reimbursement and taking those rebates. They say that they are applying those to the insurance companies against premiums, and that premiums would jump by, you know, ten, eleven, twelve percent if they didn't apply those rebates directly to premiums and push them down to the consumer. So, the argument becomes do you want rebates on the drugs for individuals, or do you want lower premiums for an entire class of folks. And that's where they try to make that argument.

SENATOR ANWAR (3RD): And if I heard you correctly, you're saying that the PBMs are supposed to get regulated by the federal government. So -- but it -
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DR. TINKER: But they don't.

SENATOR ANWAR (3RD): But in the State of Connecticut -- the State of Connecticut can have some regulation and oversight over that.

DR. TINKER: A very small amount. And like I said, it's not the stuff that has real import into those sorts of practices. And if it were to try to regulate those practices, PBMs would argue that, you know, they're under ERISA, not regulated by the state.

SENATOR ANWAR (3RD): So, the poor patient is, again, stuck.

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DR. TINKER: Yeah. I mean, this came out just the other day, a couple of days ago, that the -- was the Cigna-Express Scripts merger increased those profits 93.5 percent in one year, to over \$5 billion dollars. That's a profit margin. So, you know, it tells you a little bit about how these systems start feeding back into themselves and, you know, the patients and the consumers is the ones who doesn't get the credit.

SENATOR ANWAR (3RD): What percentage of your members are now independent pharmacies?

DR. TINKER: Oh, a very small amount. There's only about a hundred independent pharmacies left in Connecticut.

SENATOR ANWAR (3RD): Out of thousands.

DR. TINKER: Out of thousands.

SENATOR ANWAR (3RD): Okay. And the bill is not intended to harm the independent, small pharmacies at all, because they are the remnant of the historical beauty of what used to be in some respects.

DR. TINKER: Right.

SENATOR ANWAR (3RD): And -- but I think if this bill is -- we'll have to do a little bit more homework internally. But if this bill is not going to help the consumer and harm the small, independent pharmacies, then it defeats the whole purpose. But there is a missing link and if we have to keep going after that because our consumers are not getting the medicines that they need at this time, and manufacturers keep saying that it's not our fault. So, this is a problem.

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Again, the manufacturers aren't innocent in the picture either. So, we are sort of in a bind. Maybe offline, we need to have more conversations so your membership may have more insight into how to fix this challenge.

DR. TINKER: Happy to do this. And one thing I'd like to point out is, you know, as our name implies, we don't represent the pharmacies or the chain drugstores. We're literally the individual pharmacists who work at those stores.

SENATOR ANWAR (3RD): Yes. Good. Next year we'll have a bill to protect your name too. (Laughter) Thank you so much.

REP. STEINBERG (136TH): And on that note. To everybody's point, we are thoroughly confused by everybody pointing fingers at everybody else. And we care about the consumers and that's what we'd like to see addressed. There may be some issues beyond our pay grade here, but we would appreciate further dialog.

DR. TINKER: It's a difficult and very convoluted system that -- were we having this conversation in 1990, yes, the manufacturers' rebates would be driven, you know, straight down to the pharmacy. But with the introduction of PBMs in the '90s and the way that whole industry changed, it all took that away. That power of any sort was taken away from the pharmacists.

REP. STEINBERG (136TH): You know, with so many things that we see these days, we are able to eliminate the middleman and save costs. It's kind of ironic we've gone the opposite direction when it

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comes to distributing medications. You'd think we could do better.

DR. TINKER: Yeah. I agree.

REP. STEINBERG (136TH): Excuse my philosophical comments. Any other questions or comments? If not, thank you, Doctor, for being our last -- oh, please don't do that. (Laughter) And if there's not anybody else who would like to testify, we will conclude the same day that we started. And we are not meeting on Friday. That's our special surprise for you. And we'll see you all on Monday at 10:30.