

CHAIRPERSON: Senator Abrams

SENATORS: Anwar, Lesser, Somers

REPRESENTATIVES: Steinberg, Young, Petit,
Arnone, Borer, Candelora,
Carpino, Comey, Cook,
Genga, Hennessy, Kennedy,
Klarides-Ditria, Michel,
Ryan, Zupkus

SEN. ABRAMS (13TH): At this public hearing today we like to make an announcement at each public hearing that we want everyone to feel comfortable here, testifying and saying what they would like to say when it is their opportunity. So, we ask the people not make any comments or noises or anything that would either indicate opposition to what they're saying or support of. We want everyone to come up and just feel comfortable to talk to the committee. So, we thank you very much for your cooperation with that. The first person up tonight - today is Commissioner Jordan Scheff. Thank you for being here Commissioner.

COMMISSIONER JORDAN SCHEFF: Good morning. I'm very glad to be here. You're all very, very far away. [Laughing] I have - I have an abbreviated version of my written testimony because it's a technical bill, I'd like to read through it, which is not the way I normally do this but we're going to give it a shot. Senator Abrams, Representative Steinberg and members of the Public Health Committee, I'm Jordan Scheff, Commissioner of the Department of Developmental Services. Thank you for the opportunity to testify today in support of Senate

Bill #246. This bill implements numerous recommendations of the Department of Developmental Services that improve and advance the important work of our agency. As this bill combines four separate department proposals, I would like to take this opportunity to summarize and explain each section of the bill.

In Section 1, current State Law outlines with - outlines with which state agencies and other entities, DDS, may share its Abuse and Neglect Registry information. Specifically, the statute details that the department may make registry information available to the Department of Children and Families, Mental Health and Addiction Services and Social Services. For the purposes of determining whether an applicant for employment appears on the DDS Registry. As Governor Lamont's Executive Order #2 calls for the centralization of human resources under the Department of Administrative Services, DAS will soon become the single state agency overseeing the hiring of all DCF, DEMAS, DSS AND DDS employees.

For this reason, Section 1 of this bill proposes to allow DDS Registry information to be made available to the Department of Administrative Services for the purposes of determining whether an applicant for employee with the four human service agencies referenced above appears on that registry. For background, the DDS Abuse and Neglect Registry is a confidential, centralized database that contains the names of former employees who have been terminated or separated from employment as a result of substantiated abuse and neglect through DDS. This administrative process is separate and distinct from any legal process in which a person could be charged

or convicted of such abuse or neglect through the Criminal Justice System.

Section 2, this section would allow me, the DDS Commission, or a DDS Regional or Training School Director to provide consent for necessary treatment of an emergency nature when the individual's legal representative is unbailable or unable to give such consent. Currently DDS has the statute authority - statutory authority to authorize necessary surgery for such persons wherein the opinion of the person's attending physician, the surgery is of an emergency nature and there is insufficient time to obtain the required written consent. There are circumstances, however, when an individual under the Department's care requires emergency treatment other than emergency surgery and there is insufficient time to obtain the required consent.

In these - in these situations, the department is currently unable to grant consent for emergency treatment. With advances in medical treatment that require a less invasive treatments than surgery, DDS believes that allowing the Commissioner or his designees, to consent to emergency treatment for an individual either one, when a legal representative is not available to give consent or two, if the individual has no legal representative and the individual is unable to give consent, would allow that individual with intellectual disability to have access to appropriate medical care.

The Department also would like to take this opportunity to highlight two important provisions in this section that provide additional safeguards to the individual. First the bill's language requires the designation of what constitutes an emergency

treatment and as such it is determined by the individual's attending physician. This means that a clinical professional, not DDS, is making the determination that treatment is necessary and that the situation is an emergency.

In addition, the language requires that the attending physician prepare a report describing the nature of the emergency, which necessitated the treatment and a copy is filed in the patient's record. This requirement confirms that the decision to treat has been made by the physician and is fully documented and recorded. Both provisions are currently in statute as part of the - my existing ability to consent for emergency surgery, just looking to expand that to cover treatment as well.

Statute - Section 3, Statute currently prohibits DDS from notifying and sharing any documents regarding report of abuse or neglect that warrants an investigation when an individual's legal representative is the alleged perpetrator of such abuse or neglect or the legal representative is residing with the alleged perpetrator. To ensure the ongoing protection of individuals with intellectual disability and those individuals that are reporting suspected cases of abuse and neglect, this section expands the statute to prohibit DDS from sharing the original report of abuse or neglect and the evaluation report also known as the Final Report, with the legal representative who has been found to be the substantiated perpetrator of abuse or neglect or who is residing with the substantiated perpetrator.

Section 4 takes a two-pronged approach to reducing the department's carbon footprint and helping meet

our state's energy goals. Subsection A encourages any new construction or DDS license residential settings to adopt standards that promote emergency efficiency and incorporate certain environmentally friendly materials and techniques. Suggestions would include energy star-rated appliances, light emitting diodes, lightbulbs, low flow faucets, showerheads, etc. In subsection B, it allows for any existing DDS license residential setting to complete an energy assessment through the Department of Energy and Environmental Protection. This section requires that a copy of the assessment should be submitted to DDS for review. Based on the assessment received, DDS will compile a report for the Public Health Committee summarizing the findings of such emergency assessments and provide recommendations for emergency efficiency improvements for DDS residences.

Lastly and in addition, DDS would like to take this opportunity to respectfully request joint favorable substitute language to update the DDS statute regarding the membership of The Camp Harkness Advisory Committee. The committee - this committee advises the department with respect to the health and safety of the persons who attend and utilize the state run camp specifically the amendment would reflect the name change of The Arc of New London County to The Arc Eastern Connecticut and the merger of United Cerebral Palsy Association of Greater Hartford Inc. with Sunrise Northeast.

The department understands that The Camp Harkness Advisory Committee plans to testify in support of these proposed changes while also requesting an additional amendment to add appointments for a Special Education Director and a representative of

Mental Health Organization that utilizes Camp Harkness. DDS has no concerns with the additions of these two appointments but additional decisions on the appointing authorities may need to occur. And then we have - we've provided the amendment below for the committee's consideration for Senate Bill #246. I won't read all of that language to you, and I thank you this morning for the opportunity to testify. I know you have a busy day. I've already had a busy day and I'm available to answer any questions you may have.

SEN. ABRAMS (13TH): Thank you very much for your testimony, and yes so, the - the language that you're requesting about Camp Harkness is in your written testimony? We can refer to that.

COMMISSIONER JORDAN SCHEFF: It is.

SEN. ABRAMS (13TH): Thank you. Are there any questions or comments from the committee? I think all of your - the requests through this bill are clear, and I thank you very much for that. Thank you for your time.

COMMISSIONER JORDAN SCHEFF: Thank you very much.

SEN. ABRAMS (13TH): Next, we have Commissioner Coleman-Mitchell. Good morning Commissioner. I just want to say before you begin, thank you so much for your time this morning, thank you for all you've been doing. The Maternal Health Summit, amazing. The work you're doing for the Coronavirus, amazing, and really appreciate all the time that you - that you've been putting in, thank you very much.

COMMISSIONER COLEMAN-MITCHELL: Thank you. It wouldn't be done without a wonderful team and partners from our community, so thank you for that.

I was about to say, I could've sworn I just saw you all [Laughing] about an hour ago. All right. Good morning Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and other members of the Public Health Committee. My name is Renee Coleman-Mitchell. I am the Commissioner of the Department of Public Health and I am pleased to be here today to support the Governor's Public Health Budget implementor as well as several of the Department's bills. Thank you for this opportunity to testify. I would like to say that I also have an abbreviated version for the legislative testimonies and so you have them in front of you and I'm going to hopefully be able to summarize pretty quickly. House Bill 5020, The Governor's Public Health Budget Implementor will help reduce youth initiation of tobacco use in Connecticut. Require licensure of the Albert Solnit Children's Center and enhance rights of residential care home clients experiencing involuntary transfer or discharge. Specific for the flavor ban prohibiting the sale of flavored electronic nicotine delivery systems, ENDS, and vapor products will help to reduce youth initiation and continued use of these products. The 2017 Youth Tobacco Survey showed that 24.4 percent of high school seniors in Connecticut were vaping and it is anticipated that the 2019 figure will be even higher. Nationally the rate increased 78 percent between 2017 and 2018. A lung injury outbreak was identified beginning in August 2019 and is ongoing. The skyrocketing youth and young adult use of vaping products throughout the country has now resulted in nearly 80 percent of these lung injuries occurring in those under the age of 35.

Although on many cases the long-term effects on lung function for these patients are not known. At least some of these patients will develop chronic lung issues. There is the general perception that flavored ENDS and vapor products are less harmful than products with tobacco flavors, but the long-term consequences of vaping flavored e-liquids are not yet fully known. Although flavorings have been tested as safe for ingestion, they have not been fully tested for inhalation safety. Studies are showing that some flavors contain chemicals known to irritate the respiratory system. Specific to the nicotine cap, our Governor, Governor Ned Lamont, also proposes a prohibition on the sale of any ENDS or vapor product having a nicotine content greater than 35 mg per mL.

Connecticut youth are using certain products that are five times more potent than cigarettes. We know that adolescent brains are particularly vulnerable to nicotine and nicotine addiction and that many young people are not aware that most ENDS contain nicotine. Youth can become addicted after just a few hits, and nicotine addiction is very hard to break and there is a shortage of evidence-based tobacco use cessation programs for adolescents and teens. Increased penalties, just last year the General Assembly enacted PA19-13, which increased the legal age for purchasing tobacco products to 21 years of age. This policy will reduce the likelihood of youth becoming addicted to tobacco products.

The Governor proposes to double the financial penalties imposed upon employees and business entities found to be in violation of the sales - of the sales prohibition and also establish equivalent

penalties for businesses found to be selling flavored ENDS or vaping -- vapor products having a nicotine content greater than 35 mg per mL. This will protect additional Connecticut youth by reaffirming for retailers that compliance is imperative. The Solnit Center Special Act 19-16, an Act concerning the licensure of the Albert Solnit Children's Center directed the Commissioner of children and families to submit a report recommending a process for DPH to license the Solnit Center's north and south campuses.

Recommendations of a working group comprise of Representatives from DCF, DPH and the Department of Social Services, The Office of the Child Advocate, Beacon Health Options and two privately operated adolescent psychiatric treatment facilities were submitted to the Children's Committee earlier this year. The working groups' recommendations are reflected in Section 8 through 10 of these bills. Implementing state licensure of the Solnit Center will enable to The Department of Public Health staff to review a broader range of health and safety conditions in the adolescent psychiatric residential treatment facility units. Residential care home discharge progress. The department also supports 12 - Section 12 of this bill, which will allow a residential care home to qualify as a home and a community-based setting. Over 260 individuals currently reside in RCH's, Residential Care Homes, and receive services under the Connecticut Home Care Program for elder's waiver. It is imperative that the state ensure that these RCH's can be considered a home and a community-based setting under federal regulations to ensure that these residents will not

have to move to another setting to retain their home and community-based services.

Residents living in home and community-based settings must have comparable protections to those provided to tenants under the state's Landlord Tenant Law. Section 12 contains provisions of enhancing the appeal rights of RCH residents who are notified of a pending transfer or discharge. DPH has been collaborating with The Department of Social Services, The Office of Policy and Management and The State Long-term Care Ombudsmen and representatives of the RCH's to revise the current language in the bill to address concerns raised. Now Senate Bill 142, an Act Concerning Vital Records search fees. This proposal alters the fee structure for vital records allowing the state and local vital registrars to charge a fee for a search of a vital record. Currently a fee may be only charged when a certified copy of the requested vital record is issued.

When a requested record is not found and there is no certified copy to be issued, the department and local registrars must return the fee without compensation for the considerable amount of time, resources used to search for the record. Multiple databases and index books must be searched before it is determined that the record is not on file. And communication between the different vital registrars take place to confirm that the record is not recorded in another Vital Record's Office. Under this proposal, the search fee will cover the cost of the search and one certified copy of the record or in the event that no record is found, a statement that no record was found. DPH respectfully request

that revisions are made to this bill. Our written testimony provides suggested substitute language.

Now House Bill 5181, an Act Concerning the Department of Public Health's recommendations regarding remote access to electronic medical records maintained by hospital and health care providers. To protect public health, the department conducts surveillance for reportable diseases and emergency syndromes. Medical records of patients with reportable diseases or conditions are reviewed to collect data relevant related to patient demographics, disease severity and risk factors for disease. Accurate and complete data is essential to inform prevention measures.

Historically, conducting medical record reviews has been a time-consuming effort for agency staff, in part due to the travel time required to visit all hospitals statewide. Depending upon the length of hospitalization printed medical records can be hundreds of pages long and often have no logical subsections making it necessary to look at each and every page to find the information that's needed. Some of the history needed such as the medical history, prior to the hospitalization of the reportable disease is often not present in the printed record and likely impacts data quality resulting in undercounting of risk factors for disease. Access to the electronic file would significantly reduce the time that it takes to conduct a review. Allowing remote access to medical records will increase efficiency, improve cost effectiveness of staff time and facilitate more timely follow up of reportable diseases and conditions which can lead to better prevention

activities and a healthier - and healthier Connecticut residents.

Now, House Bill 5186, an Act Concerning Safe Drinking Water. Section 1 requires a water company to provide an alternate source of drinking water to its customers when there is a water main break lost, loss of system pressure or other event that may affect the quality and quantity of drinking water being served when the event will last more than eight hours. Most outage events that DPH is aware of do not last more than eight hours. While many water companies all - already provide alternate sources of drinking water to their customers when they experience an extended event that may affect the quality and quantity of drinking water being served but not all do. Requiring water companies to provide an alternate source of drinking water. I'm so sorry, my nose is itching so bad and I know I'm not supposed to touch, I'm sorry. [Laughing] Oh my God, Jesus. Sorry, I'm sorry. Requiring water companies to provide an alternate source of drinking water when there is an extended service interruption will help to ensure that all customers who are impacted by the event have access to safe drinking water.

Section 2 proposes that owners of certain small community water companies produce capacity implementation plans to assist in recognizing funding and addressing upgrades to their systems prior to the failure of a system component water quality issue or development of a system deficiency. Specifically, owners of certain small community public water systems will be required to prepare by 2026 a CIP regarding the owner's managerial, technical and financial capacity to own and operate

such system. There are approximately 330 small community public water systems, which are public water systems that serve 1000 or few resident whose owners would be required to produce these plans. Water companies regulated by the Public Utilities Regulatory Authority, PURA, water companies that submit water supply plans to DPH pursuant to Section 25-32 D of the General Statutes and stage agencies will be exempted from the requirement to submit a CIP. Many owners of small systems wait until their issued a regulatory violation to conduct needed water system maintenance, which places the customers of these systems in harm's way and a position by which they may possibly consume unsafe drinking water.

In addition, many systems have aging infrastructure that if left alone may result in a water quality violation. The CIP will provide owners of small systems with a roadmap for achieving and maintaining public water system sustainability and resiliency. Once these plans are prepared DPH staff will using such plans coach and provide significant technical assistance to the owners of these small water systems and their certified operators on the benefits of the plan as a guide in staying in compliance with state and federal public drinking water statues and regulations. Sections 3 and 4 require that bottlers collect samples from and test each DPH approved bottled water source in Connecticut for unregulated contaminants annually. Results of such testing must be provided to DPH due to the public health concerns surrounding unregulated contaminates. There are currently four DPH approved sources for bottled water located in

Connecticut and these are the source - sources that bottlers would be required to sample and test.

If the results of such sampling exceeds the level by the commissioner pursuant to Section 22A-471 of the General Statutes then DPH may require the bottler to discontinue use until such time as water from such source may be rendered safe to drink. Section 5 requires that an environmental laboratory conducting an analysis of a drinking water sample notify both the public water system that requested the analysis and DPH not later than 24 hours after obtaining a test result that shows a contaminate at a level that is in violation of the Federal Environmental Protection Agency national primary drinking water standards. Requiring the laboratory to notify DPH in addition to the water system will ensure that DPH is aware of all violations immediately.

Learning of such violations immediately enables DPH to work with the water systems operational staff to respond quickly, assure that appropriate corrective actions are being taken to find and quickly address the problem and verify that the customers of the system are notified of the violation in a timely manner, as required by the drinking water regulations. DPH respectfully request that revisions are made to the bill. Our written testimony provides the suggested language. I am now happy to answer any questions, along with my team from DPH that you may have. Thank you.

SEN. ABRAMS (13TH): Thank you, questions for comments from the committee? Representative Petit.

REP. PETIT (22ND): Thank you Madam Chair. Commissioner thank you. Just a - a general one to start with given you've had experiences in other

parts of the country in terms of the vaping and ENDS. In terms of preventing youth from using it, do you think our biggest issue will be retail - at the retail level here and I guess the question is how do we deal with the internet end of things from your point of view?

COMMISSIONER COLEMAN-MITCHELL: From my point of view, it's a multiprong approach. It's not one solution that will solve it. It's going to be an ongoing multiprong approach, like we did have with combustible cigarettes. It's one that I always say in terms of public health, education, education, education, education. We can't message enough. We can't educate enough. We can't have dialogue enough. Along with programming, along with comprehensive indoor clear air acts, along with the taxes, those have been proven methods in regards to reducing use by youth for combustible cigarettes, and that worked but it was a - you know over a period of time but those four or five components in itself did have impact and that's what we're trying to do in regards to the vaping related lung diseases in the vaping by young people.

REP. PETIT (22ND): Switching cares completely on - you testified on a number of things. I think it's 5181 that DPH has remote access to medical records. Do the - the people that - to make general public feel better about this, the people within DPH that have that access, do they have specific training and in terms of since they can access the entire record, they held to certain standards and have certain trainings in terms of people's privacy?

COMMISSIONER COLEMAN-MITCHELL: That's a great question. When I was reading the testimony and

myself, I wanted to be ready to answer that - if that question came up because I had it myself and I wanted to be able to say absolutely, unequivocally they do have the training, that's what they do. They're epidemiologist. As you know, epidemiologist are trained to scan and look for data and to extract what needed for, you know, reporting purposes and for prevention methods in methodologies, and so yes we do have staff that are specifically trained to do this. Did I answer your question?

REP. PETIT (22ND): Yeah that they have specific training and I guess a follow up would be, do you think we need to think about other regulations or policies to ensure that folks health records are secure and obviously the issue that always comes up in Health Information Technology Group is, you're going into look at, you know, the current year your looking for, Coronavirus, COVID-19 surveillance but there's issues in the social history that talk to domestic violence, they talk to alcohol use. The alcohol use may be important in terms of being a risk factor for comorbidity and do people have access to all parts of the record and what's the risk for the public in terms of that access?

COMMISSIONER COLEMAN-MITCHELL: That's a good - great question. One of the biggest things is that remote access to the current three hospital systems that allow DPH to navigate through the patient's record is - it's in the same way as a clinician would which - means all access and we want to get away from that and be able to go right into look at the information. There are separate tabs for various parts of the record, so we want to be able to be very specific about what our needs are and going in and looking at those records and that is -

is a concern and that's why we have only certain people that are allowed to do it and train to such.

I have to say with what you posed as a concern would be a concern for any and everybody at this point because we - we just don't know to the extent, right but we would be open to always working and how we can improve our methods and working with these hospital systems so that these things don't happen, and if they should, right let's be - let's be realistic, if they should, then what measures can we take from lessons learned from that - if an incident did occur.

REP. PETIT (22ND): Yeah, I was thinking the same thing and maybe this is better opposed to the Health Information Technology people and the IT people but if there's an issue can you go back and see epidemiologist number 27 and see which areas that I accessed and where I was, if there ends up being a leak of information - inappropriate leak of information, so, but I think it's a critical issue and one that constituents certainly bring up on a basis when they think about this issue but I thank you for your answers, thank you. Madam Chair.

COMMISSIONER COLEMAN-MITCHELL: Thank you.

SEN. ABRAMS (13TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you Madam Chair. Good morning again. [Crosstalk] You know, I hear from you and a lot of people on how bad vaping is and what it causes to our lungs and all of these so bad for kids and all of these things, I'm very curious how you feel this relates in conflict to us trying to legalize marijuana.

COMMISSIONER COLEMAN-MITCHELL: That's a good question. What I can say is that I support what our Governor's office as what - that they put forth but I also want to keep in mind anything for youth, people under age needs to be looked at and vetted very carefully and that's basically what I can say at this time. I'm always going to come from the perspective of young people and youth in terms of their decision making, what they're doing and being at risk. So as far as that, that's as far as I can go at this time on that topic.

REP. ZUPKUS (89TH): Okay, so I - I'm not trying to put words in your mouth, but I think the Governor's office is for legalizing marijuana and getting rid of vaping. So, to me that's just kind of a conflict and I'm seriously, honestly trying to figure that out. So, thank you, thank you.

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

REP. ARNONE (58TH): Thank you for your testimony today. A couple quick questions on education prevention and, you know, messaging to youth. What are we doing for that and also for the underground and illegal markets? How are we preventing the rise on that and when we push back on vaping and illegal side?

COMMISSIONER COLEMAN-MITCHELL: With that question, I would like to defer to our subject matter expert, Barbara Walsh, who's in charge of the Tobacco Prevention Program at The Department of Public Health.

BARBARA WALSH: Hi, yes, Barbara Walsh. So, we are working with the State Department of Education to

get materials out to all of the schools. We have some specific youth programs that we are still able to work with, with some remaining funds that we had from the Tobacco and Health Trust Fund, and I'm sorry, I forgot the second half of your question.

REP. ARNONE (58TH): The - the illegal markets, how are we going - try to [Crosstalk] combat that.

BARBARA WALSH: [Crosstalk] So, in 2016 the Food and Drug Administration deemed authority over the tobacco products, over all - over e-cigarette part of the tobacco products. They got authority in 2009 to regulate tobacco products, and since 2016 they have put different parts of regulation in to affect. Right now, there's a pre-application process for all electronic nicotine delivery system products. Those applications are due in May to FDA and anybody that they have a one-year grace period from May of 2020 to May of 2021 for FDA to review those applications and decide what may or may not stay on the market. So - but it's really an FDA authority on black market or what's - what can be on the market and what cannot be on the market.

REP. ARNONE (58TH): Thank you, and we saw with tobacco how messaging and important - how important that was until local committees and organizations through state funding and state grants to get the message out locally cause they know how to - how to really get into the local, you know, marketing ends of children and how well that is working in knocking down tobacco, and we really need to keep that prevention message going on a local level for vaping now too cause once tobacco went down vaping shot right back up with children. We didn't have the message yet on the local level. So as a former co-

chair of the Enfield Together Coalition, which we deal - we dealt with this on a daily basis that money is so important to us. So, thank you for your testimony.

BARBARA WALSH: Okay.

SEN. ABRAMS (13TH): Thank you. Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you Madam Chair. This question is for the Commissioner. Good morning or almost good afternoon. Nice to see you. You had mentioned that you support anything that the Governor puts forth, so with your comment about supporting marijuana in 21 and over, with getting rid of the menthol flavors of vaping, does that seem reasonable considering a lot of adults will use it for smoking cessation? I'm - why - I guess my question with that, is why are we are getting rid of menthol? I understand there's all flavors and attracting children with, you know, candy flavors but menthol, I know a lot of adults use vaping as a means to quit smoking.

COMMISSIONER COLEMAN-MITCHELL: My statement will be specific to those under 21, and it is understood that if we take the flavors away, menthol's another flavor they will go to. Tobacco is another flavor they'll go to. So, the diversion will be, we take away these bubblegum, cotton candy flavors then they're left with menthol as an option that's enough flavor that they will go to that particular activity using the menthol flavors in the tobacco.

REP. KLARIDES-DITRIA (105TH): Have other states done this?

COMMISSIONER COLEMAN-MITCHELL: Yes, other states and I don't remember exactly which ones, but we could get that information, but some states have banned menthol.

REP. KLARIDES-DITRIA (105TH): More than five, more than ten, do you have any idea?

COMMISSIONER COLEMAN-MITCHELL: I don't but I can again defer that to our subject matter expert, Barbara Walsh.

REP. KLARIDES-DITRIA (105TH): Okay, thank you. She can answer.

COMMISSIONER COLEMAN-MITCHELL: Yep, she can. [Side conversation]

SEN. ABRAMS (13TH): Any other questions or comments from the committee? Thank you very much for your time Commissioner and thank you to your staff. I agree they're fantastic.

COMMISSIONER COLEMAN-MITCHELL: Thank you, they are, aren't they?

SEN. ABRAMS (13TH): Next, we have Commissioner Delphin-Rittmon. Good morning.

COMMISSIONER DELPHIN-RITTMON: Good morning Senator Abrams and 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 testify before you on House Bill 5020. You have my written testimony, so I'll just summarize different key parts of it and then happy to answer any questions that you have. So DMIS is a healthcare agency with a charge that includes substance use prevention

across the life span. The DMIS Tobacco Prevention and Enforcement Program works with communities to inform retailers and the public about laws prohibiting the sale of tobacco to minors and supports prevention through compliance, inspections, education and awareness.

Studies show that nicotine is detrimental to the - has a detrimental effect on the adolescent brain, altering normal development that can impact the person the rest of their life. House Bill 5020 prohibits the sale of any electronic nicotine delivery system or vapor products that are flavored or with flavors other than tobacco or with nicotine content greater than 35 milligrams per milliliter. The law prohibits retail establishments to show evidence of compliance - or excuse the law requires - the law requires a retail establishment to show evidence of compliance with the nicotine limits to DMIS inspection - inspectors upon request. DMIS inspectors will conduct - will conduct unannounced checks on required and - dealers to determine comp - that compliance - that they're compliant with the law essentially. The Department respectfully requests one small change to the law - or to the bill and that is to correct a drafting error, Section 3 is currently drafted, fines a retailer for the first offense for selling banned vaping products. The intent of this section was for the violator to be afforded the opportunity to take a DMIS online prevention education program rather than a fine. DMIS is available to work on the change in that language related to that section of the bill, and I'm happy to answer to answer any questions that you might have about the bill, thanks.

SEN. ABRAMS (13TH): Thank you very much and thank you for all of your work too and your staff as well.

COMMISSIONER DELPHIN-RITTMON: Your welcome.

SEN. ABRAMS (13TH): Also, incredible.

COMMISSIONER DELPHIN-RITTMON: Thank you.

SEN. ABRAMS (13TH): Questions or comments?
Representative Zupkus.

REP. ZUPKUS (89TH): Thank you Madam Chair and first of all I would like to say thank you. I also sit on Appropriations and I know you and Commissioner Scheff sat there not too long ago and to late into the night with your constituents. So, thank you for sitting there, it's very, I think empowering for them to see you there and how much you care about them.

COMMISSIONER DELPHIN-RITTMON: You're welcome.

RE. ZUPKUS (89TH): And I know that the people that you fall under your purview have been through a lot in their lives, and so I have to go back to the question that I asked before. You know we talk about adolescent brains and not developing until they're 25 and that how vaping and all these products are so bad for them and yet this building is looking at legalizing marijuana, and I would like your thoughts on that please.

COMMISSIONER DELPHIN-RITTMON: Yeah no, thank you for the question, and so a couple things related to that. I mean, you know, when we look at the data that we have, some of the DMIS data, it shows us that marijuana is out there, it's out there. People are coming into our system indicating that they're struggling with it. I think what - through the

Governor's Bill and legalizing marijuana it allows us to regulate an underground market. You know, an underground market. Through regulation we'll be able to essentially control some of the limits of the THC and we know how important that is because THC is a highly addictive substance. You know, we'll also be able to, through some of the edibles, have THC levels that are potentially lower than what you see in some of the bud or flower marijuana products, and so it is an opportunity to have marijuana be available that is regulated. We'll know what's in the marijuana. I mean, unregulated marijuana potentially has quite a bit of chemicals, pesticides.

There have been instances, thankfully not in Connecticut, but there have been some instances of fentanyl even. A legalized market will allow an individual to know what they're getting and so there is certainly value in that. From a prevention perspective, I mean, some of our charge is to work in the arena prevention, as well as sort of mental health promotion and addiction services and supports, and so certainly from a prevention perspective there's an opportunity also to do advertising related to the importance of delaying, as we do with other substances. Delaying marijuana use or delaying alcohol or vaping till a person is older than 21, and some studies would even suggest 26. And so there is an opportunity to engage people in public awareness campaigns through a number of community groups that we fund both through our state Opioid Response Grant but also some of our state dollars and our federal Block Grants as well, so.

REP. ZUPKUS (89TH): Thank you. I appreciate that and maybe we should look at raising the age to 25.

SEN. ABRAMS (13TH): Thank you.

COMMISSIONER DELPHIN-RITTMON: You're welcome.

SEN. ABRAMS (13TH): Any other questions. Sen - Representative Arnone.

REP. ARNONE (58TH): Thank you Madam Chair. Thank you for your testimony, and [Crosstalk] thank you for the remarks on the underground market, that is so true and ditto my remarks earlier about your actions, your department that funds many of these prevention messages on a local level. We've had a prevention marijuana prevention message now thanks to your department for at least two years. So, we're already in - in the schools, we're already using that prevention dollars to advertise our town to our youth the dangers and risks of marijuana. So, again as budget time comes that's the dollars your department does so beautifully throughout the local - you know, local voices and we appreciate it and we've seen drops in marijuana and tobacco. We just got get now the vape down, so thank you for your work.

COMMISSIONER DELPHIN-RITTMON: You're welcome, and we have seen a decrease in some of the vaping related compliance data as well. In 2018, there was about a 16 percent compliance rate for vaping related products. In 2019, it went down to 8 percent compliance. So - so we have seen a significant decrease and I think the messaging of many of the community groups that you - that you mentioned that we fund, they're really doing a great job, so thank you.

SEN. ABRAMS (13TH): That's wonderful news. Any other questions or comments from the committee?

Thank you very much for your time Commissioner.
Appreciate it.

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

SEN. ABRAMS (13TH): Next, we have Senator
Champagne. Welcome Senator.

SEN. CHAMPAGNE (35TH): Thank you so much. Thank
you to the Chairs and ranking member for giving me a
chance to speak. I'd like to talk today on SB #247,
an Act Concerning Mental Health Training for
Emergency Medical Service personnel. The one - the
one change that a lot of the EMT's that I've spoken
to is requesting is that we remove the sole source
for the training. I think all of us have heard
about that, so. I'm showing support basically,
obviously, just to get that change removed and
opened up so that it's not one set cost because it's
very expensive through that one set vendor. So,
that's my whole purpose for being here and I'm going
to make it simple so everybody else here can speak.

SEN. ABRAMS (13TH): I like your succinctness. Are
there questions or comments. We have heard about
this and, you know, it's one of those things when
you're writing legislation, some of the unintended
consequences, so we're glad that we heard about it
and can try to address it this session.

SEN. CHAMPAGNE (35TH): Thank you so much.

SEN. ABRAMS (13TH): Thank you for your - oh I'm
sorry, did you have a question? Oh, I'm sorry.
You're just saying hello. Hello. [Laughing]
Representative Petit.

REP. PETIT (22ND): Thank you, thank you Madam Chair. But look at it from the other point of view Senator, is there - is there a downside to expanding this, where we've heard the argument that its expensive and it'll be easier for people to comply if we change this. Is there - is there a downside in expanding the educational opportunity?

SEN. CHAMPAGNE (35TH): Is it - I think as long as the - the curriculum's the same, we cover all the same points and just make sure that, you know, the EMT's are trained to the standard that we wish, I think there is not. As long as we can start saving some money because it is very expensive especially when we start talking about volunteers who step forward to do this.

SEN. ABRAMS (13TH): Any other questions or comments? Thank you for your time Senator.

SEN. CHAMPAGNE (35TH): Thank you very much.

SEN. ABRAMS (13TH): Next, we have Vicki Veltri.

VICKI VELTRI: Good morning Senator Abrams, Representative Steinberg, Representative Petit and Senator Somers, who's not here. Good morning everybody. How are you? I'm Vicki Veltri, I'm the Executive Director of the Office of Health Strategy. As you know, our office was established in 2018 to centralize policy making, better coordinate existing state resources and advanced reforms to drive down healthcare costs and address health disparities and undertake - undertake technology driven modernization efforts. I'm here to speak to one specific section of House Bill 5020, an Act Implementing the Governor's Budget Recommendations regarding Public Health and that is Section 7

regarding the APCD. Pursuant to the state statutes, OHS has oversight of the administration of the All payer Claims Database program. Many of you know what that is, that's a large database that collects, assess and reports on healthcare information relating to cost effectiveness and cost of healthcare.

We take this responsibility very seriously. The last year we've developed and implemented several key consumer focused initiatives necessary to increase transparency in the cost of healthcare including Health score CT and a self-sufficiency standard that we've been working on with the Comptroller's office. In addition to that important work we rely on the APCD regularly for insight in our regulatory role overseeing the state's hospital and healthcare providers in a certificate of need process and finally in Executive Order #5, just issued last month Governor Lamont directed us, the Office of Health Strategy to develop and implement cost growth benchmarks to control the rate of healthcare cost, growth in the state. The APCD is a crucial tool in that executive order to accomplish the goals of that order.

So, Section 7 includes a mechanism to support the APCD by empowering Access Health, the health insured's exchange under the Affordable Care Act to include in its assessment of insurers offering health plans. An additional assessment to help fund the ongoing operation of the APCD. The proposal by linking this Access Health provides us certainty about the future of the APCD and demonstrates the states commitment to improving the healthcare system for everyone. As we continue as an office and with our state partners, many of whom are here and

partners around the state to work on developing new payment care delivery models and look at the healthcare cost growth benchmarks. We need the support of the All-Payer Claims Database to continue and be sustainable.

So, the process in Section 7 will afford us that stability for the operation of the ongoing work of the APCD. So, thank you very much for allowing me to testify here today, and I'll answer any questions you might have.

SEN. ABRAMS (13TH): Thank you very much. Was there anything else you wanted to add, I didn't mean - I didn't want that buzzer to cut you off in that way.

VICKI VELTRI: No that's fine. Thank you, it's just one section that I'm here to discuss today but appreciate that.

SEN. ABRAMS (13TH): Representative Petit.

REP. PETIT (22ND): Thank you Madam Chair. Good morning.

VICKI VELTRI: Good morning.

REP. PETIT (22ND): Maybe you could educate me and the rest of us the - the APCD right now, is that paid for by the insurance companies who pays for that to be maintained?

VICKI VELTRI: The APCD has been funded - was funded initially through an insurer assessment, through Access Health. It was transferred to the Office of Health Strategy. So, it is partially still funded through the insurance assessment that funds the Office of Health Strategy. It's just not completely funded at this point, which is why we would like to

provide some certainty that funding through the assessment arrangement through Access Health.

REP. PETIT (22ND): And this additional assessment through Access Health would then go directly to Access Health or go to the Office of Health Strategy?

VICKI VELTRI: It would go to Access Health and we would have to enter an arrangement to transfer the funds to the Office of Health Strategy.

REP. PETIT (22ND): And would we as legislators set the fee or would the fee be set by Access Health CT?

VICKI VELTRI: Well Access Health would set the fee based on what we understand the budgetary need to be. Right now, it's - it's a smaller assessment. The APCD currently now runs the contract to support the vendor to host the 900 million claims that are in there and the other operations of the All-Payer Claims Database is about \$650,000 dollars a year of which OHS is at least supporting half of that right now.

REP. PETIT (22ND): In terms of the - the initial flow of money, companies that Access Health work with are they all paying small percentages in to - to pull to fund this, correct?

VICKI VELTRI: Yes. They're assessed based on their share, they're actually two companies on there. It's a different assessment than the assessment in the state budget which goes across all carriers. This is an assessment of health carriers that Access Health assesses to support its operation, which makes sense since it's an All-payer Claims Database around healthcare.

REP. PETIT (22ND): And I guess this will sound very suspicious. With a setup this way, is there any way for the funds to be moved elsewhere or do they have to remain within APCD, Access Health, or your Office of Health Strategy, is there any - anyway they can be moved to another agency or for another purpose?

VICKI VELTRI: With the language that's in the bill, that should - that should not happen. The language specifically addresses an agreement with the Office of Health Strategy for the purposes of the funding for the All-Payer Claims Database.

REP. PETIT (22ND): Okay, thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you Representative. Are there other questions? If not, very straightforward. Thank you for your time.

VICKI VELTRI: Thank you.

REP. STEINBERG (136TH): We next have - I've always mispronounced this, Mairead Painter, our State Ombudsman. Maybe you can teach me how to pronounce it?

MAIREAD PAINTER: Good morning. It's Mairead, like a parade with an M.

REP. STEINBERG (136TH): I'll make a note of it.

MAIREAD PAINTER: If that's helpful. Good morning Senator Abrams, Representative Steinberg, Senator Somers and Representative Petit - Petit, excuse me, and distinguished members of the Public Health Committee. My name is Mairead Painter and I am the State Long-term Care Ombudsman. Thank you for the opportunity to testify before you today. I'm testifying on behalf of the residents of residential

care homes here in the State of Connecticut related to House Bill 5020. An Act Implementing the Governor's Budget Recommendations, specifically related to Section 12, the discharge status of residential care homes. I want to take this opportunity to thank the Governor for raising this bill.

This is the first step in moving to qualify residential care homes to meet the federal rec - the federal definition of home and community-based services. This bill provides the foundation for residents of residential care homes to have access to additional services moving forward. This not only benefits the residents but also the owners, staff in our local communities. Currently there are 264 residents on home-care programs in residential homes and there are 67 different residential care homes that they are living in. These individuals would lose access to the services they're currently on in 2022 if we are not able to move in this direction. Additionally, there are hundreds of other residents currently living in residential care homes who could benefit from waiver services and have access to them if we were able to quality this setting. Currently residential care homes are paid through state funds and because of this there's been really no room to be able to increase their funding and that has been a challenge for the homes. I see four main areas in our state where we could really benefit considerably by making this move forward. First, the state would be able to receive federal match for the waiver services provided that are currently only state funded.

Second, the accessed waiver services would help stabilize residents who may have conditions that are

cyclical, or they may often need care and services. This would reduce the need for ER visits, hospitalizations and potentially nursing home stays, which can be very costly. Third, residential care homes could be more appropriately funded for the services that they provide and give additional resources to them as in case managers, daily living services for the people who live there. This would also offer stability in where an individual is able to chose to live and the services they get. Lastly, this is good for all of the communities you serve. Currently, RCH's do not have access to a lot of other services and help when something goes wrong so they have to call for emergency services.

I know in my community, this has caused a bias toward the individuals who live in this - in these settings because I come from a community that's all volunteer, and so when there is an emergency, there is a concern 911 is called, emergency services go out. This will enable individuals in the RCH's to have services come out from case managers and maybe deescalate things before it gets to that point and offer the owners and the staff of the RCH's the opportunity to have assistance in that way. Speed this up here since I'm behind. I also want to - one important piece I really want to focus on, is I want thank the Department of Social Services as well as the Department of Public Health as they've spent over three years actively including the long-term care Ombudsman Program, Legal Services, the Residential Care Home Associations to be a part of these changes. OPM has assisted us in looking for ways to develop language that meets the federal guidelines and also reaches - meets a compromise between all parties, which I think is necessary.

This is a real opportunity and I'm hoping that we can make this work. I want to continue to collaborate and develop this language further so that we can move forward, and I'm happy to answer any questions.

REP. STEINBERG (136TH): Thank you Mairead if I've got that right. Thank you for all the work that you do. Just so we all understand, the purpose of this bill is for us to access - to apply for a federal waiver. So, the understanding that the - if approved the federal government would pay for virtually all of the cost of expanding these services?

MAIREAD PAINTER: Not all of it. Now wait - I'll left DSS speak further on that but there is a way to capture funding, which would help greatly and we want appropriate services but we also want the residential care homes to be appropriately paid for the services that they provide.

REP. STEINBERG (136TH): Now would you say that if we're unable to extend these services, would that lead to additional down the road costs for these residents?

MAIREAD PAINTER: Absolutely. Individuals want the opportunity to live in the - least restrictive environment. As individuals chose not to live in nursing homes, we need to make sure that we have the right services in order to stabilize them in a setting of their choosing and not everybody wants to live alone in their own apartment. Some people like the opportunity to live with others, to have the support, they might need that, and this is the least restrictive for them but they do need some wraparound services and they want the opportunity to

be able to have that when they need it and not escalate to a point where they end up being hospitalized, which can be very costly as well.

REP. STEINBERG (136TH): That's what I was going to add. Thank you. Are there other questions or comments? Thank you for your time and all your good work. We really appreciate it.

MAIREAD PAINTER: Thank you very much.

REP. STEINBERG (136TH): We have now moved beyond the hour in which we prioritize elected officials. We will now be moving back and forth between elected officials and the public and if I can find the right stack of paper. We are going to start with Senate Bill 245 and first up are Mike Finley and Chris Murtha.

MIKE FINLEY: Good afternoon Co-Chairs and other members of Public Health Committee. My name is Mike Finley, I'm the State and Federal Government Relations Advocate for the Epilepsy Foundation of Connecticut.

CHRIS MURTHA: Good morning. My name is Chris Murtha. I'd really like to thank the committee for the opportunity to speak in support of raised SB 245, an act concerning Continued Education for the Chief Medical Examiner's Office. [Crosstalk]

REP. STEINBERG (136TH): Turn on the microphone close. Move on closer to and turn the other one on.

CHRIS MURTHA: Sorry about that. And this is also known as Halyn's Law. My name, as mentioned is Chris Murtha and along with my wife, Dr. Victoria Murtha, and our sons, Dylan and Gavin, we are the family of Helen Murtha. Residents of Wethersfield,

Connecticut. Our beautiful little girl died of SUDEP, which stands for Sudden Unexpected Death in Epilepsy, on May 25, last year. Just two months shy of her 10TH birthday. Halyn was diagnosed with epilepsy when she was just one year old. She endured thousands of seizures in her life. Multiple combinations of medications, multiple hospital stays where she was hooked up to EEG monitoring for days trying to find a cure for epilepsy.

Along her journey she was additionally challenged with learning abilities and autism and her life was challenging but she was happy and had a way of spreading her unique spirit with the world. Our daughter's name was inspired by the rock band Van Halen. She loved music, playing my guitar while saying rock-on and dancing around with her brothers and playing with her tools probably the most. She would say hi to ever since person that she met and what's your name and in many cases she would - and her conversations end with I love you to absolute strangers. So, no doubt she spread some joy and brought smiles to their faces, and her pronouncements of love weren't limited to just to humans. She would say to any aminated objects, animals, anything she saw, and her love of everything has inspired us, we sort of have a family motto of love like Halyn, and if - simply if the world was just tell everyone that's close to them their own little circle of influence their family, their friends, how much they mean to them and ask them to do the same, the world would be a much better place. And like all parents, we want our see our children grow up to be healthy, happy, to protect them, to be positive contributors to society.

Halyn didn't have that chance to grow up. We couldn't protect her from epilepsy. Hopefully, my times not up here. [Laugh] The - but she was happy and this bill in supporting the Medical Examiner's office ultimately is going to help people with epilepsy, and that's the reason why we're here to support this today. Supporting the Chief Medical Examiner's office will help provide appropriate training and support to their wonderful staff. The do-good work, important work and that's - and we appreciate their willingness to support this bill. Your support of SB 245 will help save lives someday, and I'll defer to Mike to kind of take any technical questions from here, but I appreciate the opportunity again for the committee to hear this.

SEN. ABRAMS (13TH): Thank you very much for your testimony, and I'm sorry for your loss and I so respect and value that you would take that loss and try to make it better for other people. So, thank you for being here. Questions or comments? Senator Lesser.

SEN. LESSER (9TH): Yes, thank you Madam Chair, and thank you for having the strength to be here to tell Halyn's story. I - I didn't have a chance to meet Halyn. She was a constituent of mine but I - my heart goes out to you and to your family and I can only imagine the strength that you have to have to be here to talk about what you've gone through as a family and hopefully make this state a better place. There was some discussion last year about other legislation that was introduced also on the topic of SUDEP, but this is a very different bill - that's right this is about the continuing education requirements of the Chief - of Medical Examiners, is that right?

MIKE FINLEY: That is correct, yes. This is completely separate from last year and we understand that we may have taken the wrong approach last year and we feel as though advocating for education was much more important and we're much more comfortable and I believe all parties involved are with this version of the legislation.

SEN. LESSER (9TH): And I think we did get some comments recently from the Chief Medical Examiner with some suggested language changes, is that accurate, and if it is are those changes that the Epilepsy Foundation would support?

MIKE FINLEY: Yes, so first I would like to say the Chief Medical Examiner has been phenomenal throughout this entire process. We wanted to ensure that we brought him to the table so that all parties are comfortable with this language, and we did have a conversation just the other day, just to simplify the language. He's so supportive of the underlying intent of the bill and we mutually agree that we can simplify this language to make it acceptable for all parties involved.

SEN. LESSER (9TH): Thank you very much and thank you for being here today.

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

REP. PETIT (22ND): Thank you Madam Chair. As well, very, very sorry for your loss. Mr. Finley, do you think - I'm assuming the direction Epilepsy Foundation is hoping this is going to go as identifying cases and then looking for genetic determinants, I would think but it may - maybe you

can tell us a little bit about that, which direction that this research might go.

MIKE FINLEY: That is correct. So certainly, genetics and we're looking at a variety of different ways to identify this. We just want to create a body of critical research to send to research institutions to try to identify risk factors involved. We do like to draw the comparison with SIDS, mortality rates decrease significantly over the past 30 years due to the Back to Sleep Initiative and other federal initiatives as well. This was all done through critical body of data and currently with SUDEP we just do not have that data and we just feel like more accurate reporting, education and awareness amongst the medical examiner's community can help lead us to that and our ultimate goal is to end SUDEP. One life loss to SUDEP is one too many.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments from the committee? Thank you very much for your testimony and we appreciate you working on this and being so willing to keep at it and make it in a way that we can get this legislation passed, so thank you.

MIKE FINLEY: Thank you very much.

SEN. ABRAMS (13TH): Next, we have the Commissioner Deidre Gifford. Welcome Commissioner.

DEIDRE GIFFORD: Thank you Senator. Good afternoon Senator Abrams, Representative Steinberg and distinguished members of the Public Health Committee. My name is Deidre Gifford. I am the Commissioner of the Department of Social Services and I'm delighted to be here for my first appearance

before your committee. I am pleased also to offer remarks on House Bill 5020, an Act Implementing the Governor's Budget, specifically Section 12. You've already heard my colleague, Commissioner Coleman-Mitchell and Ms. Painter speak in support of this Section, so I will be brief. Section 12 as you've heard would allow a residential care home to qualify as a home and community - community-based setting under federal regulations in Medicaid. Thus, enabling the residents of these RCH's to receive home and community-based services and avoid institutionalization.

The Department strongly supports this legislation. The reason is that we currently have 264 individuals in 67 distinct settings currently residing in RCH's and at the same time receiving Medicaid services under the Connecticut Home Care Program for the Elders waiver. Pursuant to federal regulations, residents living in these home and community-based settings must have comparable protections to those provided to tenants under the state's landlord tenant laws. So this legislation amends the - the relevant Connecticut statute regarding the transfer and discharge of RCH patients to provide broader protections and appeal rights that are consistent with the federal requirements and thus allowing the residents who are already receiving Medicaid waiver services to continue to reside in these RCH - these residential care homes.

As you've heard currently DSS, DPH and the Office of the Long-term Care Ombudsman are actively collaborating with representatives of the RCH industry to modify the language proposed in this bill to reach a consensus regarding final language. And I just did want to emphasize that absent these

changes, the 264 individuals currently residing in the RCH's would be at risk of either losing their current Medicaid services or needing to be relocated to a different setting that did qualify under the federal regulations as a home and community-based setting. This legislative change ensures that RCH's have additional supports available to them to better address resident's needs. The legislation addresses the CMS requirements, as I mentioned for comparability and we believe it's clearly a win for the residents, the RCH's and the state agencies. DSS and our community options unit are looking forward to continued partnership with all of the RCH's that seek to quality as home and community-based settings under federal regulations and in the process also enable RCH residents to receive home and community-based services to avoid institutionalization, which is the goal. And with that, you have my written testimony, but I would be happy to answer any questions, as with all things in Medicaid this can sometimes be a little bit confusing.

SEN. ABRAMS (13TH): Thank you very much for your testimony, and I really do appreciate all the agencies working together along with the Governor's office to come to an agreement on some language and to make it what it's intended to be that we serve the people of Connecticut in the best way we possibly can.

DEIDRE GIFFORD: Thank you.

SEN. ABRAMS (13TH): Are there any questions or comments? No. Thank you very much for your testimony.

DEIDRE GIFFORD: You're welcome.

SEN. ABRAMS (13TH): [side conversation] We just did that, so you'd come back, so. Thank you. Next up we have Chloe Verducci. Is Chloe Verducci here? Good afternoon, welcome.

CHLOE VERDUCCI: Thank you. I wanted to thank everyone, Senator Abrams, Representative Steinberg and members of the Public Health Committee for allowing me to have the opportunity to speak on behalf of Senate Bill 245, about Sudden Unexpected Death in Epilepsy. SUDEP or Sudden Unexpected Death in Epilepsy is the death in a person with epilepsy where there is no clear alternative cause of death. In the epilepsy population, SUDEP takes an estimated one percent of patients lives for - per decade and the second a neurologic cause of loss potential life years behind stroke alone. In a recent study by the North American SUDEP registry one-third of the SUDEP Cohort were under the age of 20 and deaths occurred in people who had anywhere from 0 to over 500 convulsive seizures in the their lifetime. Upon medical/legal investigation a SUDEP case often presents with no repeating cause of death.

Frequently cases are found dead, face down with or without evidence of a preceding seizure and because of these benign circumstances and frequently negative autopsy, SUDEP deaths have been reported to a registry coded under various causes and manners of death on death certificates, anywhere from accidental positional asphyxia to simply cardiac arrest. Sometimes with no mention at all of the decedent's seizure history. The inconsistency in this kind of SUDEP diagnosis stems from inconsistency in training and education within the death investigation community, and this ultimately limits the ability of medical community members too

assess the true frequency of SUDEP. For example, in 2017 the reported rate of SUDEP in children was 22 deaths and 100,000 life years.

However, in 2018 an epileptologist in Ontario reexamined autopsies for over 12,000 pediatric epilepsy cases over a two-year period and discovered that SUDEP rate in children was actually seven times higher than initially estimated based on medical examiner reporting. Around the same incidence as an adult actually. This disparity in SUDEP occurrence and subsequent SUDEP reporting can be in part attributed to the lack of SUDEP education among medical examiners. Misidentification or falsely attributed alternative causes of death in SUDEP cases can lead to confusion among family members. One such case is a family enrolled in Nassar our research study that I'm the research coordinator for was told that their 2-year-old daughter with drug-resistant tonic-clonic seizures or convulsive seizures, upon being found unresponsive in bed at 6:30 a.m. with no obvious cause of death, a typical SUDEP case, had died of a cute bronchopneumonia without so much as a cough or a fever prior to death.

Another 29-year-old man was followed at our Epilepsy Center in NYU for 17 years and tracked with treatment resistant generalized epilepsy and was found dead in bed in the morning faced down, again another typical SUDEP case. The cause of death was listed as hypertensive cardiac disease, although he had more than 30 blood pressure measurements in his life and all were found to be normal. His heart was slightly heavy for his age and he was very tall, but an overweight man and the heart weight could've easily been explained by these factors. He died

from SUDEP. It is our hope that mandating one hour of SUDEP education or training for the Chief Medical Examiners, medical examiners will be effective at correct - at correctly identifying these cases of SUDEP and reporting them. As a result, our community of researchers may then be able to more accurately determine path of mechanisms and risk factors for SUDEP, so we as researchers can prevent these deaths from occurring in the future. Thank you.

SEN. ABRAMS (13TH): Thank you very much for your testimony. Are there questions or comments from the committee? No. Thank you so much. Next, we have John Biello. Welcome Commissioner.

COMMISSIONER JOHN BIELLO: Good afternoon. My name is John Biello. I'm the Acting Commissioner at the Connecticut Department of Revenue Services. Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and members of the Public Health Committee, thank you for the opportunity to be here today to testify on House Bill #5020. The Connecticut Department of Revenue Services strongly supports this proposal.

In particular Sections 1 through 6, which would prohibit the sale of flavored vaping products, set more stringent nicotine content limits in electronic nicotine delivery systems and establish penalties for underage sell of these products. I applaud Governor Lamont's continued leadership in this area. DRS was proud contribute to the development, passage and implementation of Tobacco 21 legislation, which was an excellent example of inner agency collaboration. You'll recall Tobacco 21 raised the legal age for purchasing cigarettes, tobacco

products and vaping products to 21, and increased penalties for failure to secure or renew a cigarette dealer or cigarette distributor's license. House Bill 5020 builds on these statutory provisions. The DRS primary role in this area is to administer tax laws relating to e-cigarettes, vaping and tobacco products.

Tobacco 21 set forth the regulatory structure where DRS in collaboration with our fellow agencies deploys research - resources to prevent underage usage. Specifically, The Department of Mental Health and Addiction Services refers cases to DRS in situations where retailers sell e-cigarettes, vaping and tobacco products to underage customers. DRS imposes civil penalties prescribed by statute which can include revocation of a retailer's license. DRS working again in partnership with our colleague agencies is prepared to play a similar role in legislative passage and eventually implementation of applicable provisions of House Bill 5020. The proposal will enhance oversight, provide additional tools to restrict retail access to these harmful and potentially addictive products. As well as establish substantial consequences for retailers who fall short in their responsibilities by selling to underage customers. I thank you for the opportunity to testify before you today. I have a great team here with me and we'd be happy to answer any questions that any of the members of the committee may have.

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

REP. ARNONE (58TH): Thank you Madam Chair. Thank you for your testimony. It's - so you're the enforcement end of this?

COMMISSIONER JOHN BIELLO: That's correct, we are.

REP. ARNONE (58TH): So, could you run a little by us on how exactly you have your agents, how that works and how you actually find that through tips or - and/or complaints.

COMMISSIONER JOHN BIELLO: Sure, it's actually agents of our - of our colleague agencies that do the - do the investigation. The do they - the undercover buy and if they find that there's violations, they do refer the matter to DRS for the administrative hearing piece of it. So, once it gets to DRS we will - we will conduct a hearing and we will impose the civil penalties that are codified in statute and depending on the number of offense, for example, the first offense calls for a \$600 penalty and then so on and so forth. It continues to increase as the - as the number of offenses increase. To a point where the actual revocation of the license could occur. So once that happens within DRS, we will then notify The Department of Consumer Protection of the action that's taken and if the license system to be revoked or suspended in anyway, The Department of Consumer Protection will do that. So, it's a - this is a really good example of a collaboration between three agencies.

REP. ARNONE (58TH): Is this also like underage drinking [clearing throat] excuses me where they also do go into the establishments undercover and this actually goes right down to local police. Those agencies work with local police, local youth counsels and to put on the sting if you will.

COMMISSIONER JOHN BIELLO: That is my understanding. We're not involved in any of the alcohol enforcement but that's my understanding on how it works. It's a - and it's worked well.

REP. ARNONE (58TH): Thank you.

SEN. ABRAMS (13TH): Any other questions or comments? Thank you, Commissioner, for your time and testimony.

COMMISSIONER JOHN BIELLO: Thank you.

SEN. ABRAMS (13TH): Next is Aaron Ostraff. Good afternoon. I understand your reading a statement from Representative Morin. Thank you.

AARON OSTRAFF: There we go. All right. Dear Co-chairs Abrams, Steinberg, ranking member Somers, Petit and distinguished members of the Public Health Committee. Thank you for the opportunity to testify in support of SB 245. This legislation would require the continuing medical education of the Chief Medical Examiner to include training or education in Sudden Unexpected Death in Epilepsy. This issue has been brought to my attention in the most unfortunate of circumstances. When the Epilepsy Foundation, and my constituent, Chris Murtha about the story of his late daughter, Halyn, to my attention. Halyn tragically passed away from SUDEP at the age of nine. It is my hope that this legislation will help decrease the number of tragic SUDEP instances in our state by supporting the office of the Chief Medical Examiner and learning more about this horrible ailment. We have seen over the last 20 years with issues like Sudden Infant Death Syndrome that more education and information can truly save lives. I believe that SB 245 will

lead to that important information that will help the 36,000 people in Connecticut with epilepsy. Thank you for your time and consideration. I would be happy to speak with - or I mean Representative Morin's office would be happy to speak with any of you guys [Laughing] about this worthwhile bill. Thank you.

SEN. ABRAMS (13TH): Thank you. You can tell him you did a wonderful job representing him.

AARON OSTRAFF: Thank you.

SEN. ABRAMS (13TH): Next up we have Commissioner Dorantes from DCF. Is she here? I do not see her. Anybody here representing her. Okay. We'll move along then to Commissioner Michelle Seagall. Is she here? No. Okay, then. Let's move on to the next bill. It's SB 246, Stan Soby.

STAN SOBY: Good afternoon Senator Abrams, Representative Steinberg, Representative Petit and distinguished members of the Committee on Public Health. I'm Stan Soby, Vice President for Public Policy and External Affairs at Oak Hill. Of the significant programs that we provide to people of all ages with disability in the state, one of them is a summer camp for youth and adults with disabilities at Camp Harkness. This is a - Camp Harkness is, for those of you who are unfamiliar, and I've submitted testimony, it is a 102-acre property that was bequeathed to the state. It's operated by The Department of Developmental Services and represents a unique public/private partnership in that three of the four camps are operated by private organizations and for us it has been a decades long partnership and we are very appreciative for being able to do that. I'm here on

behalf of the Camp Harkness Advisory Committee. I'm Oak Hill's representative on the committee and I serve as Chair.

We're requesting additional language changes beyond what the department has requested. We certainly support their requested changes, as we went through our process as a committee, we caused the department not to be able to meet the filing deadline and I do apologize to everyone for that, but what we are asking is that the representative of the Southeast New Connecticut, this was [inaudible 1:24:35] developmental disabilities which no longer exist. It'd be replaced by a representative from a mental health organization. We have found that community has been more frequently using the camp and the discussion among the committee is that's a constituency that is not represented and we'd be particularly at looking for a self-advocate to be appointed.

The other group is - replacement is the Family Support Counsel. They've not been active participants and we would be - we would be open to get a Special Education Director from in the Southeastern Connecticut to be part of the Advisory Committee. This comes from our experience, the [inaudible 1:25:26] foundation, which is a separate 501c3 has developed play group and parent support activities located at camp and we think that making the connection would just grow that for families with younger children, and that's a program that we think would - could be supported, and we'd appreciate your consideration of those changes, and thank you for the opportunity to testify.

SEN. ABRAMS (13TH): Thank you, and those requests are in writing in your written testimony.

STAN SOBY: They are in writing in written testimony and we've coordinated with DDS staff, who I need to recognize the relationship that we have with them and the support that the Commissioner has given to the camp program.

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

REP. ARNONE (58TH): I'd actually like to hear a little more about Camp Harkness please. Could you - could you give me a couple seconds of background on it, please.

STAN SOBY: Absolutely. It's a 102-acre property on Long Island Sound of Waterford. It - again it's adjacent to Harkness Memorial State Park. It is reserved for use for people with disabilities, accompanied by family and friends. There are the summer camp programs but it does operate year-round. People can - when the summer camp programs are not in session there are the cabins and some cottages that are available for people to utilize. There are different sights down near the beach and then there are programs that happen during the course of the year. A lot of groups use the property as an opportunity for fundraising for walks and runs. There's a lot of community connections.

We have great support from businesses in the area in terms of volunteer work to help maintain the property and it's - it's just an incredibly special place that people look forward to. I've known somebody for a long period of time, and she spends

six months of the year talking about going to camp and then she spends the next six months talking about having been to camp. I - for me that's sums it up.

REP. ARNONE (58TH): Thank you. That's on the east side of the property, is that the beached area?
[Crosstalk]

STAN SOBY: That would be on the east side of the property, yes.

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

STAN SOBY: Thank you.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments from the committee? Thank you very much for your testimony and your good work. Next up is Senator Haskell. Good afternoon, welcome.

SEN. HASKELL (26TH): Good afternoon Senator Abrams, Representative Steinberg and esteemed members of the Public Health Committee. My name is Will Haskell. I represent the 26th District in the State Senate, which includes the town of Westport. I'm so thrilled and honored today to introduce one of my constituents, actually one of our constituents, Representative Steinberg. A student named Emma Boris who has spoken with unbelievable candor - candor and courage about struggles that she's faced and I will pass the microphone over to her because she'll be far more eloquent than I am on this topic but thank you all for hearing what she has to say.

EMMA BORIS: Good morning Senators, [Crosstalk]. Good morning Senator Abrams, Representative Steinberg, members of the Public Health Committee.

My name is Emma Boris and I am here today to testify in support of Raised Bill 245, an Act Concerning Continuing Medical Education for Chief Medical Examiner, also known as Hayln's Law. I was diagnosed with epilepsy when I was 11 years old. Since then my epilepsy has been challenging to control but I can't let that stop me from living my life. I'm very proud of my involvement with the Epilepsy Foundation of Connecticut, especially when I was selected to represent my home state at the 2019 Team Speak-up Public Policy Institute in Washington D.C. During my year of service that followed TSU, I had the opportunity to meet with Senator Haskell and share my story. As a teenager living with epilepsy, the issue of sudden unexpected death in epilepsy is very near to my heart. I am a senior at Weston High School, and I am looking forward to attending college this upcoming fall.

The unfortunate occurrence of Sudden Unexpected Death in Epilepsy is a scary reality but everyone in epilepsy community must not only live with but confront on - but confront head on. That is why I'm here at the legislative office building today. With greater awareness and education in the medical community, SUDEP cases will no longer be unreported - underreported. This legislation will not only help to raise much needed awareness for SUDEP but will also provide researchers with a body of data to help identify potential risk factors associated with SUDEP. Every person living with epilepsy deserves to live life to the fullest. My passion for advocacy helps to keep me moving forward and gives me a sense of purpose.

Today I asked that you please support this relevant legislation created in the memory of Halyn, a 9-

year-old girl with epilepsy who tragically passed away in May. No parent should have to endure the loss of a child and no one with epilepsy should have to live in fear. It is my responsibility as a person living with epilepsy to be a leader and an advocate for those in the epilepsy community, whose voices are not heard. The epilepsy community wants to work together with the medical professionals in Connecticut to help combat the tragic occurrence of SUDEP and, but this legislation will allow for that to happen. I have dreams of majoring in political science and pursuing a career in advocacy in government relations. I and the members of the epilepsy community deserve to be able to pursue the dreams - to pursue our dreams and not be held back by our diagnosis. I would like to personally thank Senator Haskell for advocating for this legislation and for allowing me to testify with him today. Thank you for the opportunity to testify in support of this critical legislation. I hope I can count on you for your support moving forward. Thank you.

SEN. ABRAMS (13TH): Thank you so much. Have you ever testified before at a hearing?

EMMA BORIS: No.

SEN. ABRAMS (13TH): You did a remarkable job and you are an incredible advocate, so I applaud you for pursuing that in your life and for feeling that responsibility and acting on it cause not everyone does so. You are an amazing young woman and the courage that you showed today to be here and share your story and advocate for others, I will fight equally as hard for this bill because it is important that young people like you have some security that the - that these medical issues are

being dealt with seriously. So, thank you very much for being here. Representative Steinberg.

REP. STEINBERG (136TH): Thank you Senator Abrams, and I'm going to concur obviously with Senator Abrams and Senator Haskell that not only are you courageous, I think you're a wonderful example of how someone can triumph over having to deal with epilepsy and other chronic diseases and live a normal wonderful life, and I hope others will see your example and will take heart from that as well. I have to confess that epilepsy has been important to my entire time here in the legislature. One of the first bills I worked on and got passed was to make Diastat available in more settings so that when particularly young people go through seizures, whether it's on the bus or other school settings, not near the school nurse, they have access to a lifesaving drug.

So, I think a lot of us need to raise our awareness and this bill will hopefully help along those lines and not just for the medical examiner but with all of us, such that we're aware of those in our community who suffer from epilepsy and can often be there and be helpful in the event of a seizure but most importantly we hope that everybody who suffers from epilepsy can lead courageous lives such as you've shown today, so. Again, thank you for being here. You did a great job. Hope we'll see you again some time testifying on something else. Thank you, Madam Chair.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments from members of the committee? Thank you so much for being here. Keep up the good work

and advocate because it works. Thank you, Senator Haskell.

EMMA BORIS: Thank you.

SEN. HASKELL (26TH): Thank you.

SEN. ABRAMS (13TH): Next, we now have Commissioner Michelle Seagall here. [Side conversation] Welcome.

DEPUTY COMMISSIONER ARUNAN ARULAMPALAM: My name is Arunan Arulampalam, I'm the Deputy Commissioner for the Department of Consumer Protection. Good afternoon Senator Abrams, Representative Steinberg, Representative Petit and honorable members of the Public Health Committee. My name is Arunan as I said. I'm the Deputy Commissioner for the Department of Consumer Protection and we are here in support of the Governor's Bill, which would cap nicotine levels, prohibit flavors in electronic nicotine products ENDS or - and vapor products. We at DCP register dealers and manufacturers of nicotine products and we will continue to work with our sister agencies to enforce this as we did last year when Tobacco 21 was passed. We're happy to take any questions and we're here in support. Thank you.

SEN. ABRAMS (13TH): Thank you very much for your succinct testimony. Appreciate it. [Laughing] Representative Borer.

REP. BORER (115TH): Thank you for your testimony and I don't mean to put you on the spot because you may not know this information offhand but how - how robust is our program were we go out into the field and we look at some of our distributors or - you know, just to see that they're abiding by some of the regulations that we recently implemented?

DEPUTY COMMISSIONER ARUNAN ARULAMPALAM: Sure, thank you. So at DCP we register - we register the nicotine products, you know when - when Tobacco 21 was passed last year we didn't - we didn't have any additional resources added so from an enforcement standpoint when we would see if referrals from - from our sister agencies, we will go and check on those but we don't have resources to proactively go out in the field and enforce these regulations.

REP. BORER (115TH): So, when you meet say sister agencies, what kind of agency would report that there's a violation?

DEPUTY COMMISSIONER ARUNAN ARULAMPALAM: DRS might and so they might inform us and then we would go out and check with our registrants and then in the instance that there is a violation we would work with them to get back into compliance because all we do is register the nicotine products.

REP. BORER (115TH): Thank you. Was it - is it consumer protection that sent out the information and the update to the retailers as to what the new guidelines and regulations are? Who disseminated that information?

SEN. ABRAMS (13TH): Representative Borer, I might be able to help you with that. Both in terms of going in and seeing like doing kind of the underground detection of whether or not the law is being followed, DMIS does that, and it's my understanding that they are also responsible for getting the information out as well as DPH. To - through the local public health they get - they disseminate that information.

REP. BORER (115TH): Never mind. Thank you.

DEPUTY COMMISSIONER ARUNAN ARULAMPALAM: Thank you.

SEN. ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you so much for your time. Is anybody here from DCF, just I'll check again for Commissioner Dorantes. Okay. Then we're going to move on to SB 248. Stacy Violante. I probably did not say your name correctly, so [Crosstalk]

STACY VIOLANTE: Actually, it was perfect.

SEN. ABRAMS (13TH): Get out of here.

STACY VIOLANTE: I'm not kidding you.

SEN. ABRAMS (13TH): Wow, there's a first.

STACY VIOLANTE: All right. Good afternoon, Senator Abrams, Representative Steinberg, distinguished members of the committee. My name is Stacy Violante Cote, and I'm an attorney at the Center for Children's Advocacy and we provide legal representation training and education and systemic advocacy on behalf of low-income children and youth throughout the state. I am here this afternoon to request your support for SB 248. This bill provides a fee waiver for youth experiencing homelessness to be able to access their birth certificates. The population of young people that we're talking about here are of the most vulnerable in our state. I've provided in my testimony some of the details from the multiple youth counts that we've had in Connecticut and you can see from this testimony that we have about 25 percent of these young people who were pressured or forced to exchange sexual acts for a place to stay, for food, for clothing or for protection and of those folks we have 20 percent of those who were 16 and 17-years-old.

We also have these young people - these same young people who have a strong connection to child welfare and about 22 percent of them when surveyed said that they felt they were either staying in an unsafe location or they weren't sure if where they were staying was safe. So we're asking here for these young people to be able to get access to a vital document that they need to be able to open the doors to employment, to any kind of secondary - postsecondary schooling, to access benefits, other support services and to be able to access their state ID. Other states have also provided these fee waivers with this exact same definition in their statutes. So, I provided the numbers of states in our testimony but some of them include Maryland, Texas, other states such as Kentucky, Nevada and Utah and California, sort of a smattering across the state. So other folks are really looking at ensuring that this population gets access to these vital documents.

We would request one minor amendment in the statute - I'm sorry in the bill. The bill indicates the folks who can certify a young adult as certified homeless young adult. We just ask that those certifiers be the same folks who certify youth because they would also come into contact with the same list of professionals. So, I'll close there, and you will hear from a young person who is here today to talk about her experience, and if the committee has any questions, I'd be happy to answer those.

REP. STEINBERG (136TH): Thank you for your testimony and thank you for that good advice on the edit, so it is consistent with the existing statute. Obviously you're aware the fact that over the years

we've had some pushback on the revealing of such information but I got the sense from your testimony that there seems to be a trend in other states for this particular instance for justifying the - such information being available. Is that your impression?

STACY VIOLANTE COTE: That is my impression, and what I would like to express is that this population of young adults already has access to their birth certificate as do the minors because Connecticut has already made the decision to provide access on accompanied homeless minors, in existing statutory language. What this would do would be to provide the fee waiver for that population, and you have testimony from a national expert from the School House Connection who discusses the work that they've been doing with other states across the country and new bills that have gone through in other states in addition to some of the ones I've mentioned where they've been ensuring that this population get access to vital documents.

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

REP. ZUPKUS (89TH): Thank you Mr. Chair. And so just to be clear, because I think you just said it but - and I thought so too. They can already get this information, it's just you're trying to get - do away with the fee, correct?

STACY VIOLANTE COTE: That's correct.

REP. ZUPKUS (89TH): What is the fee?

STACY VIOLANTE COTE: Uhm, I - its - I believe it's \$30 and \$20 if - it depends on if you get it at your

vital records or at the State Department of Public Health.

REP. ZUPKUS (89TH): So, okay, and then how would you - if you had to guess, how many people are we talking about?

STACY VIOLANTE COTE: So, we have had homeless youth counts in Connecticut and the range is somewhere around 5,000 youth and young adults who are experiencing homelessness in Connecticut and so we don't know how many would access this benefit but that's the range of young adults experiencing homelessness and housing instability in Connecticut.

REP. ZUPKUS (89TH): Thank you.

STACY VIOLANTE COTE: Sure.

REP. STEINBERG (136TH): Thank you Representative. Are there other questions. If not, again thank you for your testimony today. You bring an important perspective.

STACY VIOLANTE COTE: Thank you.

REP. STEINBERG (136TH): Next up is Reyna Sanabria followed by Kiley Gosselin. We have Reyna. Oh, the Commissioner is here. I didn't see. Let's have Reyna come up and then we'll - we'll go back to the Commissioner. Reyna welcome.

REYNA SANABRIA: Hello. My name is Reyna, I'm 21-years-old and I'm a part of Youth Speaks Center for Children's Advocacy. We advocate on issues affecting youth who are homeless. I am writing support SB 248, an Act Concerning Access to Identify Documents by Homeless Youth and Young Adults. I have experienced homelessness since I was 12 and during the experience of homelessness, moving back

and forth to houses after house, my families houses because we couldn't afford a house, I've lost not one but probably like three or four birth certificates that I had to pay for.

And I think it's very important to have, you know, - - I think it's very important new homeless to have - get a free birth certificate because we lose it on the process of becoming homeless or maybe a family member doesn't want to give it back to us or a whole lot of other things. And it was very hard for me to get an ID. I got my ID at the age of 19 because again I couldn't pay for it, it was really hard for me to. It was very hard for me to get a job because some jobs require you to have an ID and some jobs require you to have birth certificates and Social Security cards, etc. I just think that - I just think that there should be a free birth certificate - I'm sorry I'm really nervous. There should be free birth certificates for every youth homeless because it will help them a lot.

A lot of us want jobs, a lot of - another thing a lot of us want to get into college and in order for us to get into college we need a birth certificate. It was very hard for me to get into college because I got into college at the age of 20. I didn't have a birth certificate. I had to continuously buy one because I kept losing it on the process of becoming homeless. So, I just think it is very important for all of us to have free birth certificates so we can do what we can in life, so we won't be in this process anymore.

REP. STEINBERG (136TH): Well thank you Reyna. That was really excellent testimony. You gave us several really practical examples of how problematic it is

if you don't have a birth certificate. So many things that we take for granted, the homeless just can't do. So that was really very helpful in that regard.

REYNA SANABRIA: I thank - I thank God I'm in college right now and I'm trying to proceed to become a surgeon, so I'm good.

REP. STEINBERG (136TH): All right. Well we'll have you testify on other subjects once you get your degree. [Laughing] Representative Borer.

REP. BORER (115TH): I just want to thank you for testifying today, and I know you're a little nervous but you should be really, really proud of yourself because by coming here and speaking out, you're helping an awful lot of other people that were in your situation. So, thank you for doing that.

REYNA SANABRIA: Thank you.

REP. STEINBERG (136TH): Thank you. Other questions or comments? If not, keep doing what you're doing. You're a great example to others as well, thank you.

REYNA SANABRIA: Thank you.

REP. STEINBERG (136TH): I understand the Commissioner is now here. If she would please come forward.

COMMISSIONER MICHELLE SEAGALL: Good afternoon. To Representative Steinberg, Senator Somers, Representative Petit and other members - distinguished members of the Public Health Committee. First, I'd like to apologize for not being when my name was called earlier. I was on the other side with Women and Girl's Day at the Capitol with other women leaders, so it's exciting time here

in the building today. The Department of Children and Family supports Sections 8 through 10 of Raised House Bill 5020, which will allow for The Department of Public Health to license the north and south campuses of our Albert J. Solnit Children's Center. The Solnit Center is a state administered psychiatric facility for children located on two campuses.

Solnit South is located in Middletown and consists of four co-ed psychiatric hospital units and three female adolescent psychiatric residential treatment facility cottages or referred to as PRTF's. Solnit North is located in East Windsor and is PRTF for adolescent males. Pursuant to Connecticut General Statute, Statute Section 19A-490. The Solnit Center is statutorily currently exempt from state licensing requirement. However, the facility is certified through The Centers for Medicare and Medicaid services and accredited through the Joint Commission. Pursuant to CMS requirements, the south and north campuses are subject to mandatory inspections once every five years. Each time there is an investigation of a serious occurrence within the facility.

These - these inspections are undertaken by DPH under a contract with The Department of Social Services. After the tragic suicide of a pregnant teen in 2018, DPH in partnership with DSS and DCF investigated safety and care issues at Solnit South in the PRTF and issued a direct plan of correction as a condition of the facilities continued participation in the Federal Medicaid Program. Pursuant to Federal regulations regarding the remediation of concern, a plan of correction included the requirement that DCF retain a full-time consulting

team to help monitor and implement necessary improvements. As a result, Beacon Health Options, an expert in the area of quality management, was engaged to develop a quality management program outlined intended to build and sustain high quality clinical care services. Solnit staff and administrators work with DPH inspectors, Berens and associates, which is an independent monitoring consultant and Beacon Health Options to successfully comply with the DPH, DSS directives. The Solnit South - Solnit South PRTF was subsequently discharged from further intensive monitoring by DPH once the plan of correction was fully implemented.

Last year the General Assembly passed Special Act 19-16, an Act Concerning the Licensure of the Solnit Centers, which directed the Commissioner of Children and Families to submit a report recommending a process for DPH to license Solnit. The Act required DCF to work with the Commissioners of DPH and DSS and the Office of the Child Advocate and drafting of the report. To implement this requirement, a working group was organized in August of last year, which was comprised of representatives from DCF, DPH, DSS and OCA. The Solnit Center campuses, Beacon Health Options and two privately operated PRTF's. The working group met bimonthly through November and ordered to draft the report, which was submitted to the committee on children earlier this year. For further reference, please see Special Act 19-16, the Solnit Licensing Report. The Governor's proposal adopts the working groups recommendations to repeal the licensure exemption for Solnit Center and for DPH to promulgate regulations on licensing the PRTF's at both north and south campuses.

Further the Governor's midterm fiscal year 2020-2021 budget adjustments provide funding to support six additional nurses and one additional clinician to be employed at Solnit North. Consistent with the working groups findings, these positions are needed for Solnit North to meet anticipate licensure standards for staffing. The department believes that the creation of an external licensing framework will provide a critical level of oversight and transparency and help to ensure that the Solnit Center sustain adherence to establish standards for quality care and treatment. I thank you for the opportunity to testify on this matter.

REP. STEINBERG (136TH): Thank you Commissioner. You've given us a lot of really important background here. I'm sure most of were unaware of really what the history was in this instance. So just sort of in summary, would you say we're there that we've got things under control and we have a good plan for moving forward?

COMMISSIONER MICHELLE SEAGALL: So there was an allocation last year to be able to make sure that all of the cottages were brought up to code related to ligature points, and so that was underway over the last year and it was - it significantly improved the safety provisions within all of the cottages on both the south and north campuses.

REP. STEINBERG (136TH): So, given what's transpired over the recent years and the intent of this bill, we've created a safe caring environment in those instances and the facilities themselves are up to sort of current best practices.

COMMISSIONER MICHELLE SEAGALL: They are and I believe that there were - there was a significant

standard of safety and care prior to the incident but this incident forced us to really be critically careful to assess all of the things that we may not have not considered in the past that exposed the vulnerability.

REP. STEINBERG (136TH): Thank you. Are there other questions or comments? If not, thank you for racing over from the other side. You take care of a lot of people today. Really appreciate it. Next up is Kiley Gosselin followed by Shaunette Marquis.

KILEY GOSSELIN: Good afternoon Senator Abrams, Senator Anwar, Representative Petit, Representative Steinberg and distinguished members of the Public Health Committee. My name is Kiley Gosselin. I'm Executive Director of the Partnership for Strong Communities. For those of you who don't know, we're a statewide, nonprofit policy and advocacy organization dedicated to ending homelessness and expanding affordable housing opportunities here in the state. We staff and manage the statewide reaching home campaign, which is a collective impact campaign made up of more than 120 partner organizations.

The Center for Children's Advocacy, Stacy being one of those key partners in our effort. I'm here to testify in support of Senate Bill 248. This is the Act Concerning Identity Documents for Homeless Youth and Young Adults. I think Stacy and Reyna really laid out both a lot of the facts and statistics as well as some of the practical challenges that homeless youth have been experiencing with identify documents. I want to note that this being added to reaching homes legislative agenda this year first started with homeless youth. We have youth -

homeless youth working group that includes practitioners, providers and advocates around the state but also includes some homeless youth themselves. We partner closely with Youth Action Hub, and it was the youth themselves that raised this issue this year as a really key problem for them, and so we began working on it with Stacy and others to put this work together, and so as many of you know the state has been successful in reducing our homelessness population here by nearly half since Reaching Home started in 2004 but the situation for homeless youth is a lot more troubling.

As Stacy mentioned, our homeless youth counts put the number somewhere in the 5,000 range and often times these youth don't enter our homeless service system through 211 and go through a normal intake process like adults do. They are frequently hidden and experience homelessness differently and they're more likely to seek support from unsafe contacts or find themselves in unsafe and unstable housing situations as Stacy so apply described, and the outcomes for homeless youth are - the outcomes for youth who experience homelessness are poor. We know that youth and young adults who experience homelessness are at a greater risk for suicide, illness, justice involvement, physical abuse and a whole host of other things.

So, accessing a birth certificate, as Reyna so clearly outlined, is a really vital piece for youth experiencing homelessness in order to get access to things like employment, housing and benefits, supportive services and education, as she discussed. They're critical to helping youth stabilize their lives and move forward and reduce the affects of

homelessness as early as possible, and I also just want to note that we're also in favor of the Amendment, which Stacy outlined and which is also in my written testimony. I'm happy to take questions.

REP. STEINBERG (136TH): Thank you for your testimony and particularly thank you for the work your organization does. Legislators are invited annually to sort of run the gauntlet with all your member organizations sharing with us how we're addressing this in the state. It's a model, exemplar of how organizations can work together to be maximum effective and efficient and to me the fact that the idea for this came from homeless youth themselves is an indication of how well this is working.

KILEY GOSSELIN: Thank you.

REP. STEINBERG (136TH): You guys do a great job with providing the wraparound services necessary to ideally bring people out of the homelessness and have productive lives. So, thank you for all the work you do.

KILEY GOSSELIN: Thank you to legislators too, I'd say this has been a partnership for the last 15 years and we have a lot of state partners, you know, DCF and many of our state agencies at the table with us and I thank all of you for being supportive of this work over the years. It's been a real partnership effort to get it as far as we have.

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

SEN. ANWAR (3RD): Thank you Mr. Chair and Mrs. Chair. I want to echo exactly your sentiments. Thank you, Kiley, for the work that you do and the partnership with strong communities too. I have had

the opportunity to learn more about that work that's been going on and we are truly at the leadership position in the entire country with the work that we are doing. We just need to continue to empower your group and all the other groups that are working to make sure that we protect our community members who are struggling at this time, and I think this particular part is going to help.

The first step is to identify them, second step is to be able to help them but then get them back into a productive opportunity whether it's education or job and then this small piece of that puzzle is going to be helpful. So, I'm going to be supporting this and hoping others will join me too. Thank you.

REP. STEINBERG (136TH): Thank you Senator. Any other comments or questions? If not, thank you, keep doing the good work and we appreciate your input today.

KILEY GOSSELIN: Thank you.

REP. STEINBERG (136TH): Next up is Shaunette Marquis or Marquis followed by Chris Venable.

SHAUNETTE MARQUIS: Thank you, good morning. Distinguished guest, Commissioner Steinberg, Senators, Representatives and all those who are in the room this morning. My name is Shaunette James-Marquis and I come to you on behalf of Christian Community Action in New Haven, which I am a Family Coach there. So, I am a frontline person working with homeless families and this morning I come to you supporting bill SB 248, which is to allow the waiver fee for the birth certificates for individuals.

Previous person spoke about youth and young adult but I'm here representing individuals which also include family members, and at present I have a family right now that I was texting back and forth trying to obtain one more piece of document so that I could drive him to Massachusetts in the coming week to obtain a birth certificate. Why, because he's been homeless with his family for the past two years and have since lost every piece of document, and we are in the process of doing this. Today he went to City Hall in New Haven, the machine is broken so he couldn't get that New Haven resident ID this morning. So that pushed us back one more day and having him to get this document so that he could get his housing in Meriden, which they are holding until I can afford to get him to get this one piece of document, which will allow him to get a state ID and his Social Security card. So, I'm here supporting this bill that if the waiver fees can be eliminated, this will allow homeless individuals to be able to process and to get this document. So, the color for hope is yellow. Color for hope is yellow and the color for support is orange, and individuals who are homeless have hope that you guys at the table will support them to get their documents that they need so that they can live fulfilled lives, they can get jobs, they can get housing, they can get mental health services, their kids can get to school and they can become a successful citizen in this community and to give back. So today I ask all of you please join us as I'm a frontline worker working for homeless families to give support so that they can be - have hope so that they can be sustained to continue to be the citizens that they desire to be. Thank you so much. Questions?

SEN. ANWAR (3RD): Thank you Shaunette for your passionate testimony and you make a very strong argument and I think you're loud and clear and I'm sure everybody understands why it's so valuable. Are there any comments, any questions? Seeing none, merci beaucoup.

SHAUNETTE MARQUIS: Thank you.

SEN. ANWAR (3RD): All right. Next is Chris Venable.

CHRIS VENABLE: I didn't know what I was going to have to follow. Esteem members of the committee, I am Chris Venable. I'm the Homeless Youth Liaison for Journey Home, which is a backbone agency that supports all of the providers in the greater Hartford and central Connecticut regions trying to end homelessness. I submitted written testimony, but I think it's important, I wanted to clarify two things. First, I come from Denver, I just moved here last year and I for the last 15 - almost 15 years I worked as an Education and Employment Supervisor and - well first off, this is - it's a barrier, it's a stumbling block for so many youth and young adults who are experiencing homelessness, and \$30 dollars seems like a nominal fee but it's not to anybody. It stresses out them when they're making money. It stresses out the agencies that are trying to support the services and it's really not a huge sum of money overall when you look at budgets from a state perspective.

So, we, Journey Home, and all the providers that we work with are happy to be certification agencies to certify the youth and young adults who are homeless, and from the employment side, I'd just like to point out also that it's been my job for years to try to

get youth and young adults legitimate jobs where they're actually being paid, not under the table but establishing a work history so that they can work toward stabilizing their lives and building a resume of solid career background, and so this will allow them to actually get legitimate jobs where they'll have a work history, where they'll be contributing tax payers to the State of Connecticut, and that's all I've got. Your welcome, I'd be happy to answer questions.

SEN. ANWAR (3RD): Thank you so much for your testimony Chris and thank you for the work that Journey Home Connecticut does and - and as I learn more about Journey Home's work it's very impressive. Your truly helping people get homes and lives back.

CHRIS VENABLE: Thank you.

SEN. ANWAR (3RD): And your testimony is very valuable and makes perfect sense and I - I'm obviously going to be supporting this. Does anybody have any questions or comments? Seeing none, thank you so much for your testimony. Next is Kathy Flaherty. I don't see her in the room. So, we will move on. Anybody else wants to talk on SB 248? Seeing none, we will move on to HB 5184, that an Act Concerning Water Quality Notification. The first person listed is Elizabeth Camarino-Schultz. [Side conversation]

ELIZABETH CAMARINO-SCHULTZ: Co-chairman, Senator Abrams, Representative Steinberg, Vice-chair Senator Anwar and Senator Lesser, ranking members, Senator Somers and Representative Petit and members of The Public Health Committee. Thank you for the opportunity to speak to you today on a water related issue. I'm Elizabeth Camarino-Schultz, Director of

Real Estate at Aquarion Water Company of Connecticut. I've been with Aquarion for 36 years and I'm responsible for the management of the company houses.

I'm here to provide testimony in support of proposed House Bill 5184, an Act Concerning Water Quality Notification. I'll be speaking to a provision we are requesting to allow the sale of existing homes on Aquarion Water Company's property. Aquarion Water Company is a public - public service company for more than 625,000 people in 52 cities and towns throughout Connecticut, as well as serving customers in Massachusetts and New Hampshire. We're the largest investor owned water utility in New England and among the seventh largest in the United States. Based in Bridgeport, the company has been in existence since 1857. The proposed legislation would allow Aquarion to sell some of the houses and barns it owns that are located on public drinking water supply water sheds. These houses have been owned by the company for over 100 years.

From about 1910 to 1942 when Aquarion's predecessor, Bridgeport Hydraulic Company was purchasing land to build reservoirs, these residential dwellings were acquired with the land. The company would like to get out of the property management business, as we have limited staff to manage these 43 homes. Also, the expenses of maintaining these houses continues to increase and we believe it would be more important to reallocate our time to the protection and operation of the public water supply system. With the current real estate staff, it would take the company well over 20 years to sell these homes. Therefore, we have not proposed any sunset clause in the legislation. Currently Connecticut General

Statutes 25, 32, does not provide for the Commissioner of Public Health to grant a permit. So, this legislation would give us the opportunity to sell these houses with restrictions on the property, and I have provided written testimony with all the details, and I would be happy to answer any questions. Thank you.

SEN. ANWAR (3RD): Thank you so much for your testimony. Could you tell us what those restrictions would be?

ELIZABETH CAMARINO-SCHULTZ: Okay, I have some of them here with me. So the property would be sold and it would be - the land that would go with these houses would be no more than the - requiring - the zoning requirements, so if you're in a three acre zone, it would be a three acre house. You would not be able to subdivide the house. It would only remain as residential property. There would be restrictions as far as how much you can add to the home and purvis materials, driveways and all that. The company would be allowed to come in and inspect the properties for water shed protection, check the septic systems and any other requirements that The Department of Health may deem necessary to protect the public water supply.

SEN. ANWAR (3RD): Is there standard recommendations if there's a private residence next to a public water supply for protection?

ELIZABETH CAMARINO-SCHULTZ: Our Water Shed Department does go out and do inspections of septic systems within the water shed, so yeah if there's a property next door with a home own by, you know, someone else, we do inspect their septic systems

from time-to-time and go out and do environmental reviews if there's concerns.

SEN. ANWAR (3RD): Okay, thank you for your testimony. Representative Arnone.

REP. ARNONE (58TH): Thank you. Is there a large quantity of houses around this area too, is this - this not just the amount of houses that Aquarion owns?

ELIZABETH CAMARINO-SCHULTZ: So, it varies. So Aquarion owns like 15,000 acres in Connecticut, so a lot of the houses are surrounded by other Aquarion properties but there are areas where there's just home owners just right next door to Aquarion's property but because we're regulated by The Department of Health, we have a whole land classification system and you know if it's on the water shed, the land is, you know, to protect the public water drinking supply.

REP. ARNONE (58TH): Right, normally some of these properties would actually sunset period and the properties would have to seize to be properties because they're so close to the water supplies and like I said, with septic tanks it's a health issue. So, these - these properties don't borderline that closely to water supply that they should actually, shouldn't be there.

ELIZABETH CAMARINO-SCHULTZ: Well some of them are closer than others to the water supply. Some of them may be like in a big well field area, an aquifer protection area, where there's other houses all around us. There are some closer. The company has been managing them - these houses all these years that we've owned them, so we, of course - you

know, keep an eye on any issues, any concerns with any contamination to the drinking water.

REP. ARNONE (58TH): Okay thank you, I'm just getting a little better picture.

SEN. ANWAR (3RD): Thank you so much. Anyone else have any questions or comments? Seeing none. Thank you so much for your testimony. Next on this is Jeffrey Freiser.

JEFFREY FREISER: Good afternoon Senator Anwar and members of the committee. My name is Jeffrey Freiser, I live in Meriden, Connecticut. I'm now retired but served for 21 years as the Executive Director of the Connecticut Housing Coalition. I speak in support of the underlying bill HB 5184, an Act Concerning Water Quality Notification but asking for an amendment to assure that all public water systems are covered. As a Meriden homeowner, each month I open my water bill. On several occasions, to my unhappy surprise, I find notices about drinking water hazards.

In the last two years there have been notices about how acetic acid water and excessive sodium levels. The CM notice stated, if you've been placed on a sodium restricted diet, please inform your physician. The water department warned me because I'm a homeowner and a Water Department Customer, but no one warned the city's tenants. I'm sure this problem repeats across the state. Current law requires a public water system to notify its customers on unacceptable water quality, but the law requires only that it notifies its direct customers, that is homeowners, landlords and businesses. There is no requirement to notify tenants. If you're renting an apartment, you may be drinking

contaminated water and never be told about it. Renters are proportionately people of color and low-income. Too often around the country, injurious environmental policies and practices have harmed minority communities. Connecticut requires notification of drinking water hazards to protect the health of homeowner families but not the health of tenants and their children. HB 5184 will correct this unconscionable situation. I am concerned that as drafted the bill appears to apply only to public well water supplies and not all public water systems, such as those supplied by a reservoir.

I urge the bill to be amended to correct what I assume was an inadvertent limitation. The bill places the requirement for tenant notification upon landlords. This is because water companies simply do not have tenant contact information, only the landlord as their customer. But landlords, I fear, may complain about this new burden. We're talking about the public health versus the cost of a postage stamp. For a small landlord with 10 apartments, that's \$5.50 in postage. One lesson we should've learned from the tragedy of Flint, Michigan is that the safety of your drinking water must not depend on your economic status. Thank you.

SEN. ABRAMS (13TH): Thank you very much for your testimony. Thank you for bringing this to my attention. It's an honor to represent you here, and I would also say that just in listening to your testimony, yes we will be looking to amend it so that it's clear, that it applies to all, and also to make it - make sure that it's clear that it applies to tenants who may be tenants of a business building because they too should know the quality of the water that they have in that building. So, we'll be

looking at that but thank you so much. Are there other questions or comments from the committee? No. Thank you very much, appreciate it. Next is Rafie Padolsky. Welcome.

RAFIE PADOLSKY: Thank you very much. My name is Rafie Padolsky. I'm a lawyer with Connecticut Legal Services and I'm here on behalf of legal aid programs. What I have to say is pretty redundant so - as it was to a large extent said by the previous witness, so I'll be - I'll very brief. We're - I'm here in support of House Bill 5184, which is the bill on Water Quality Notification. It's important that - it's important the tenants receive notice of water issues. Unlike other utilities, water is typically in the multifamily building, not split into multiple accounts for each of the tenants but there's one water account for the building.

So, the customer of the water company, the one whose address they have is the landlord of the building. Note - to the extend that notices go to the landlord, they will not routinely go to the tenants as well. So - and the proper place to ask somebody to take care of that notification is the landlord. So, what the bill does is it says when the landlord gets some sort of warning of the condition of the water, the landlord essentially passes the notice on to all - to their tenants. I think it's sort of simple and straightforward and the committee does need to make sure that the bill is written in a way so that it - so that it covers all people who - all residents not really residents based on the particular source of the water supply. I'm happy to answer any questions but I think to a large extent the issue speaks for itself.

REP. ARNONE (58TH): Did you submit anything in testimony that you would like to see actually the wording that you would like to say.

RAFIE PADOLSKY: We did not. I submitted written testimony. Part of the problem is that because the delivery of water is not really - it's not really specialty area for me. I don't know exactly where you should put this language to make sure you cover all water supplies. So, my hope is the committee and the Legislative Commissioner's Office will figure out where this needs to go in the statute to accomplish that purpose.

REP. ARNONE (58TH): Thank you. Definitely makes sense.

RAFIE PADOLSKY: Sorry, yeah, I'd like to have language for you, but I just don't - I'm not able to produce it for you.

REP. ARNONE (58TH): That's okay, just ask. Thank you.

SEN. ABRAMS (13TH): We do need to as Jeff was saying, we do need to learn our lessons from what's happened previously in places such as Flint, Michigan and make sure that people have the information that they need to be safe, and that's what we're here to do in Public Health. So, thank you for your testimony.

RAFIE PADOLSKY: Thank you.

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

RAFIE PADOLSKY: Thank you very much.

SEN. ABRAMS (13TH): [Side conversation] Kathy Flaherty, I think.

KATHY FLAHERTY: Yeah, I'm right here.

SEN. ABRAMS (13TH): Okay, wait. I was told that you weren't here before and to call you. Do you want us to wait or -

KATHY FLAHERTY: No, I can go now. I thought you were going to call me on the other bill.

SEN. ABRAMS (13TH): Yeah this is for - this is Senate Bill 248.

KATHY FLAHERTY: Correct.

SEN. ABRAMS (13TH): Okay.

KATHY FLAHERTY: Thank you for taking me out of order. I apologize for not being here when my name was called. My name is Kathy Flaherty. I'm the Executive Director of Connecticut Legal Rights Project, Co-char of the Keep the Promise Coalition and a member of the Steering Committee of the Cross-Disability Lifespan Alliance. I join my colleagues in supporting SB 248, Access to Identify Documents. So, I'm here a lot in the building on other identity documents but especially for youth who are homeless or housing unstable. When you cannot get your key identity documents, it provides a lot of barriers to everything else that your dealing with, and I submitted written testimony in support of SB 247, which I know is on your docket for later but thank you.

SEN. ABRAMS (13TH): Did you want to say anything about 247 while you're here, so.

KATHY FLAHERTY: Yeah, I think - having various professions including the emergency medical services personnel trained on mental health awareness issues is good but people need to be aware that mental health first aid is a branded program. The same way you talk about Kleenex for tissue or Xerox for photocopiers, mental first aid is a branded program and it's not the only program in my personal opinion, it's not anywhere near the best program, so I think the fact that your considering make other programming available to count toward the required training is a good thing.

SEN. ABRAMS (13TH): It's great to have that feedback. Thank you very much.

KATHY FLAHERTY: Your welcome.

SEN. ABRAMS (13TH): Are there any other questions or comments from the committee? Thank you for your - oh did you have something [Laughing]. I keep doing that, people are waving, and I keep thinking they want to say something. Thank you very much for your time.

KATHY FLAHERTY: Thank you very much.

SEN. ABRAMS (13TH): Welcome.

FRED JOHNSON: Thank you. Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and members of The Public Health Committee. My name is Fred Johnson and I work with GEI Consultants in Glastonbury. I'm an engineer and a geologist who has worked in the field of environmental remediation, water resources and flood control for over 40 years in the State of Connecticut. My clients and I appreciate the

opportunity to be here before you today and the committee to discuss this bill.

However, we take no strong position on the content of the bill before you. We respectfully request that the bill be amended in order to bring pertinent statutes in-line with contemporary environmental quality and technical understanding. My clients are the owners of a property in Rocky Hill on the banks of the Connecticut River. This property has a unique feature of a high capacity, known as a rainy well, that was installed in the mid-1940's. This particular well is capable of drawing large quantities of fresh drinking water from directly underneath the Connecticut River. My client has evaluated this well for high capacity water supply and so far, the results of this evaluation are positive and demonstrate a strong potential for the well to be rehabilitated as a water supply. However, through review of the current regulations and discussions with The Department of Public Health, we understand that the current regulatory framework does not allow water supply along the Connecticut River nor does DPH have any flexibility to conduct an engineering evaluation of a non-traditional well similar to this rainy well.

We ask for the opportunity to draft amendments to existing statutes that would allow a potential water supply to assess, like this rainy well in Rocky Hill to be evaluated on its technical and economic merits. Specifically, we would suggest changes to General Statutes 22-A, 417 to open the Connecticut River water shed to potential water supply development where the technical merits warrant. When drafted, the Connecticut River had worse environmental quality and lesser controls over its

discharges. Over the last many decades, some effective environmental laws in the Connecticut River basin and throughout Connecticut, the Connecticut River basin is far improved, and much cleaner and its discharges are under control.

We would also propose amendments to the Public Health Code to allow flexibility regarding separation distances for nontraditional wells like the rainy well. Without such changes, the regulators have no bases to evaluate let alone opine on such a unique resource. We thank you for your attention and look forward to the opportunity to provide you with amendments for regulatory framework to align with 21ST Century environmental quality and technology. Thank you.

SEN. ABRAMS (13TH): So, if I understand your testimony correctly, you have not provided those proposed amendments yet?

FRED JOHNSON: We have not. We are looking for the opportunity to do so.

SEN. ABRAMS (13TH): But you'll do that. Please do and secondly have you been in contact with DPH to discuss this with them?

FRED JOHNSON: Yes, this has been ongoing for years and their hands are sort of tied by the regulatory framework.

SEN. ABRAMS (13TH): Okay. Thank you very much, I appreciate you doing that and sending us the information.

FRED JOHNSON: Okay.

SEN. ABRAMS (13TH): Are there other questions or comments? Thank you very much sir.

FRED JOHNSON: Your welcome, thanks.

SEN. ABRAMS (13TH): Next is Betsy Gara. Welcome.

BETSY GARA: Thank you Senator, members of the committee. My name is Betsy Gara. I'm the Executive Director of the Connecticut Waterworks Association and I'm here today to testify on House Bill 5186 an Act Concerning Safe Drinking Water. We have significant concerns with the bill as drafted, in particular Sections 1, 2 and 5 and I'm just going to talk about those in detail. I have written - submitted written testimony.

The Section 1 would actually require water companies to provide alternative sources of water when there are certain water supply disruptions due to a water main break or other event and while that certainly is understandable, we are very concerned that the language triggering that requirement is very broad and could be applicable to a number of different situations and end up shifting resources away from addressing the water supply disruption, fixing the main break, etc. and instead dispatch crews to determine the extent to which they have to provide alternative water sources and those are usually bottled water supplies or filing stations, and so we are very concerned given the number of water main breaks that may occur that this is going to be a very difficult burden and a very costly burden. So, we have reached out to the State Department of Public Health, drinking water section, and talk about that. I think we have a meeting in - scheduled for earlier next week to talk about that.

I think that the department would agree that the vast majority water companies do an excellent job in terms of responding to emergency situations, which

can occur at any point during the day or night, any point in the year and we have crews available 24 hours a day to address those but again we're concerned that as drafted it would end up requiring water companies to divert a lot of resources to addressing alternative supplies that may not be needed given the different circumstances. Section 2, this - this section deals with small community water systems. Those are the types of systems like homeowner's associations, condos that fall under the definition of small community water system but providing water is not their primary function, it's incidental to their primary - their activities as the owner of the property. There are concerns with this. We agree.

I think our concern with the bill as drafted is that it doesn't take into account that there are a lot of mechanisms in place to address this and we believe that the department should utilize those resources before it starts to address - require this kind of comprehensive report that is envisioned under Section 2, and in Section 5, just briefly there is some issue with requiring the laboratory to notify regarding a test result. We don't oppose that section but there's some language issues that we think would make more sense because the lab is in a position to always know if an exceedance level actually constitutes a violation under the law. Thank you.

SEN. ABRAMS (13TH): Thank you. Can you give me an example of what you were talking about in terms of an incident that might happen that wouldn't - that it would be odd that it would be required that you would provide water while - during that period of time.

BETSY GARA: So, under the - under Section 1, a water company would be required if there is an anticipated water supply disruption of eight hours or more. A lot of times you're not going to know whether or not it's going to be eight hours or more. You may have a situation when you begin to address the water main break and then you realize that you need different equipment or different technologies to fix the situation, and so - and then you have other planned service interruptions, where you know you have to fix something in the system and you provided notification to the customers that by the way from the period of, you know, 8 a.m. until 5 p.m., we may not - you may not have any water supply, so please make provisions to address that.

There are situations where water companies do realize that they need to provide alternative water sources and they do a really good job of doing that. I realize that bill was kind of the - in response to a situation that occurred where unfortunately this was not - this was not handled appropriately and I think it was a very unique situation, it involved a pumping station that was vandalized by some young people and they weren't sure whether or not that they had tainted it in anyway the actual well water, and so as a cautionary measure they ended up issuing a Do Not Drink Order, and so there's a lot of confusion but again it was a very unique incident and so I always get concerned when an incident like that ends up triggering some kind of new state legislation because typically it's an overreaction. With that being said, however, we do want to work with the department to try to figure out how we can address this without creating a situation where every public water supplier feels they have to have

pallets of bottled water on hand or filling stations on hand in order to respond to situations.

SEN. ABRAMS (13TH): And it's your feeling that the language wasn't clear about distinguishing between what might be a planned disruption versus [Crosstalk]

BETSY GARA: That's part of it.

SEN. ABRAMS (13TH): Okay.

BETSY GARA: But there may be even unplanned interruptions that - and you may be without water for more than eight hours. It doesn't necessarily create a public health situation. It's - it is something that, you know, it's not nice, it's not comfortable but it is not something that creates a life safety issue. So, and we notify customers of that. We notify them when there may be extended water supply disruptions and then when that service is expected to be restored.

SEN. ABRAMS (13TH): Thank you. Are there other questions or comments from the committee? Senator Anwar.

SEN. ANWAR (3RD): Thank you for your testimony, and I think the - if I understand this right, people who are without water, they need the water, they need the water and that's the purpose of this and - but you're suggesting that we should not move forward with this and change the language?

BETSY GARA: I'm saying that the - the language that triggers the requirement that water be provided is very broad, so it's going to apply - in Connecticut, unfortunately, we have a very aging infrastructure as we do throughout the northeast and there are

water main breaks and so if you're going to require water companies to provide water every single time there's a water main break that may - may or may not last eight hours, cause again they don't know when that happens whether it's going to exceed the eight hours. That's going to be a considerable cost to customers because there could be hundreds of these throughout the year, unfortunately, and so to do their do diligence, I think it would put the public water suppliers in the position of having to make sure that they are prepared to provide water each and every time there's a water main break or other planned service interruption.

SEN. ANWAR (3RD): So, my consumer protection prism suggests otherwise. I want to make sure my people would have the water - I mean that's essential piece of [Crosstalk] of survival.

BETSY GARA: Certainly, we want to make sure the people have water. We recognize how critical that is to public health and safety but we're saying is that not every interruption warrants the provision of water that it could come at considerable cost, and if you're notifying people that you may be - there may be a service interruption for a certain period of time. Most people can usually figure out what they need to do. There are situations where you have people that are homebound that can't access other water supplies and in those cases, the water companies do an excellent job of providing filling stations and whatnot, and even in this situation involving the vandalism of the pumping station, even though the affected utility did not provide the filling station, the neighboring utility jumped in and said we'll provide the filling station and - they also assisted them in addressing the service

issue and providing an inner connection to provide water in that circumstance.

SEN. ANWAR (3RD): So I'll - I'll repeat what I'm thinking so - do you have a problem with the eight hour issue or do you have a problem with [Crosstalk] all together having any responsibility to provide water?

BETSY GARA: No, I think the eight hours is a concern because that is relatively speaking a fairly short amount of time and people could be gone all day from their homes and not need alternative water supply. So if you're talking about a situation where you have thousands of customers, if you're going to require the water company every time there's a water main break to provide them with an alternative source of water, that's going to be very costly and it's going to cost the rate payers, the customers in order to do that. So I think what we need to do is narrow the requirement - where the triggering requirement, so that it's not going to affect - it's not going to end up requiring the provision of water each and every time there's a water main break.

SEN. ANWAR (3RD): I wonder if the water companies need a contingency plan and a disaster plan of some kind for [Crosstalk]

BETSY GARA: They do - are required. [Crosstalk] They have a contingency plan.

SEN. ANWAR (3RD): So therefore, this should be part of it. Again, maybe I have a scued view. I more on the - on protecting the consumer side. If you think about it - there's children in the home and for eight hours you cannot get water. It's - I'm not

yet convinced. I just want to share with you that. I probably need to do a little more homework to understand where you're coming from, but I'll stop here. Thank you.

SEN. ABRAMS (13TH): Representative Petit.

REP. PETIT (22ND): Thank you Madam Chair, thank you Mrs. Gara. Do water companies have - I don't know if this came upon in our discussions, would they know or have a list say if they had skilled nursing facilities and other facilities where it would be [Crosstalk] a bigger issue in the short-term.

BETSY GARA: Yes, we do have to maintain a list of critical facilities in our service areas and those facilities are also required to have emergency management plans in place so that if that there is a situation for example, relative to water supply, they're also prepared and they have the infrastructure in place to be able to access either a filling station or alternative water supply.

REP. PETIT (22ND): Good, that's helpful. Sounds - sounds like it needs further discussion with - from the theoretical to the practical [Crosstalk].

BETSY GARA: And again, I think that's actually what the issue is and so again I did have a conversation with Lori Matthew from the department last week. We're planning on meeting with our member companies early next week to discuss, so.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony, appreciate it. Okay we'll be moving on to SB 247. Derrick Caranci. Welcome.

DERRICK CARANCI: Good afternoon. Chairpersons and committee members thank you for taking the time today to address Senate Bill 247. My name is Derrick Caranci. I'm a paramedic in Connecticut and I'm the President of the Connecticut Association of Paramedics and EMS. Legislation that was passed last year amended the initial certification and licensure requirements for all EMS personnel. This amendment requires all candidates for initial certification and licensure to complete mental health first aid training. Although CAPE agrees with the importance of the material that is required, the delivery method is flawed and has caused many hardships.

CAPE is not interested in eliminating the requirement, we stand behind the goals of the legislation, however, critical changes need to be made. I'd like to take a minute to explain to you some of the complications of the current laws as stands and offer you our suggestions to correct it.

SEN. ABRAMS (13TH): Just one moment please, sir. Are you testifying with them [side conversation], oh okay? All right, you can take a seat right next to them over there. Thank you. Appreciate that. Go ahead, I'm sorry.

DERRICK CARANCI: To start the current law mandates all EMS professionals to take required training from a single private company. This has effectively created a monopoly. No other aspects of training in emergency medical services require providers to a specific vendor or company. Secondly, the current law does not specify the precise training that is required. This private company offers many different modules but since the current law does not

specify what content is required, candidate's recertification and licensure can take any module they see - they would like, and it satisfies the requirements.

Also, the current law creates a huge financial burden on students, instructors and EMS agencies. Probably the most important concern is that the Connecticut Department of Public Health has absolutely no oversight over the private company, the curriculum or who can be instructors of this content. This sets a very dangerous precedent as the governing body of all emergency medical service personnel in Connecticut we firmly believe that DPH should have complete oversight over any and all matters concerning EMS. So, what is the solution, as stated before, we believe the education itself is important. Removing the education requirement for any level of certification or licensure is not the answer. The delivery method is what needs to be corrected. The law needs to be amended to be consistent with current precedent. There is already a system in place that is utilized by DPH for any new or updated training that incurs little to no cost.

Currently new education requirements are vetted through DPH and disseminated out to already state certified EMS instructors, which in turn delivery that content to EMS providers. So CAPE is in support of the amending the current law to remove any reference to a private vendor and to give the commissioner over the Connecticut Department of Public Health the authority to authorize the use of any and all - any curriculum they feel meets the education needs of EMS personnel in the State of Connecticut and by making this amendment, DPH can -

they can authorize the current vendor, any other vendor or create their own curriculum as they see fit and using the current precedent to push that out to EMS providers.

SEN. ABRAMS (13TH): Thank you.

DERRICK CARANCI: I'm happy to answer any questions about specific financial impact or anything like that.

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

REP. ZUPKUS (89TH): Thank you Madam Chair. Hi, welcome. Was there a bill that passed last year? Was this bill -

DERRICK CARANCI: Yes, so there was legislation that passed last year, which made this a requirement starting January 1 of this year.

REP. ZUPKUS (89TH): And this is to amend that because of it being so costly?

DERRICK CARANCI: For a few different reasons, again it's the financial impact definitely is concerning at just the provider level for anyone that wants to take the class. Right now, the prices due vary because there is some federal grants, so some classes are free, but we can't rely on that money to be there indefinitely. So, the average class that we're seeing is about \$120 and that's on top of the paying for the class they're already taking. So, depending on an EMT class it can be anywhere from like \$1000 to \$1200. So, a paramedic class can be up to \$10,000, so it's just incurring even more additional costs than, you know, the provider is already paying.

REP. ZUPKUS (89TH): And were you involved in this last year when it passed.

DERRICK CARANCI: Last year we were not involved, no. We - CAPE we were not established at that time. We got established from another bill and there was a lot of motivation from Workmen's Compensation for PTSI, and since then we have created the association and gotten involved in this legislation as well because we've heard a lot of feedback from it. But not only were we not involved with the legislation last year but typically we have a committee that is involved for EMS. So the Connecticut EMS Advisory Board and DPH is typically consulted with any bills that are going to affect EMS, and from my understanding they weren't consulted or - and when brought the concerns to them, I went to the Advisory Board. There were a lot of people that - and this was before the rollout, they had a lot of people - there was a lot of people that were concerned about there's going to be backlog that they weren't - they weren't involved and they have no say in the training moving forward.

REP. ZUPKUS (89TH): So, they weren't involved in this whole process.

DERRICK CARANCI: No, no, they were not.

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

DERRICK CARANCI: Thank you.

SEN. ABRAMS (13TH): Representative Arnone.

REP. ARNONE (58TH): Thank you Madam Chair. EMS has been unrepresented in the legislature as a whole. We start with PTSD last year. I'm glad you're here at the table because we need - we need your voice.

Can you just explain to us briefly on what this training is like now, is it - is it computer generated, do you have to have a trainer come in, do you have to have people leave the facility?

DERRICK CARANCI: So, Rob Glasby here, he's our Director of External Affairs. He's on our Executive Board of Directors. He's actually taken the class, so I'm going to divert that question to him. I think he can answer it a little more in depth for you.

ROBERT GLASBY: So, the way that [Crosstalk]

SEN. ABRAMS (13TH): I'm sorry. I feel like I keep interrupting you and I apologize but if you could give us your full name for the record, so we have that. Thank you.

ROBERT GLASBY: My name is Robert Glasby, I'm the Director of External Affairs for CAPE. In trying to figure out how to fulfill this new requirement, it was difficult to find the course first of all but I was fortunate enough to take it through glass to marry EMS and they do have trainers that come in. They have what seems to be a - like a PowerPoint based training program. So, it does involve classroom time. It does involve a test at the end of the course as well just to make sure that you familiarize yourself with all of it. I believe it was a one-day course. It was about eight hours, eight hours long.

REP. ARNONE (58TH): So, 24/7 operation, that's got to be very difficult to rotate everyone around to get the training to begin with and still have - not incur overtime or in volunteer cases incur people's time.

ROBERT GLASBY: Right. I think it would be difficult to coordinate all of that, but we also have to understand that sometimes there's limited seating in these courses. There are other concerns that have been communicated to me through trainers of the course but it's difficult to - it's created a burden on a lot of different people and again we understand the importance of the training because that's why we're in the field, that's why we do what we do to take care of people but we have been exposed to this information before, and we just would like the rollout to be a little bit smoother.

REP. ARNONE (58TH): Right now, if you have training for anything, really quickly, you have other training available you would - you would - you could do some in-house, I would assume. You can get trained the trainer, programs like this if you could?

DERRICK CARANCI: Yeah, so there - I mean as far as other companies that offer the specific curriculum that this private vendor offers, it's hard to say because being a private vendor and since DPH has no oversight, there's - there's no way for - to go through appropriate - appropriate channels and say hey give us your curriculum so we can look it over. Would they be willing to, probably, but you have no leg to stand on to do that, but there is - there is training through the National Highway Traffic and Safety Administration. They govern - they govern EMS federally and they put out what needs to be taught at every level from the very basic, you know, EMR, first responder, all the way up to the paramedic level. So, there is information that is similar, or a curriculum could be built from - and disseminated out by DPH if they so choose.

REP. ARNONE (58TH): Thank you.

DERRICK CARANCI: Thank you.

SEN. ABRAMS (13TH): Thank you very much. Are there other questions or comments? Senator Anwar.

SEN. ANWAR (3RD): Thank you so much for your testimony and thank you for the work you do. I know about last year's test - the bill and the fix are to give more options. So that you're not stuck with a large significant increased cost for various EMS organizations. How is the quality going to be assessed if you can repeat that again because different programs are different? This is - this was generated because of the increase in the opioid-related issues, some of the challenges that we are seeing and my understanding was that this program that - that was part of that bill is considered one of the finest for the opioid management. What is your insight about that?

DERRICK CARANCI: That's a great question, thank you. By giving The Department of Public Health oversight over it. Like I said, they could - they would be able to approve the curriculum from this vendor. So, it's not pushing them out, it's not saying that they - they're not viable and their information is not good. It - but it's giving DPH the oversight to do that or to approve other curriculum. So if DPH - if the Commissioner is the oversight - is the decider, then that's when they are able to say to any vendor that wants to be able to - their training to be able to be used in Connecticut, say okay send me what you have, send me your curriculum, let me look at the content, let me make sure if it's in what - what we need for our Connecticut EMS providers. So - and it would give

them the ability to compare and contrast and say you know what, your curriculum just doesn't match up to par with this curriculum. If you tweak it a little bit maybe we can revisit it.

SEN. ANWAR (3RD): Okay, the question I was asking the Chair was that I hope this does not result in public health asking for more money for The Department of Public Health because they also have limited resources, they'll say well we need to dedicate more resources toward this and I hope that's not going to be the case but I completely understand where you're coming from.

I also recognize and cannot thank all the EMS providers for the work that you do every single day and then have to deal with the pain and trauma with everything that's going on in your experiences but I also know that in the last few years the complexity of challenges that we are seeing in the communities has increased very significantly. It's just shifted in a different direction where the physical illness is one big piece of that and there's a demographic that we're dealing with, but the younger demographic is coming up with manifestations of illnesses that we have not necessarily been trained for, and getting more training is going to help us be able to manage this new challenge that we have of behavioral and substance use related issues that we are seeing. Having the best training is good and I think having it monopolized by one entity, of course, has its problems.

We were informed that was the state of the art and the finest and that's why many if not most of us had voted for it in the past but then subsequently we realized there was a cost issue that came up with

that and there were logistical challenges around it. So, I have no problem fixing those logistical issues and financial aspects to it. I just don't want to have a check box training without giving you the tools to be able to address what the intentions were. So that's - that's my hope and I'm expecting through our conversation right now and through the record and for putting it in perspective that when we move forward to other options, we do not lose insight about why the bill was passed last year and why we are modifying it right now and what we are expecting The Department of Public Health to do.

DERRICK CARANCI: Yeah if I may - if I may respond.

SEN. ANWAR (3RD): Yes.

DERRICK CARANCI: I think those are all valid concerns, and like I said we - we support the content and we agree with you that the training is important, and I don't feel like there should be a check box either. You know, there is reasons we're fighting for Workmen's Compensation or PTSI, you know, the other bills because of what's going on but the financial concerns on the providers and the associations is a concern. Just like I said - just some real quick numbers. You know, for an instructor to take a class, you pay \$2200, and it's a national company. So, it's not like we just can find any old class in Connecticut to take it. So not only are you spending \$2200 for the class but you're paying for travel, lodging, you have to take the time off of work because it's a 4-5 day class, and if you're not being sponsored by your employer to do that, then that's all money out of your pocket. A lot of EMS - there are training centers where people teach full-time but there's also a lot

of EMS instructors that don't, that it's a part-time job for them. So, they can't pull away from their full-time job to go get that training.

So, we looked into it a little more and said all right well if the availability of classes isn't - you know, to kind of cut down on travel and lodging, what do we have to do to get classes here in Connecticut. It's \$39,500 to sponsor a class in Connecticut for an instructor class, and it's limited to 30 people and that's a 5-day class. You know, a 4-day class is limited to 16 people and that's still \$29,000. So, in many, many associations, ambulance organizations in the state are volunteer. I don't know how many are going to put up \$40,000 for an instructor class and then have to send their people to that. So, the financial concerns are there, and by allowing DPH to have oversight of it - like I said, there is already precedent that would have minimal-to-no financial impact.

You know, DPH uses the Connecticut EMS Advisory Board to - they have Education and Training Committee and that Education and Training Committee goes over any new education for medical that comes out. Some things most recently is using IM epinephrine instead of using an auto-injector at a basic level, an EMT can give a syringe with a needle drop medication. So that goes through the education - that went through the Education and Training Committee, it gets approved, DPH looks it over and then they send the curriculum out to all the EMS instructors. You know, there - it doesn't cost DPH any money to send that out to the instructors to teach them.

SEN. ANWAR (3RD): We passed that last year.

DERRICK CARANCI: So exactly, so - so we would like to see the same vehicle be used for the training and - the education is important. We want the information to be put out, but we just don't think a monopolized private company with such high expenditure is the way to do it.

SEN. ANWAR (3RD): Yeah, in retrospect, if we were to do this better, it would have been to do a ground work with DPH and maybe some of the socially responsible educational institutions across our state to actually have had created that resource and program to be able to be apart of the solution and management of the opioid epidemic, which everybody wants to be a part of that solution, we would have been better off but here we are and let's fix what we can. Thank you for your testimony.

DERRICK CARANCI: Absolutely, thank you very much for your time, sir.

SEN. ABRAMS (13TH): Thank you. Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you Madam Chair. Thank you for your testimony today and for what you do in protecting the residents of Connecticut, and I myself for my other job have gone through the mental health training course and I know you agree that it's a great course but do you know at present, right now, how many other programs are offering the mental health training in Connecticut?

DERRICK CARANCI: So, this is - this is the challenging thing, like I don't know if there are third - other third-party vendors out there and the validity of their curriculums. I haven't - I'm not

an instructor for this - the private vendor that's involved - involved or authorized so I don't have access to their curriculum either. So it's hard for me to get that information and to be able to compare like okay, so what are they teaching, what - you know, versus what are other people teaching and is one better than the other.

REP. KLARIDES-DITRIA: (105TH): All right, thank you for your testimony.

SEN. ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony and thank you for the work that you do.

DERRICK CARANCI: Thank you very much for your time.

SEN. ABRAMS (13TH): Ben Shaiken. Welcome.

BEN SHAIKEN: Hi, good afternoon Senator Abrams, Representative Steinberg, Representative Petit, members of the committee. My name is Ben Shaiken. I work at the Connecticut Community Nonprofit Alliance. We're the statewide association for community nonprofits, which provide essential services to residents in every town in the state, serving half a million people in Connecticut and employing about 12 percent of Connecticut's workforce. I'm here to talk about Senate Bill 247, as the previous speakers did.

We are opposed to the bill without additional changes. We believe this bill would weaken requirements that applicants for paramedic licensure complete mental health training and it would allow training programs and organizations that are not approved by the medical community to - provide that training and so you have my written testimony and there's some language suggestions for how to better

define what mental health training is to ensure that the training is - is up to the standards of the medical community, rather than leaving it to the sole discretion of the Commissioner of the Department of Public Health, as the bill as it sits still has. As you just heard, this language was passed in last year's Opioid Omnibus Legislation, Public Act 19-191. The private company that provides this training is the National Counsel for Behavioral Health.

They're the leading National Trade Association for Behavioral Health Practitioners and I just wanted to - again you have my written testimony, highlight what their role is. So similar to how the American Heart Association owns the trademark in training materials to CPR, the National Counsel for Behavioral Health owns the trademark in training materials to mental health first aid. So just like CPR helps a person who doesn't have clinical training, assisted individual following a heart attack or other, you know, stoppage of breathing, mental health first aid helps a person assist someone experiencing a mental health crisis. So I just sort of caution as you proceed through the legislative process, you're talking about mental health first aid and how important it is to have first responders have mental health training, that every time you find yourself saying well maybe it could be something less or the cost is important, just think about saying CPR and replacing it there and when you're making your sort of - your decisions consider the mental health training aspect of this to be just as important as training all of our first responders and how to help someone revive their heart after a heart attack.

The reason I'm here as part of the Alliance is community nonprofits across Connecticut provide mental health first aid training with - with certified instructors. There are courses that are offered across the state, some are specific to first responders, some are not. Many as - as the previous speaker said are funded through the federal government and therefore free to people who are trying to be certified. And while we don't - the National Counsel is not a member of ours, we're a member of theirs.

They are one of our National Trade Associations and they have sort of submitted testimony on this bill too, and I think they - I can speak at least on this narrow - narrowness for them that they're perfectly and totally willing to sit down and try to figure out a solution to some of the real issues that come with how to get - for example the people who are doing most of the training for paramedics and their schooling certified as trainers and work on some of the cost issues that came up in the last testimony. This language was added to - to the opioid bill last year. I don't think at their request and so I think we're all sort of learning about its existence today as some of the issues have come up.

So, I would agree that the rollouts been a little bit rocky, but this training is really the Gold standard. So that's all I have. Thank you very much for your time. I'm happy to take any questions.

SEN. ABRAMS (13TH): Thank you. Senator Anwar.

SEN. ANWAR (3RD): Thank you so much Ben for your testimony. American Heart Association training does not bankrupt organizations but this one is going to

have the volunteers lose - this organization will not be able to survive. How can we bridge this gap?

BEN SHAIKEN: That's a great question Senator and I think - I think there's a little bit of confusion about what exactly would bankrupt an organization. So the cost that were referenced in the previous testimony were the costs to host a class of people to be certified as trainers, not for people to be certified as taking the mental health first aid course, which is an eight hour, one or two day course just like CPR is. The people who train those people in those courses receive more training just like someone who's running a CPR course would receive much more training than just being certified themselves, and I think that's exactly the piece that the organization would be very interested in figuring out how to get organi - other organizations trained on.

I don't think there's every any intention to bankrupt a volunteer fire company or paramedic organization just to get their - their first responders certified as - as having taken the mental health first aid training, and as I - as was mentioned in the previous testimony, as I said, number one, those - those certification trainings are often free or free to the person who's taking them. They're funded by the federal government, and number two, even if they're not they typically run between \$100 and \$150 if the trainer chooses to charge for the services. So - so I don't think those certification trainings are what is - what is being felt to be in danger of bankrupting an organization unless I'm wrong.

SEN. ANWAR (3RD): I'll try to repeat if I understand you right. So the expensive part is training the trainers and once you have enough trainers trained then certified trainers they can actually do the training locally because my understanding was you have to go to Washington D.C. because there was nobody who was able to train here. That was for the trainer - training the trainers apparently, you had to be out of the state for that purpose. Again, this is word of mouth for the people who were proponents of this version of the bill and who had challenges with the previous one. So, if we can get enough trainers then we can get the most effective and the best program to be the one that can be used for training.

BEN SHAIKEN: Yeah, I under - I think understand your question, and I think you're correct. I hesitate to speculate too much on the record but I think part of the challenge here, a big part of the challenge has been the rollout that there is a perception that this is a monopoly from a private company, when in fact there are multiple different trainers across Connecticut and many of them are associated with our members community providers. As to sort of what the process is to be certified as a trainer, as long as they are both here behind me. I think there are some others who are signed up to testify on this bill who are much more familiar with the training itself, having taken it and also being certified as an instructor.

I'm not sure whether it requires travel to Washington but what I can tell you again is just having spoken with folks from the National Counsel and you have the written testimony from their CEO on this bill, they are - they are very willing to work

with whichever entity whether it's The Department of Public Health or The Paramedics Association themselves to figure out a way to get a group trained without having to, you know, fly one person at a time somewhere for a Train the Trainer event.

SEN. ANWAR (3RD): So you're saying we had a problem with the rollout but not with the entity and - and the fact that most of the EMTs have not necessarily been able to fulfill their requirement that we had expected is because of the rollout and the cost?

BEN SHAIKEN: I am not - I mean we're two months from when this bill was implemented on January 1, and so I'm not - I don't know whether all - I don't know the extent of the problems that Connecticut's paramedics have had since filling the requirement.

SEN. ANWAR (3RD): Again, the - what I said earlier I standby what I said earlier. What I was saying earlier was that the complexity of the cases that we are seeing right now, whether they're substance use or mental health related issues are significant enough that they are essentially as important as somebody's heart stopping because they are interacting with people who are about to potentially hurt themselves in many situations and having a trained individual to deescalate the situation would save lives.

So, we don't want to compromise on the quality and that is why we passed the bill last year, and - but the challenge we have is that we have not been able to get everybody on board to be able to get trained because they're volunteers who are expected to pay a significant amount of money in volunteer organizations that are expected to pay significant amount of money to get trained to that level, that

is - we have to find the solution somehow or find the resources somehow.

BEN SHAIKEN: I agree and I think that is exactly why we are - we've made the language proposal that we made so that we - instead of saying it has to be this particular training and calling out an organization by name, we define what mental health first aid training means and it captures some of - I think the key components, both of the training but also of the fidelity model. So just like CPR hasn't stayed the same every year since it's inception, it's been adjusted as the medical community's opinion has changed about how to properly treat someone.

Because this is a national program, it is also being adjusted as the medical community's opinion has changed and being tested against fidelity because it has the scale to do so. So I think the solution from a statutory perspective is not to weaken the requirements and statute and there's another bill in The Public Safety Committee, House Bill 5285 which would eliminate this language entirely, that was heard in a public hearing yesterday but instead to better define what it is that the legislature is hoping paramedics will do and allow The Department of Public Health to evaluate training programs based on that standard. The language that sits today in Senate Bill 247, what just says basically just a similar training as determined by the commissioner.

SEN. ANWAR (3RD): Do you have a problem with the DPH oversight language - part of the language?

BEN SHAIKEN: No not at all, and in fact, again, I think what we're proposing here is just to give DPH

the guidance for how to - how to give that oversight.

SEN. ANWAR (3RD): Okay, now I understand. I'm sorry I'm a little slow. Thank you.

BEN SHAIKEN: That's okay. You are not Senator.

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

BEN SHAIKEN: Thank you Senator.

SEN. ABRAMS (13TH): Next, we have Fallon Rourke. Welcome.

FALLON ROURKE: Thank you. Hi everyone. My name is Fallon Rourke. I am 27 years old and from Torrington, Connecticut. I go to Western Connecticut Mental Health for my treatment. I have Major Depressive Disorder, Borderline Personality Disorder, Posttraumatic Stress Disorder and Obsessive-Compulsive Disorder and anxiety [Laughing]. So, this is an important cause to me. I know firsthand how important mental health first aid is. I'm lucky to have my team at Western Connecticut Mental Health and supportive family and friends but so many people don't have a chance - don't have anyone around them that understands even one fraction of what living with a mental illness is like, and this lack of understanding is dangerous.

I was hospitalized this past November for a suicide attempt, and so please feel free to ask me anything about that because I did have to be transported by ambulance, and it was definitely the most traumatic experience of my life but I feel like I have a lot of insight on that situation. I am also trained in mental health first aid. Before my training I had a

friend, who killed herself, she was 19 and it seemed very out of the blue but in retrospect I don't believe that it really was. I knew something was wrong even then but I didn't know how to start that conversation and now I do and I've had that conversation with many people, many times and handled it confidently and effectively because of my mental health first aid training.

I learned so much even though I've deal with this issue for so long, and having someone thoroughly explain to me in mental health first aid training what I already knew was really meaningful, that mental illness is debilitating and life threatening, more than most people understand. I cried quite a lot in that class actually because I finally felt seen and understood. It's not an exaggeration to say that most people in my life are or have been suicidal, which was shocking for me to realize. I had no idea that was the case before, I thought I was alone in that. I used mental health first aid all the time with strangers, friends and family on an almost daily basis.

There's such a variety of mental illnesses that all need to be handled differently and with great care and respect, and I'm so passionate about this that I came here despite my severe anxiety regarding every aspect of being here. Mental health cannot be an afterthought and whatever happens there need to be rigid comprehensive requirements that are met, and I believe my education with Mental Health First Aid Program that I did receive was very high quality. I'm concerned about this getting thrown to the wayside a little bit. As long as it's a priority, I think that's what most important.

SEN. ABRAMS (13TH): Thank you for your testimony Fallon. You did an amazing job.

FALLON ROURKE: Thank you.

SEN. ABRAMS (13TH): So, I would've never known that you were in the least bit anxious, [Laughing].

FALLON ROURKE: Everyone says that. [Laughing]

SEN. ABRAMS (13TH): I appreciate your taking an interest in being trained and knowing how to help others with this. I want you to know that it is not our intention in any way to water down the purpose of this, which is to have those people who are the first responders have training of this kind. It's just figuring out how best we can do it, so that the most people possible can be trained. So that's really the goal I think for all of us. We - we understand the importance of it. We're concerned that the way it was written last time was limiting both because of cost and opportunity for people, which doesn't get us to our goal, which is we want everyone trained. So that's what we're looking to do. So, I want just to reassure you of that.

FALLON ROURKE: I can tell that everybody's very compassionate, respectful regarding the issue, so I really appreciate that and I just appreciate it being a - mental health being a priority because it's so often hasn't been in the past in my experience anyway, so that's good to know.

SEN. ABRAMS (13TH): I think you'll find up here that there are a lot of people who are very much interested in mental health parity that we treat it the same as we would a physical ailment, and that in every aspect, you know, from insurance to response to what happens in our Public Health Committee. So,

we are very much interested in supporting people who are struggling with mental illness and so the fact that you have your own struggles but are willing to be part of the solution as well is really admirable. So, thank you.

FALLON ROURKE: Thank you.

SEN. ABRAMS (13TH): Representative Carpino.

REP. CARPINO (32ND): Thank you Madam Chair. Thank you for coming to testify. You did a tremendous job but since you volunteered yourself if you are comfortable answering this question. I'd love to know, as someone who has been through some of these experiences and who wants to help others with this training, I don't mean to put you on the spot, but I will, do you think that - there is anything missing from some of the standard training. I took the eight hours of training here a number of years ago but is there anything that you think, as someone who's been through it seems like a number of clinicians and seem to be doing amazing, is there anything different that you think should be included in some of these training programs?

FALLON ROURKE: Like the mental health first aid portion?

REP. CARPINO (32ND): Exactly. Like the eight hours I spent.

FALLON ROURKE: The one that I had was incredibly inclusive of all kinds of information I never expected that anybody would know if they hadn't actually gone through it. I thought it was sort of helpful to have somebody in the class that had such extensive experience with mental illness, such as myself but the program that I did was extremely

thorough. It had a lot of statistics that I hadn't known. Like the - the number one cause of death in 11 to 14-years-old being suicide, that was very shocking for me to learn. I don't think I could even think of anything, which is I guess is why I'm so passionate about this because it was such - it was so shocking that to hear other people say things that I never thought anybody would acknowledge so.

REP. CARPINO (32ND): No and thank you for that answer. We - we always want to train and we always want to educate but when someone who has personal experience like yourself comes before us, I always like to make sure that we're hitting the right topic so that we can actually accomplish the goal that we're seeking to get to. So, thank you. Thank you, Madam Chairman.

SEN. ABRAMS (13TH): Thank you. Do you - do you know who your representators are, where do you live?

FALLON ROURKE: Torrington, Connecticut. I know sometimes but I think I'm too nervous to remember. I think Representative Cook, who serves on this committee is one of your representatives and I don't know who your senator is, I apologize but it's good for you to know that because you are an incredible advocate and like Representative Carpino was saying, we're always looking for good advocates to help us in making sure that we're doing the best we can for the people in the state.

So, feel free to reach out to any of us but especially your own representative. Representative Arnone did you have something?

REP. ARNONE (58TH): Yeah, I actually just wanted to echo the Chair's - the Chair's comments to. It's

not only first responders, all first responders have to be trained, police, fire, I'll go as far as schoolteachers need to be trained in this. They need to be identified at early ages, so we're starting, you know. Unfortunately, we're - I think we're a little behind on mental health awareness in the country and hopefully these small steps will encourage more training in the future. So, thank you for your courage to come up here and put a face on the issue and God Bless you.

FALLON ROURKE: Thank you.

SEN. ABRAMS (13TH): Any other questions or comments? Thank you so much for your time Fallon, you were an incredible witness here and we really appreciate your input.

FALLON ROURKE: Thank you very much.

SEN. ABRAMS (13TH): Next up is Valerie English-Cooper. Welcome.

VALERIE ENGLISH-COOPER: Thank you so much and thank you for providing the opportunity to give testimony today. My name is Valerie English-Cooper, I'm an Independent Mental Health First Aid Instructor, Founder of the Mental Health Education Collaborative, which is a nonprofit organization to advocate for mental health first aid training in Connecticut. I'm also a national trainer with the National Counsel for Behavioral Health. So, I provide instruction and certification for instructors nationwide.

I wanted to just clarify some of the information about what mental health first aid is and my testimony kind of restates some of the things that have been said before, so I may jump around a little

bit to fill in the gaps from what has been said. Mental health first aid is an international training. It is trademarked by the Mental Health First Aid International. It was founded in 2001 in Australia and came to the US in 2008. Since then the National Counsel, which oversees mental health first aid in the US has trained somewhere between two and three million people. Several modules have been developed for specific vulnerable populations.

A youth mental health first aid training has been established for people who interact with adolescents and we're about to launch a teen mental health first aid training that's been in development for a few years in conjunction with the Johns Hopkins University doing all the research. There were 80 schools in the country that participated in the research. Mental health first aid is an evidenced-based training. It's included in SAMSHA's Registry of evidenced-based programs and practices. The government has issued several massive federal grants to effectively from 2016 to 2019 to make mental health first aid as common as CPR. In pursuit of parity with regard to prevention, in pursuit of empowering the public to do what they can to support their colleagues, their loved ones, their friends, their neighbors with mental health or substance use problems, and there's a huge amount that the public can do.

All mental health first aid instructors are trained and certified by the National Counsel for Behavioral Health. We must maintain fidelity to the instruction. So, everyone who's getting the training throughout the country is getting the same curriculum and there's value in a consistent standard and the value is the same as the value of a

consistent standard of the Red Cross' CPR training. The training is proprietary. The National Counsel requires evaluations at the end of every training. Charges are made when research is updated, and to answer the question over here, Representative Carpino, in an eight-hour training, there is always something that needs to be added. There is always quite a bit. It's an invitation to really understand more but fundamentally it's a communication training and a training in empathy but for the fire, EMS community and we have a specific module for that.

It's more than just providing more tools for how to help the community. It's also an awareness that 70 percent of our EMS instructors in Connecticut are volunteers and those people are generally serving smaller communities that already have less access to mental - mental healthcare.

So, they are the first line of support, generally speaking for a person in the community with a mental health or substance use crisis. They might be the person who with skilled questioning can determine that, that car accident might've been a suicide attempt, and then create that - thereby creating the portal for mental healthcare. It might be the person who provides human connection with a person in crisis who is psychosis, who then sees the hospital as a place to get help rather than a continuing fear that is so often experienced when people go to the emergency room. I want to point out too, as somebody who [Crosstalk]

SEN. ABRAMS (13TH): [Crosstalk] say that your times up, so if you can just [Crosstalk]

VALERIE ENGLISH-COOPER: Very quickly. Two problems I've seen, first in the scramble for EMS personnel to get training, many have taken the community training and not had access to the specific fire, EMS module and that's been a problem. Another problem is lack of funding. Ideally from the perspective of an instructor, ideally we would integrate mental health first aid training into EMS instruction, and the way to do that is to provide funding for EMS -- professional EMS instructors in our state to take mental health first aid. The counsel will bring a training to Connecticut, they already have.

SEN. ABRAMS (13TH): I'm sorry I'm going to have to ask you to wrap up, okay, thank you.

VALERIE ENGLISH-COOPER: It can be done; it can be brought to Connecticut.

SEN. ABRAMS (13TH): Thank you. I have a question for you? Do you know the cost because you're comparing it to the - you're not the only one but people have come up in favor, comparing it to CPR but my recollection from when I looked at training of trainers, as well as the instruction just for anyone who wants the training itself was quite a bit more costly than what it cost to be trained in CPR or to go get CPR training.

VALERIE ENGLISH-COOPER: To get CPR trained, it's comparable, it depends. A couple of things, if somebody host a training, you can have a five-day training and train a maximum of 30 instructors - so I think it's about \$38,000, [Crosstalk]

SEN. ABRAMS (13TH): It cost \$38,000 to do that?

VALERIE ENGLISH-COOPER: I'm sorry.

SEN. ABRAMS (13TH): I'm sorry you said it cost \$38,000 to do that.

VALERIE ENGLISH-COOPER: About.

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

VALERIE ENGLISH-COOPER: So, a little more than - for an individual to go to an existing training, it cost \$3,000.

SEN. ABRAMS (13TH): We were told like \$5,000 just so you know. Okay, thank you. Are there any other questions or comments? Thank you very much for your testimony, I appreciate it. Okay we're moving on Senate Bill 142 and Patty Riley.

PATRICIA RILEY: Good afternoon Chair, Senator Abrams, Representative Steinberg, Representative Petit, and the distinguished members of The Public Health Committee. My name is Patricia Riley. I am Ledyard's Town Clerk, as well as the first Vice-President of the Connecticut Town Clerk's Association. I come before you today on behalf of the CTCA membership strongly opposing S-Bill 142. Town and cities would collectively lose several million dollars each year if not corrected. A large town such as Waterbury would lose \$378,000 yearly. A medium-sized town like New Britain would see a loss of \$180,000 and small town such as myself, would lose revenue of \$17,000.

By striking the first two sentences of the existing statute, Connecticut General Statute 7-74, the legislator - the legislature will remove the language of the statute that gives vital record registrars the statutory authority to assess a fee upon issuing a certified copy of a vital record. This was not the intent of the original search fee

proposal. The original purpose was to allow The Department of Public Health and local vital record registrars to charge a vital record search fee. The CTCA is also opposed to the removal of Tax N1D with regard to an uncertified copy of a birth record as this language was established for the release of the original uncertified birth record of an adoptive person. There needs to be a distinction between issuing official certified and uncertified birth records of an adoptee. With revising the proposed language of SB 142, the CTCA believes it will accomplish the intended purpose while keeping intact the current statutory authority to assess the certified copy fee of a vital record. As a member of the CTCA, I thank you for your time and consideration with modifying this bill accordingly. A full testimony from the CTCA has already been submitted to you but I'm happy to answer any questions you may have.

SEN. ABRAMS (13TH): Thank you very much.
Representative Steinberg.

REP. STEINBERG (136TH): Thank you Madam Chair and thank you for your testimony today. We spent some time talking about this and trying to strike an appropriate balance. Why the changes that you recommend? Given your experience dealing with taxpayers in the town, what makes you think that the changes we're contemplating are going to be fair to the most people involved?

PATRICIA RILEY: So, the cost of the vital record issuance - from creation to issuance is expensive and it's - we have vital archival paper, archival books, the certification stamps, the seals. Another thing to keep in mind that uncertified copies given

out would not have the official seal and certification that a lot of agencies are looking for on a vital record, as well. This was intended only for the adoptee through public health and somehow that got crossed off, so.

REP. STEINBERG (136TH): It's a little bit off the un-tangent but do you think that the current system we have that puts you through these various steps in order to generate such an important document is up-to-date and is efficient as it could be?

PATRICIA RILEY: I do, and the association feels that way as well.

REP. STEINBERG (136TH): Thank you. Thank you, Madam Chair.

SEN. ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you very much for your testimony. I really appreciate hearing your point of view.

PATRICIA RILEY: Thank you very much.

SEN. ABRAMS (13TH): Okay, moving on. We are going to SB244 and Maggie Moree.

MAGGIE MOREE: Good afternoon and thank you Senator Abrams, Representative Steinberg, members of the committee. It's a long day. I've submitted written testimony. Some of this is a little dense particularly given how long you've been here listening to a variety of bills but I'm here on behalf of CVS Health to testify in support of Senate Bill 244, which is legislation that would prohibit the sale of tobacco and tobacco related products in health facilities and pharmacies.

I'm really here to speak about CVS's experience with this. On September 3, 2014, CVS removed all tobacco products from its more than 7,800 retail stores across the country. At that time, health researchers in our Medical Affairs Department conducted two evaluations to assess whether restricting access to tobacco would reduce cigarette purchasing. Using household's cigarette purchasing data from IRI Nielsen, researchers compared households that purchase cigarettes exclusively at CVS pharmacy to households that purchased cigarettes at other locations and/or the CVS pharmacies. Households that had purchased cigarettes exclusively at CVS pharmacy were 38 percent more likely to stop buying cigarettes for at least six months after CVS stopped tobacco sales, and those consumers that bought more cigarettes, that is three or more packs a month, were more than twice as likely to stop buying them, likely reflecting the greater disruption in their tobacco use and purchasing behaviors when CVS removed tobacco from their stores. What were the results of these evaluations, in the first few months following CVS Health's exit from tobacco sales, smokers purchased 95 million fewer packs of cigarettes in states where CVS pharmacy had a 15 percent or greater share of the retail pharmacy market? More recently the American Journal of Public Health published findings showing that consumers and customers who had purchased cigarettes exclusively at CVS pharmacy were 38 percent more likely to stop buying cigarettes.

After CVS tobacco's removal, household and population level cigarette purchasing declined significantly. Because a significant portion of these types of purchases are impulse buys, reducing

exposure in our pharmacies where people fill their prescription medications continues to be very effective. In Connecticut, 12.7 percent of adults still smoke, and each year health cost directly related to smoking total over 2 billion dollars in the state. Alarmingly the use of e-cigarettes among youth is on the rise and according to the CDC an additional 1.5 million students reported vaping in 2018. This bill would help to limit smoking's considerable impact including limiting the access to e-cigarettes to further support the first tobacco-free generation. Thank you for your time and although I am not testifying, we are also as an enterprise in support of the provisions to be found in House Bill 5020.

SEN. ABRAMS (13TH): Thank you very much. I'm wondering where you got the data from in terms of knowing like what the reductions were. It's very [Crosstalk], you know, inspiring, encouraging but I'm wondering where you got it.

MAGGIE MOREE: It is - I will - and it is a little dense and I am not researchers, I will say.

SEN. ABRAMS (13TH): If it's really dense you don't have to answer me.

MAGGIE MOREE: Attached to my testimony and available for folks is the study with all of the people who earned very much a Ph.D. and many other letters after their name conducting the studies that they did.

SEN. ABRAMS (13TH): Thank you. Thank you so much and thank you to your organization for being out in front and doing this. I'm so encouraged to hear the results of it. So, thank you.

MAGGIE MOREE: Any other questions?

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

REP. ZUPKUS (89TH): Thank you Madam Chair. Hi, good afternoon. Well my question was where did you get the data because I - I smoked in high school, I don't smoke anymore but I find it amazing that somebody that would smoke and then just cause they can't get it at CVS, why wouldn't they go to the grocery store across the street or the gas station. I mean in my town; you can go to plenty of places right around there. So, I'm curious to find out how just not being able to get it at CVS would curb people to stop smoking.

MAGGIE MOREE: I would say if you go through the study and what they were really - I do want to qualify that this was our experience right, so the researchers set the study up to see what the CVS experience would be and what the overall impact would be. I would say that the researchers see - indicated that they're impulse buys when people are in purchasing cigarettes and in their pharmacy picking up other things, and they also were tracking population data along with the data in terms of the CVS experience. So they certainly had data from who was purchasing cigarettes at CVS while they were there to do other transactions, but I would say in the study that was published, they can give you what they were comparing to, what the bases are, and I'm certainly happy to come back and talk to folks at any degree and bring with you - bright with me, excuse me, any of the researchers who helped to contribute to that study.

REP. ZUPKUS (89TH): Okay, I would be interested in that because I don't even know what a pack of cigarette goes for now a day.

MAGGIE MOREE: I do not either.

REP. ZUPKUS (89TH): I would think it's an expensive impulse buy if you're not - you know, if you smoke it but, so also my question - another question is, when this bill talks about prohibiting it in healthcare facilities and pharmacies, what does that include exactly? What is your - because I would think that would be a place where they have a - like CVS. You can get lots of stuff at CVS, but they have a pharmacy.

MAGGIE MOREE: Correct.

REP. ZUPKUS (89TH): So was it all stores like that, like a Walmart or [Crosstalk]

MAGGIE MOREE: I would say - I would say when I went to look at the state statute on definition of a pharmacy, it didn't strike me - that it was my interpretation of it was that it would and could wrap in entities like grocery stores, like a COSTCO or a Walmart. It was not certainly defined to some - to an entity that is only a pharmacy.

REP. ZUPKUS (89TH): Thank you, because I think we'll have to talk about that in committee, just as a - that seems like a lot to me. A lot of places, so thank you, those were my questions.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony, I appreciate it. So, we're moving on now to House Bill 5020. Rich Marianos. Welcome.

RICH MARIANOS: Thank you. Good afternoon ladies and gentlemen of the committee. Thank you so much for your time to let me speak about my opposition to House Bill 5020. I'm a former Assistant Director with ATF and a current professor at Georgetown University. I'm a member of the International Association of Chiefs of Police and a member of the Police Executive Research Forum. What I want to talk about is legal tobacco and contraband vape and a \$10 billion dollar industry of criminal profit that's being fed along the east coast because of this problem.

It's a lost right now of millions upon millions of dollars of revenue due to flavor prohibitions and this is revenue that this state can't afford to lose. To give you an idea of what I'm talking about here is if one car load from Virginia brings up flavored products whether it's vape, whether it's tobacco and supplies drug dealers, street gangs or members of organized crime, they can stand to make \$30,000 just in a car load, and that's tax revenue that the state can't afford to lose.

Is this an epidemic that has been talked about all over the place, absolutely, but it's a criminal epidemic also that we need to address, and in the vape industry, we need to address that the THC is the culprit. The acetate that is built up through the open systems is what is causing the problem with the marijuana laced products that creating this epidemic with the young adults and I think it needs to be defined and it was fairly defined recently when the FDA went on backsteps and backpedaled - all the way to the truth. Right now, we have Chinese organized crime manufacturing the products that are causing the problem, like Captain Crunch, gummy

bear, Skittles, Kool Aid in grape. None of these are being manufactured or sold by shop owners or the industry.

It's coming out of the illicit market and those are the ones that are appealing and being marketed to the kids, again another falsehood. The black market right now is in tremendous fluctuation where they're making more money than ever before. Where they're dealing in this counterfeit product and these THC oils. There are shootings all over the place, you have gangs like the Latin Kings are an example in New York where they have three floors, one sells heroin, one sells Lucy cigarettes, and another one sells cocaine.

You decide where you want to go, they pat you down and they send you to the various location. If you want to look at the current state of affairs in Connecticut, I'm sure there'll be testimony today from various sides that are going to talk about, you know, dis-issues being for this House Bill but let's take a look at the reality here. For the last hundred years, zero dollars from the Truth Initiative had been put from the State of Connecticut toward education and preservation and trying to put a stop to this, and if we really want to make a difference with our youth, we need to do it.

Finally, really quick and I'll cut it off short. Just recently as yesterday, Senator Winfield and Stafstrom put a proposal together for risk warrants to remove guns from red flag violators. This is the type of stuff we need to be working on in terms of criminal population and having our police concentrate on. We have hundred people dying every

day from handgun violence and now we're going to have law enforcement take on the sale of vapor products and menthol products on the streets, I think we can do a better job with our time and effort.

SEN. ABRAMS (13TH): I'm sorry I'm going to have to stop you there.

RICH MARIANOS: I welcome your questions, please.

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

REP. PETIT (22ND): Thank you. Thank you, Madam Chair. Thank you for your testimony Mr. Marianos. Given your previous employment with ATF, can you comment about potential black market in this area. We've certainly heard about it in regards marijuana and other committees but it's [Crosstalk]

RICH MARIANOS: It's about a \$10 billion-dollar black market industry along the east coast right now, and it's something that we just can't afford to do. We have to put more stringent measures on those issues and not give criminals more opportunities. If we chose to take menthol cigarettes and flavored vaping products and put them into prohibition in this state, we tend to lose \$180 million dollars over the net and that something we just can't afford to do right now, okay.

You're taking away money out of schools, hospitals, public programs, public service, supply chain economics, hospitals, the medical community. That is stuff that these tax dollars need to go to, not just taken it all out of system and begging for Peter, borrowing from Paul. This is a critical, critical issue right now and there's never been a

prohibition before. We can fix this problem by going after the criminals, not going after the industry, not going after the shop owners that are playing the rules but going after the crooks that are putting those silly flavors that are enticing our children.

REP. PETIT (22ND): So how do - how does law enforcement go after those folks given [Crosstalk]

RICH MARIANOS: Better enforcement and a stronger prohibition on those flavors targeting kids, without a doubt. Leave the adult flavors alone, you did a tremendous job in the state legislator bringing it up to 21, that was fantastic because it regulated, and it kept it in stores. It's not - it's going to deter, it's not going to - there's no magic bullet here. Will it deter, absolutely, but we need to have stronger measures on those illegal, counterfeit groups that are putting this stuff on the market and getting into the kids hands or these individuals that are selling these THC cartridges and creating this black lung acetate that's destroying our young adults.

REP. PETIT (22ND): I've ask the Commissioner of Public Health - cause I think about this, my concern now is I can understand how we can go after local retailers and people with physical locations but I wonder how we handle the internet sales.

RICH MARIANOS: Through different - there's different laws out there. There's the PACT Act, Federal Law and there's different ways that we can combat some of this stuff being sold online but that's going to take more stringent partnerships with ATF, IRS, Postal Service, Postal Inspectors to start combating that and putting tighter reins on

that but it can be done. This is not - we're not rebuilding Rome in a day.

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

SEN. ABRAMS (13TH): Any other questions or comments? Thank you for your testimony sir. Oh, I'm sorry, Representative Carpino.

REP. CARPINO (32ND): It's okay, that was my fault. Thank you, Madam Chair, it was a delay on my part. Thank you for your testimony. I know for one, I don't want to encourage another illicit market here in Connecticut. The dollar amounts are less of my concern, it's not giving the opportunity for organized crime to profit.

RICH MARIANOS: That's my biggest concern too, thank you.

REP. CARPINO (32ND): On the backs of the public. I don't know if you can answer this question, but I always get concerned with the THC component. I think that's something that we don't take enough time to look at in this committee but down the hall we might be addressing it on - I don't know the other day. For instance, so you talked a little bit about the open and the closed systems, so do you think that lends itself to helping us better regulate public health here. I'm less concern with dollars but always concerned with the public health. So, do you think one is [Crosstalk].

REP. CARPINO (32ND): More likely a target for the illicit market. [Crosstalk]

RICH MARIANOS: What I can explain to you is the current system is sold by retailers if you went to a Wow-Wow or a gas station tomorrow and brought the

closed system that's regulated, it can't be inserted with a THC cartridge or a black market cartridge. It doesn't work anymore. Open system, yes, you can put in whatever you want and it will function as designed to vape whatever the matter that you put into it, is the way I can say it.

REP. CARPINO (32ND): No thank you, and that's exactly where I'm going. So, do you think we should be looking at the different types of systems as opposed to be using a broad brush.

RICH MARIANOS: That's one way but to paint a broad brush and try to hit industry in the vape shops is going to lose tax revenue and it's going to put the kids from where they are now into a more dangerous situation. It's going to put contraband tobacco products on the street. They're going to start buying from street level narcotics operations in alleys, behind garages, people with guns that are selling this stuff and it's going to create a more dangerous situation, and when is public safety not part of your public health strategy.

This has to be addressed and it gets glossed over so many times and it's happening as we speak right now. People are getting shot over the sell of flavored products because it is so lucrative, making - you can make \$10,000 in an afternoon. It's making more money than narcotics and the bad guys know it and that's what's becoming such a diversified portfolio in the criminal market, and I don't want to see. I know the money is not an issue, but I don't want to see those funds being used by criminal organizations. I don't want to see those dollars in bad guys hands.

REP. CARPINO (32ND): No and I think we agree. When I say that the money is not my issue. I look at it is losing tax dollars is not my issue, but I don't want to see the illicit market profiting from our kids and our young folks, and now our adults. So, my last question to you through the Chair is, is there anything that is going on at the federal level that we could utilize here to best combat this problem?

RICH MARIANOS: There's a preemptive act that's happening right now where the federal government is involved in asking for submission for all the different flavors to be analyzed and to go through a whole process to identify every flavor from top to bottom. It's a very expensive process. It's about \$100,000. It takes about 150 pages of research. It's going through the FDA and the CDC but when it's all said and done, it will shrink a large portion of the illegal market because these people that are manufacturing the bad products will not be able to put in for these petitions or be able to afford this process and their contraband will be illegal will be illegal right off the bat, so law enforcement can enforce it right away.

REP. CARPINO (32ND): Thank you.

RICH MARIANOS: You welcome.

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

REP. ARNONE (58TH): So, we mentioned today a few times the parallels between this and legalization of marijuana. The underground taking it out of the underground, putting it into a regulatory issue and I kind of look at vaping flavors like I would gummy

bears in marijuana. We're trying right now to make sure that doesn't happen. It's a portion of it but yet the struggle here is the, you know, the illegal black markets, which I understand exactly in a law enforcement side where you're coming from, so - you know what's where I wrestle with everyday is how we're going to cut those lines out and that's how I look at some things with the vaping. The vaping is still - still be allowed but just in one flavor. So, and again, so it's just my two sense.

RICH MARIANOS: It's a good two sense.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you Mr. Chair. Thank you for coming in. You - you really make a good point to me about the black market and I totally see that happening. Can you still - so say if it happens and this bill passes, can you still get flavored vaping products online?

RICH MARIANOS: Oh yes.

REP. ZUPKUS (89TH): And shipped to Connecticut.

RICH MARIANOS: Or you can go one state away or you can get it on the black market, which there's no prohibition to right now. It - where it will go is from the retailer to the streets.

REP. ZUPKUS (89TH): And because I know that the JUUL product that's closed is federally - they don't - there are no flavors or anything in those. That's a federal [Crosstalk] law.

RICH MARIANOS: I can't speak for those guys, I'm sorry, yeah.

REP. ZUPKUS (89TH): So - but you make a very valid point about the black market. Thank you.

RICH MARIANOS: You welcome.

REP. STEINBERG (136TH): Any other questions or comments? If not, thank you. You've given a bit to think about, we really appreciate it.

RICH MARIANOS: And in closing, if you are interested, I have videos, investigative stuff to show you the black market, to show you the street crime, to show you different instances of what's happening out there and I would be glad to share it with you at any time. So, if you - you know start to get in right between in the gray area and you want to see some pictures of what's happening out there where people are aligned 60 deep to buy flavor products on the street in a dope market, I'd be glad to share it. Thank you so much.

REP. STEINBERG (136TH): Thank you, we may not get to that gray area for a while, but we appreciate the offer.

RICH MARIANOS: Thank you so much.

REP. STEINBERG (136TH): Next up I Nick Ricciardi, followed by Geralyn Laut.

NICHOLAS RICCIARDI: Hello Representative Steinberg, Representative Petit and members of The Public Health Committee. My name is Nicholas Ricciardi. I'm a proud owner of Vape Only Stores in Connecticut, in Torrington, Seymour and Waterbury, Connecticut. I'm an employer of 10 people and I'm here to oppose the flavor ban in Bill HB 5020. Over the course of the past seven years, I have been actively involved in all aspects of vapor regulation

within the State of Connecticut. I have testified in favor of several bills the legislator has proposed such as raising the age to purchase vapor products first to 18 and then again to 21 last year. I believe vapor products should not be in the hands of kids just like you do.

The T21 Bill which passed last year that went into effect less than six months ago assures that this will be the case. The bill proposed today in which flavors are banned will do nothing to further this cause. Ninety percent of adult vapors in the State of Connecticut use these flavors to quit smoking combustible cigarettes, which have been proven to be 95 percent more harmful than vaping.

I urge the committee to allow the laws that went into effect less than six months ago in Connecticut and also the national laws that have banned flavored pods, which have been proven to be the main culprit in underage kids beginning to vape to take effect before overreaching and enacting a flavor ban, which will hurt the progress we have made in getting adults to stop smoking combustible cigarettes. In my stores alone, since opening in 2013, I have seen with my own eyes more than 10,000 customers switch from traditional cigarettes to vaping using several different flavors. The common saying, I keep hearing is vape stores are trying to market the children because they have flavors like gummy bears and cheesecake. To that I say I Nicholas Ricciardi, a 40-year-old adult love gummy bears and cheesecake and I'm sure several members of this committee also enjoy delicious flavors of candies and deserts on occasion. To think only children like flavors is just wrong.

Adults use these flavors in order to get as far away from the taste of traditional cigarettes as possible, which is one of the most important factors in quitting smoking. I have been on a mission to educate our elected officials on the different aspects of vaping for the past seven years. I believe most of you now understand the difference between the open system devices that Brick and Mortar vapor stores like myself and the 40 or so store owners I'm here representing sell and the closed pod systems, which arrived on the market a few years ago and took over online and in all convenience stores and gas stations around the country.

The federal government has banned the sell of flavored closed pods because they did the research and correctly determined that the closed pods were what the kids were vaping. I urge this committee to also do the proper research before enacting an overall flavor ban, which would be devastating to adults. I realize this issue is an easy one to jump onboard with for the common person because they don't know the difference between the two vaping systems and which ones the kids are using. However, this committee, I believe, does know the difference and I also believe you will do the right thing in - not allowing our businesses - allowing our businesses to stay open and allowing adult vapors to continue their quest to be smoke-free. Thank you.

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

REP. KLARIDES-DITRIA (105TH): Thank you Mr. Chair. Thank you for your testimony today. Couple questions for you or maybe one or two but anyway.

NICHOLAS RICCIARDI: However, many you want.

REP. KLARIDES-DITRIA (105TH): As many I want. Thank you. Your vaping product sales, how - if you could give me a percentage about how much of your vaping product sales are unflavored.

NICHOLAS RICCIARDI: So of the total liquid sales in my stores, and I've been open for seven years, I have had five stores and now three stores due to closure because of some different laws that went into effect but 90 percent of all of the liquids that I sell are flavored products. Not tobacco or menthol.

REP. KLARIDES-DITRIA (105TH): And how would you - if we got rid of the flavored products, would you be in favor of keeping the menthol flavored, do you think that would help the situation at all?

NICHOLAS RICCIARDI: It wouldn't help my situation or the Brick and Mortar stores in Connecticut. We would go out of business. There's not even a question about it. The fact the person before said, you can still go online and buy any flavor you like. So, by enacting a flavor ban here in Connecticut, all it does is put the Brick and Mortar stores, which do not sell to kids and you can see the statistics of when they do spot checks around the state, it's been seen that it's the convenient stores and the gas stations that are getting caught. Vapor only stores, we have a mission to get people to stop smoking cigarettes, and by enacting this flavor ban it just basically puts the stores that are doing the right thing out of business, that's all it does.

REP. KLARIDES-DITRIA (105TH): In your opinion, you had said that you don't think the flavored products are being sold at the Brick and Mortar stores but possibly in other businesses.

NICHOLAS RICCIARDI: No flavors are being sold in Brick and Mortar.

REP. KLARIDES-DITRIA (105TH): No, I mean, that if we - illegally, sorry I didn't make that point. Do you think the other businesses besides the vaping Brick and Mortars aren't adhering to the laws that we passed as stringent as you're saying the Brick and Mortar stores are?

NICHOLAS RICCIARDI: Yeah, you know I can't speak exactly but I do know since the laws went into effect that you have to an electronic nicotine delivery license in the State of Connecticut to sell these products went into effect, I know personally, I stop in lots of different places that don't have that license and are still selling vape products. I know that all the stores that are members of the group we created here in Connecticut, [inaudible 3:50:48], which are the Brick and Mortar vape only stores.

We don't sell kind of tobacco; we don't sell closed pod systems. We sell our open systems to adult vapors. Check - we have things in measure to check ID's, anyone under 30. I know that those stores are all doing the right thing but I can't speak to the other stores but I do know when I go around and when I see the research and the studies done with ID checks, most if not all of those ID checks where there's violations are not in vapor stores.

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

REP. STEINBERG (136TH): Thank you Representative. Other questions? If not, thank you for your time.

NICHOLAS RICCIARDI: Thank you.

REP. STEINBERG (136TH): Next up is GERALYN LAUT followed by Mark Anton.

GERALYN LAUT: Good afternoon, as you said, I'm GERALYN LAUT. I live at 126 South Mill Drive in Glastonbury. I've been before your committee many times over the years. I've been a tobacco cessation counselor or tobacco treatment specialist. It is a certification. I've done the work for over 35 years. I've seen the people held and just let me just preference also. I'm here also on behalf of Amplify, one of the regional behavioral health action organizations. I'm on board as a volunteer member of the board and active in a lot of community efforts at prevention.

I've seen the powerful hold that nicotine can have. We're talking a lot about flavorings. An adult is not going to go into a vape shop to buy something because it tastes good, they go into the vape shop because it feels good. Nicotine is the most addictive drug we have. Go to an NA meeting or an AA meeting you'll see people in recovery from alcohol, cocaine and heroin but their outside smoking their cigarettes after and before and probably on a break time in their meeting. My concern - yes the flavorings attract the kids but more importantly they're using nicotine, they're using it daily, multiple times a day because you can puff on a JUUL cartridge or some other device much

more easier than you can smoking a cigarette in public and they're getting more dependent on nicotine than perhaps they were on cigarettes. Nicotine does affect the brain so that you'll become more likely to be susceptible to other addictions. People with mental health illnesses or mental health disorders and other addictions are also more vulnerable to nicotine dependence. Your talking about the financial implications in terms of tax revenue, a person that spends just \$5 dollars a day on a vape cartridge is going to spend upwards of \$1,800 a year on that product.

I don't make a dime doing what I do these days, okay, but anybody here in opposition to this bill is going to be making money on vaping products. In my mind, it's the tobacco industry that's the criminals. The vaping industry is now the tobacco industry. We learned our lessons the very hard way. It took 50 years to get the Surgeon General's report that is now this thick on the harmful effects of smoking. I do believe we are going to have a very similar report in 15 to 20 years about the harmful effects of vaping. Even if you leave menthol in the mix, menthol cigarettes result in higher rates of lung cancer for Afro-American males.

Think about it, menthol soothes your throat, it allows a person to inhale the harsh chemicals in a cigarette and presumably a vaping device more deeply resulting in more harm. None of it is good. Please make a choice to protect our kids. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. You heard the previous person talk about how in his anecdotal experience he saw people who had been perhaps addicted to tobacco - combustible

tobacco switch to vaping and that was better for them. What's your response?

GERALYN LAUT: There's no evidence that vaping is - we can presume it's less harmful. There are no 7,000 chemicals found in most vape cartridges, but we don't know the long-term effects. They're merely switching their dependence of nicotine with a different delivery device. The goal of smoking cessation - I work on people to help them diminish their dependence on nicotine while changing the behavior.

Nicotine delivery devices up the ante in terms of the nicotine level that's delivered despite telling people there may be gradual diminishing effects. We don't know that that's true. There is absolutely no regulation. A vape store or tobacco shop, they're making their own liquid juices, which they're buying from China. Most of the stuff is not even produced here. So nobody knows what's in it and a statistic like that, it's 90 percent more - 90 percent less harmful than cigarettes, I don't know where the gentleman got that statistic from but I've never seen it and I've been to numerous medical and health conferences that help institutions.

We know that the seven FDA medications are effective in helping someone quit smoking. They may be on those medications for three months, Chantix, Varenicline, Bupropion, Nicotine patches, Nicotine gum. These products that they're offering as a method to quit smoking, it's a lifetime consumer. It's all about money.

REP. STEINBERG (136TH): Most things are in America. Now we're going to be worried about whether vaping devices are a new vector for their Coronavirus, so. Just kidding, just kidding.

GERALYN LAUT: Sure, kids are sharing - kids are sharing them. Most kids are sharing their devices, so clearly it will be.

REP. STEINBERG (136TH): I was kidding. Senator Anwar.

SEN. ANWAR (3RD): Thank you so much for your testimony and thank you for speaking the truth and making sure that we keep the focus on what this is about. And thank you for also eluding to the fact that the vaping devices and vaping products have not been approved by the FDA as a smoking cessation devices because there are a number of different things will need approved and proven in studies and there is no FDA approval of this at this time. Is that correct, okay. And the other part is - is we don't even need to wait for many years for this to happen, we already started to see the effects right now with some of the deaths that have happened but also the lung effect, in the popcorn lung and various other things that have been happening in various components.

People are going to hide behind making sure that they say oh it was because of a different product or so on and so forth but the reality is that the delivery mechanism that leads to it and the propulsion process that they have and the heating that it results in, people are putting all sorts of chemicals into these which is actually resulting in the impact that we are seeing.

GERALYN LAUT: My concern stems from both initially the nicotine dependence but yes all of these pods paced devices are drug paraphernalia in my mind. It is what is opening up a can of worms for kids to be using other substances in a device that their parent may have thought they would just vaping nicotine.

SEN. ANWAR (3RD): My conversation at times with somebody who claims that well if we are going to not allow this, then people will use everything in the black market. Is that an argument to legalize every drug, cocaine, heroin out there for that very purpose because - because they're illegal people do that in the black market, is that?

GERALYN LAUT: As the person mentioned earlier, Commissioner from Public Health, we need a comprehensive approach. We're looking to educate children to know that they don't need to have the beneficial effects of a chemical in order to feel okay, and when I say that the - people with mental health issues are more vulnerable, we know that statistically the majority of people that smoke cigarettes today have underlying mental health conditions. Nicotine regrettably feels very good initially, but it creates that cycle of dependence. I'm sure the young woman that spoke about mental health conditions, they smoke because they feel more relaxed. Part of it is the ritual, part of it is effective nicotine but it creates that cycle of without that substance you're not relaxed, your irritable, anxious, confused, you can't concentrate. So where do we - where does it end?

SEN. ANWAR (3RD): As a lung doctor who actually have seen plenty of people die from the historical tobacco and a number of people have their rela -

respiratory problems get worse with the current delivery mechanisms, I very clear where I stand and I want to thank you for your testimony. Thank you.

GERALYN LAUT: Thank you.

REP. STEINBERG (136TH): Thank you Senator. Are there any other questions or comments? Thank you for your testimony today. Mark Anton followed by Chelsea Boyd.

MARK ANTON: Good afternoon and thank you for allowing me to speak at this committee. Thank you, Representative Steinberg, Representative Petit, and members of the committee. My name is Mark Anton. I am the Executive Director of the Smoke-free Alternative Trades Association. SFAFA is a nonprofit national trade organization representing businesses that work in the vapor industry. Our mission is to advocate for a reasonably regulated marketplace for quality smoke-free products for adult consumers.

We are here to discuss the merits of HB 5020 that is meant to reduce the youth use of vapor products. While SFATA agrees we should ban together to prevent youth from vaping at all, we must also agree that we must do something to end the death and disease associated with smoking cigarettes. In the State of Connecticut 4,300 adults die every year from smoking cigarettes. While considering banning flavors to prevent youth enticement to these products, we are condemning former smokers who rely on flavors to remain smoke-free. While banning flavors seems the most logical action, there are other factors at play. The most recent national youth tobacco survey indicated that 55 percent of the youth initiate vaping because they are curious.

Banning flavors does not line up with the data. To-date, all the lung illnesses from vaping cases last year have been attributed to black market products containing vitamin E acetate. Not one illness has been confirmed by the CDC as being caused by electronic nicotine delivery systems or ENDS. HB 5020 will immediately close all dedicated vaping business in Connecticut as the average vape store receives 90 - 75 to 90 percent of their revenues from flavored e-liquids leading to potential bankruptcy for many businesses and also 90 percent of former smokers buy flavored e-liquid products, so their client are using these products. HB 5020 will be a huge windfall to the large tobacco cigarette manufacturers compared to the small vape shop owners.

As a ban on flavors would effective remove the most commonly used alternatives to smoking in Connecticut and would cause public harm, forcing current users to seek other alternatives such as the internet, the black market or going back to cigarettes, the overall public health utility of ENDS depends on it being attractive enough through the use of flavors to appeal to as many smoking adults as possible. Flavored ENDS are appropriate for the protection of public health because the products have played a significant role in lowering the smoking rates. The FDA has recognized the importance of having flavored palatable cigarette alternatives in order to reduce harm. They've approved flavors in Nicorette gum as well.

While we support preventing youth use, we cannot support this bill while hurting adults. Connecticut recently increased the age to buy tobacco products at 21. We should support this by adding additional

tools to make this work before we slam the door shut on adults. We are at a crossroads and if we partner together, we can see the first smoke-free generation in our lifetime. Thank you for your time.

REP. STEINBERG (136TH): Thank you for your testimony. You just made mention of additional tools, what did you mean by that?

MARK ANTON: Well, there's a number of things that we're discussing with the FDA and other states is obviously age verification, integrated directly into the POS systems in the stores. What these systems do is they actually not only check the age, but they actually validate if it's a legitimate ID. There's about 9 to 10 percent of fake ID's out there. You've just increased the age to 21. Kids go to college. They buy fake ID's and if you saw on the New York Post yesterday there was just a bunch of fake ID's confiscated on imports by customs from China.

So, you know, our job in these stores is to make sure that we're selling to responsible adults and not youth, not someone who's prohibited from using these products but we want to help those who are responsible adults to be able to transition away and these stores, if I might add, add a valuable resource that if you get rid of it by banning flavors, you're going to get rid of the frontlines that helps people transition away fully from cigarettes because you don't want have dual use. The National Academies of Science Engineering and Medicine has found that if you are dual using, which is basically vaping and smoking at the same time, you should immediately transition to vaping to get

the health benefits that they have seen in their studies.

REP. STEINBERG (136TH): I'm sorry, I think you just said health benefits.

MARK ANTON: Health benefits.

REP. STEINBERG (136TH): I would very much like to see studies that report the health benefits.

MARK ANTON: The National Academy of Engineering Science and Medicine, they did a comprehensive review of over 4,000 studies and they determined that if you are using both products, you should switch over immediately.

REP. STEINBERG (136TH): Now I think I understand you a little bit better. You're comparing the two, it's sort like when we compare natural gas to fossil fuel oil.

MARK ANTON: Exactly.

REP. STEINBERG (136TH): It's all relative.

MARK ANTON: It's all relative, correct.

REP. STEINBERG (136TH): Now I think I get a better sense. Yes Senator -

SEN. ANWAR (3RD): Thank you so much. I just want to thank you for your testimony. I wanted to clarify; did I hear you say that the FDA has approved this for smoking cessation?

MARK ANTON: No, they have not approved this product for cessation.

SEN. ANWAR (3RD): Good, I just wanted to clarify that, and did you say that the only reason children take up vaping is because they are curious?

MARK ANTON: No, I said that the main reason of 55 percent is because they're curious and then there is other reasons behind that.

SEN. ANWAR (3RD): What are the other reasons?

MARK ANTON: The other reasons are flavors are number 4 at 22 percent. Wanting to quit smoking is number 2 at [Crosstalk] percent.

SEN. ANWAR (3RD): So, you're saying that children in elementary - sorry middle school have been using tobacco cigarettes, the combustible form and they are using the vaping to use it for smoking cessation? Is that your testimony?

MARK ANTON: No, that's not the full testimony. We're focusing both on middle school and high schoolers, right. Middle schoolers are very curious because their friends are doing it, it's being shared with them. The high schoolers we're finding that they are the ones who are previous tobacco users. Whether it be through smoking or using chew or cigars they're the ones that are transitioning to the other products.

SEN. ANWAR (3RD): So that middle school children - I'm trying to understand your testimony that the middle school children have been chewing tobacco and smoking cigars, so they're using the vapes to get rid of that habit.

MARK ANTON: No, I said the high schoolers.

SEN. ANWAR (3RD): Okay, high schoolers are smoking cigars and they're using the vapes too. Do you think there is a reason why the Attorney Generals of multiple different states have sued a company that product that some of your customers sell, which has

been associated with - and they have actually accepted it, that they've been wrongfully marketing it to our children?

MARK ANTON: Well I'm aware of that but I'm not aware of our members actually sell those products.

SEN. ANWAR (3RD): Ok. So and do you think that marketing - that company has accepted that they have been marketing it to our children and that is the main reason for a multifold increase in consumption of vaping in middle and high school is a contributor?

MARK ANTON: It can be a contributor, sure.

SEN. ANWAR (3RD): Okay. Thank you so much for your testimony. Thank you.

MARK ANTON: Your welcome.

REP. STEINBERG (136TH): Thank you. Any other comments or questions? Thank you for your time. We appreciate your testimony. Next up is Chelsea Boyd followed by Ken Elliott.

CHELSEA BOYD: Thank you for your attention today and for the opportunity to provide testimony on this important topic. My name is Chelsea Boyd, I'm an epidemiologist, and I'm also a Harm Reduction Policy Researcher at the R-Street Institute, which is a D.C. based think tank. Let me be very clear when I say that youth use is something we must address. However, flavors are simply not the primary driver of youth use and bans will not curtail the problem. The 2019 National Youth Tobacco Survey data, which was what my previous - the previous person was referencing about curiosity is - he is correct, 55

percent of youth cited curiosity, that was the most - the greatest most cited reason.

Appealing flavors was only half of that and easy to conceal was yet again about half of that. Moreover, high school students who have never used tobacco products report similar levels of curiosity and susceptibility to future use for cigarettes as they do for combustible cigarettes. Kids are curious about many controlled substances and risk behaviors and as we all know, they try things that we wish they wouldn't, but most don't go on to high risk use. We see this reflected in total use numbers, once again. The same data I was referencing before shows that nearly half of current high school users vape five or fewer times per month.

In other words, they experiment. What about addiction? Are e-cigarettes dooming a generation of youth to nicotine addiction, not to the extent that you might think. Among current users of any tobacco product, so e-cigarettes and all the combustible products, only 25 percent of youth users report ever experiencing a nicotine craving and only 14 percent report using within 30 minutes of waking up. These are two commonly used measures of addiction - or level of addiction. This is further proof that the vast majority of youth e-cigarette use is experimental and occasional. Now I want to talk a little bit about what's going on at the federal level. The FDA is working on a process to review every e-cigarette product that's on the market should they be able to submit a premarket tobacco application. Those are due on - in May of this year. After that anything that has not submitted that application will be pulled from the market. Basically our big ask is that you wait and allow the

FDA to evaluate these products for public health benefit, well public health risks because that's what they're meant to do and the problem that is being addressed at the federal level. Thank you.

REP. STEINBERG (136TH): Thank you. I must say that after your testimony, I feel greatly relieved. This sounds like we have no problem at all, and we didn't need our legislation last year. It does fly in the face of most of the, albeit anecdotal information we have from parents and school administrators and teachers. This suggest we really still really do have a problem and that our bill was necessary. Let me understand. You're an epidemiologist and who do you work for currently?

CHELSEA BOYD: I work for the R-Street Institute.

REP. STEINBERG (136TH): That'll be - could you be a little clearer as to the nature of that institute.

CHELSEA BOYD: Yeah, we are a nonpartisan, nonprofit think tank in D.C.

REP. STEINBERG (136TH): You are financed by?

CHELSEA BOYD: We have a number of funders. All of our foundational funders are listed on our tax returns and respect the privacy of all of our private donors.

REP. STEINBERG (136TH): I appreciate that, but would it be fair to say that it's highly likely that the tobacco industry and the vaping industry might be supportive of your activities?

CHELSEA BOYD: We are saying that harm reduction is a good method for attacking cigarette - the problem of nicotine use and cigarette use in the United

States, so yes that would probably mean that they would be supportive of our work.

REP. STEINBERG (136TH): I thought so. Now I think I understand better. Is there anybody else that wants any questions? Representative -

REP. PETIT (22ND): Thank you Mr. Chair - Chairman. We've had some discussions in the committee last year and this year and one of the points of contingent has been going back a year ago to the New England Journal of Medicine trialed [inaudible 4:13:06] that showed - seemed to show that e-cigarettes are more effective for smoking cessation, nicotine replacement therapy when used behavioral support. Some people weren't sure that was the world's best trial to prove that, that it was too small and not long enough. Do you think we have more data than the past year that some forms of replacement are helpful in getting people off combustible cigarettes?

CHELSEA BOYD: Yes. Thank you for your question. So, one of the big things about that is that when you talk about nicotine replacement therapy, it's a great product to have. However, it's not nearly as effective as we - as people want you to believe that it is. There are many people who have tried it for long periods of time and have not gotten off of tobacco, and additionally as far as like to speak to the content of nicotine being harmful for adults at least, the FDA has told physicians that they can suggest that doc - that smokers use nicotine replacement therapy products for as long as necessary even up to indefinitely if it prevents them from going back to smoking cigarettes. It's the same nicotine as in vape products. Nicotine is

- if it's safe enough in a patch, it should be safe enough in a vape, but to speak directly to that question. There was recent study coming out of New Zealand that I believe showed higher results of e-cigarettes being more effective as a cessation tool. Also, Public Health England this week released a statement and report that reaffirmed the safety and utility of e-cigarettes as a cessation device. They are promoting it actively. Also, to speak onto the mental health issue, which personally is a huge - huge problem for me, it's what I studied in my graduate research. They're even using it in psychiatric wards because it is hard to kick but they've put vape shops in hospitals, they've put vape shops in medical facilities.

REP. PETIT (22ND): Do you think that e-cigarettes are [inaudible 4:15:24] impacted the use of - specifically in kids has it impacted the use of combustibles or do you think they're two separate issues and not particularly related?

CHELSEA BOYD: So, what we call that is the Gateway Hypothesis, and there are different studies that have come out on different sides. One of the most compelling is out of Georgetown. That they did an economic modeling - or they did a study looking at all of the major tobacco use statistics over the last about, I believe like 10 years and what they showed was that the trajectory of smoking was decreasing among youth but at a slow rate. After the - after e-cigarettes became on the market and were widely available, the rate began decreasing at a steeper rate than it was before, so the smoking rate in youth started decreasing more quickly than the rate of smoking was prior to e-cigarettes coming onto the market.

REP. PETIT (22ND): Finally, some other people with other testifiers have brought up menthol and probably the one thing I've been contacted most by constituents are people who are using menthol - where does menthol fit in this continuum in terms of its impact on people still smoking, kids smoking, kids vaping but with menthol. I'm not really quite sure in my head where it fits in. Some people want to ban it, some people think its helpful to some people and I'm confused and what the truth is.

CHELSEA BOYD: I think the biggest thing to - the biggest take home is that flavors are preferences and if you prefer a menthol product, you prefer a menthol product. I - it's the same way that if you prefer a fruit product, you prefer a fruit product and I guess one of the things is a recent study that I was just looking at last night basically showed that as far as adults go the top three favorite flavors are fruit followed by tobacco and then sweet, and another study that kind of aligns that a little bit is that what usually happens is that smokers begin on a tobacco flavored or menthol flavored product and then they begin to transition to an unflavored one as they're - as they break the habit of smoking.

Because again like some of our other witnesses have testified too, it's conditioned, the flavor is there and if you're trying to avoid going to a product or if you're trying to avoid going back to a tobacco flavored product you don't want to be using a tobacco flavored substitute or a menthol flavored substitute. However, when you first start out the availability of a menthol flavor may be very important to some people.

REP. PETIT (22ND): Thank you for that. Thank you, Mr. Chairman.

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

SEN. ANWAR (3RD): Thank you so much. Thank you. Did you come from D.C. to testify?

CHELSEA BOYD: I did.

SEN. ANWAR (3RD): Okay, tell me who paid for your travel.

CHELSEA BOYD: We paid for it from our general funding budget.

SEN. ANWAR (3RD): And I understand your source of funding is from the tobacco industry, at least they are one of the funders besides - I was looking at your funding sources, Cook Brothers are one and tobacco is one as well and multiple others, right?

CHELSEA BOYD: We have a pending grant from the Foundation for the Smoke-Free World but as far as private donors, I'm not at liberty to speak nor do I actually have that information.

SEN. ANWAR (3RD): Okay, no it just helps to know where - who's talking and who's funding and what is the source of the data and son on.

CHELSEA BOYD: The source of the data is all from published studies and the CDC.

SEN. ANWAR (3RD): Right, right, and I understand that. And so - and your testimony is that this is the curiosity alone and I'm just repeating this. Do you understand the source of curiosity in the middle and high school children?

CHELSEA BOYD: So, my testimony is not that only curiosity, that was a check multiple question, so it could've - they could've endorsed multiple reasons for why they started using, however, 55 percent endorsed curiosity as at least one of the reasons, whereas the flavors were lower.

SEN. ANWAR (3RD): So for an epidemiologist, do you want to go deeper into this and then say what was the source of that curiosity or it was just that children are so curious that they run around in different directions and look for things to try or - or was there something that caused their curiosity to be impacted?

CHELSEA BOYD: What I can say from other substance and from sexual health particularly, is that kids do stuff, they do risk behaviors, however, I am not a child behavior psychologist and also I'm only interpreting the data that's available from the CDC website, which does not go into detail beyond just that question on what the curiosity is about.

SEN. ANWAR (3RD): So, but let's approach it from a commonsense perspective. So - if I understood you that just because there's curiosity about sexual desires, so there's a curiosity about vaping just from that perspective, is that what you're suggesting just now?

CHELSEA BOYD: I think most of us can say that as a kid we were curious about a lot of things that we shouldn't have done, that's why we see youth drinking, from a commonsense standpoint, as you would put it. I believe that also one of the biggest things still - actually the second reason that was most commonly endorsed on the CDC survey for reasons why youth started vaping was that family and friends

did it and a lot of that is a social sourcing issue, which we still see in pretty much all of our substances, is that kids get their products for the first time from a parent or a sibling. They steal it from them, they're actually given it in some cases, and I again I'm not a law enforcement officer but the fact of the matter is, is that kids find a way to get their hands on things, and I think if you're only going to single out vaping as something that kids are curious about.

SEN. ANWAR (3RD): No, that's not my question. So, let me rephrase my question. So, I'm trying to explore this curiosity and I know why the curiosity is there, but I want you to recognize it. I'm trying to figure out how can I get a paid epidemiologist, who is hopefully be able to say what needs to be said but I'm trying to figure out how I can get her to say it.

CHELSEA BOYD: Yeah, I know what you want me to say.

SEN. ANWAR (3RD): Go ahead and say it.

CHELSEA BOYD: But I don't have that data on me. I know what you want me to say and I don't have that data on me and I'm also, like I said, I'm not a marketing expert, I am not a child behavioral psychologist. I can't give you that information.

SEN. ANWAR (3RD): So, but as an epidemiologist you are able to say that it's only curiosity alone that led to an epidemic of our children. Would you at least agree that there's an epidemic of young people? Can I get at least that from you?

CHELSEA BOYD: As an epidemiologist, I'm qualified to analyze the health data that's coming out of the

CDC. That's all that I'm doing in this study. I'm [Crosstalk]

SEN. ANWAR (3RD): So, let me ask that question again. As an epidemiologist, do you think it is curious for us to recognize that there is an epidemic of vaping consumption by middle school and high school children?

CHELSEA BOYD: I believe [Crosstalk]

SEN. ANWAR (3RD): I love this.

CHELSEA BOYD: That the problem isn't - I love this too; this is so fun. [Laughing] The - I believe that the problem of vaping is in fact a problem. As I said, it is something that we have to pay attention to.

SEN. ANWAR (3RD): Is it an epidemic? [side conversation] I'm sorry.

CHELSEA BOYD: I think that right now the word epidemic is being thrown around in a lot of context that it originally was not meant to or that are normally not what epidemiologist define as an epidemic. I also think that if you look at the percent changes, it looks more and more like an epidemic. If we're going along with what the Surgeon General has said, then yes, it's an epidemic.

SEN. ANWAR (3RD): Okay, thank you so much. So, let's at least agree it's an epidemic. Now the epidemic is just because of curiosity alone is your epidemiological science telling you.

CHELSEA BOYD: That's again, it's not what it's saying. I am interpreting the CDC's statistics and that is all. I'm just relaying them back to you.

It's available on a chart. It says it right there. Curiosity 55 percent endorsed.

SEN. ANWAR (3RD): And if there was a company that said that they take ownership and responsibility for wrongfully marketing this to children and knowingly owned by - for lack of a better way to put it, by the same source that funded the organization you're representing and the same organization marketing it to the children, would that make you curious?

CHELSEA BOYD: I think that the marketing decisions of companies - I think that some companies in the past may have made poor choices in their marketing campaigns.

SEN. ANWAR (3RD): And if somebody makes a poor choice that leads to permanent harm and death and negative impact for a long term on our children, should we trust that company going forward?

CHELSEA BOYD: Once again, I think that you're trying to ascribe blame to an entire industry when you're really just talking about one company as you're saying, if this one company should we trust them moving forward [Crosstalk].

SEN. ANWAR (3RD): I just talking [Crosstalk]

CHELSEA BOYD: I'm not at liberty to speak about that particular company, however, I am - I just believe that you're ascribing the blame for something to one individual, which is the same way as there is bad actors in banking and every other industry.

SEN. ANWAR (3RD): I'm not sure if it's one individual, it's more than that but - but I think at least we got to agree that there's an epidemic. I'm

glad that we got you to agree that you're curious that your source, the company that funds you, is also the company that has been funding the other entity. So at least we have been in a better place. I appreciate you coming here. I hope you have a safe trip back. Thank you so much for being here.

CHELSEA BOYD: Thank you, I really appreciate you diving into this so deeply.

REP. STEINBERG (136TH): But she's not done yet. Representative Klarides-Ditria.

CHELSEA BOYD: Oh, okay.

REP. KLARIDES-DITRIA (105TH): Sorry. Thank you for your testimony. I have a couple questions for you. Can you tell us a little bit about the recent federal flavor ban and what results you have seen so far?

CHELSEA BOYD: So, basically the federal flavor ban as the person who testified prior to me noted, is that it took all of the closed system flavors except tobacco and menthol off of the market. So, and what Representative was eluding to is that was essentially to target the one company that people believe is a bad - believe is a bad actor. What we've seen is there's not really enough time to have identified the results that came from that, as well as the Tobacco 21 legislation that was passed at a national and federal level and is a great step forward in December. However, I know that there have been some reports out. I don't think anything has been formally published in an academic journal. That what ends up happening is that when you take the flavors people just go to their next preferred flavor. So again, it's youth - if youth are using a

substance and again as I said before, really a lot of them are only using it experimentally. They're going to go to the next thing that's even remotely close to being palatable.

REP. KLARIDES-DITRIA (105TH): Okay, thank you. Next question and I apologize if someone already asked you this.

CHELSEA BOYD: No absolutely.

REP. KLARIDES-DITRIA (105TH): Did you speak about the PMTA process. [Crosstalk]

CHELSEA BOYD: I kind of was getting to it at the end of this testimony.

REP. KLARIDES-DITRIA (105TH): Okay, get to it now [Laughing].

CHELSEA BOYD: Yes, thank you [Laughing]. So, the PMTA process is an acronym for the Premarket Tobacco Application process. This has been in the works for quite some time with the FDA. So, what ended up happening after a court trial was that the date of the PMTA applications was moved up to the middle of May of this year. What happens in May is that everyone has - who has a product on the market and effectively all e-cigarettes on the market, must submit a premarket tobacco application to the FDA. Otherwise, they are subject to removal from the market. Then the FDA will - will review those applications for safety data or relative safety data and to see if those are going to pose a net benefit to public health.

They also are including flavors in that decision. It's entirely possible that they approve flavors that are not just tobacco and menthol. We have no

real way of knowing what they will decide in the end but the FDA's experts are being handed piles of data, piles and piles of data from manufacturers and they're going to be able to assess from that whether or not they believe these products are of benefit - enough benefit to adult smokers that it's worth risking use among young people.

REP. KLARIDES-DITRIA (105TH): Thank you for your answers. Thank you, Mr. Chair, - Madam Chair.

SEN. ABRAMS (13TH): Yes, we switched on you.
[Laughing] It's not you. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you Madam Chair, and I apologize I wasn't in here but when Representative Klarides-Ditria asked this, I remember - I don't know if it was last year but talking about this, and that - so just so I'm clear on it. So, this - I forget the PMTA, every product on the market, flavors - I don't even know if there are non-flavors, everything has to go through this application process, is that correct?

CHELSEA BOYD: Yes, that's correct. There's been one alternative nicotine delivery system called IQOS that has made it through the PMTA process already, and it is a heat not burn device. I'm not going to go into the details just for the sake of time but that was a very extensive process that took years for the FDA to approve the product. So, yes everything is. Just kind of a comment on some of the products like Puff Bar that have been apparent in media stories in the New York Times. That company was established in 2019, if you look at their website, and that's an illegal product already.

So, anything that wasn't on the market before, I believe 2016, was not grandfathered in. If you weren't on the market by that point, you should not be on the market now unless you have a PMTA. That being said, enforcement is a problem and if - I mean as doing my due diligence to figure out what was going on with the Puff Bar company, it appears that it is something that's being imported from China illegally, okay.

REP. ZUPKUS (89TH): So, as I understand it, everything has to go through that process.

CHELSEA BOYD: Everything that is an alternative tobacco product, yes.

REP. ZUPKUS (89TH): And isn't it like 120,000 pages - like isn't it something astronomical. It's not just I fill out an application, two pages, and feel that this is really all of these products on the market now have gone through this rigorous process.

CHELSEA BOYD: After they have completed the PMTA, everything that will be allowed back on the market will have gone through the process, and I believe they're giving them the authority to market their products during the review. If they - only if they submitted the application though. So, yes though, the report is extremely expensive - extensive. It has - it involves at least some longitudinal study, toxicology reports. It's not as extensive as perhaps like a drug pathway but it's costing people hundreds of thousands, if not more to prepare these applications.

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

CHELSEA BOYD: Thank you.

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

CHELSEA BOYD: Thank you, I appreciate you all.

SEN. ABRAMS (13TH): Next, we have Kim Elliott.

KEN ELLIOTT: Senator Abrams, members of The Public Health Committee. My name is Ken Elliott. I represent the Vapor Technology Association we're the leading industry association for retailers and manufacturers of vaping products in the United States, but maybe more importantly I should tell you who we're not. We're not - we do not have big tobacco as members of association and JUUL is not a member of our association. So, these are primarily retailers and manufacturers of small-to-medium size here in this country.

I want to touch on a few things. I'm - as I've watched the debate, I've been trying to think of things that I could address and there've been so many things that have transpired it's hard to touch on all of them but I want touch on a couple of things. One is safety first. First of all, there is some question about the safety of these products and the safety relative to cigarettes comes from the Royal College of Physicians in the United Kingdom and that entity as eluded to earlier just reaffirmed for the sixth time on Wednesday that these products are 95 percent safer than a traditional cigarette. I want to be clear; I'm not saying that they're safe compared to nothing, they're safer compared to a traditional cigarette. And in that country, there are 3.6 million vapors and a full 54 percent of those folks have quit smoking as a result of using these products.

So, there's a very different attitude there than there is here about these products. Second, there is some confusion of the illness from last year and what transpired with vaping nicotine and sources - health sources, public health entities including the Centers for Disease Control and Prevention have definitely linked the illnesses of last year to vitamin E acetate oil. These products have been on the market since 2008. They've been used around the world. The only place those illnesses occurred was here in the United States for a definite period of time. They've been definitely linked to vitamin E acetate oil, linked to illicit THC cartridges used for a product that - used in a product that they were never designed for. I would suggest that a flavor ban is not the answer to the youth usage problem.

Our members are very concerned about it and we have a variety of ideas and options that we think would address the problem but if you look at the underlying data that's out there and what's happened in the marketplace, I think it would determine that flavors aren't really the issue. As it's been eluded to, 78 percent of kids cited some other reason other than flavors is what drew them to these products. The second thing is, is that 86 percent of that youth usage has been drive by social sources and that's a study on - by NIA - NIH conducted on behalf of the FDA. Meaning that somebody that they know either gave it to them or sold it to them. Banning flavors doesn't shut that off. Finally, I'd just like to suggest that these products have already been banned for these kinds of systems that are overwhelmingly used by adults. This is a closed system product. This is overwhelmingly the choice

for kids and flavored pods went off the market for these products on February 6 of this year. This is an open system device, overwhelmingly used by adults.

Your flavor ban will ban flavored products in this system that adults use as an alternative to cigarettes. So, I'd further like to just mention that last week Attorney General Tong was at New Haven High School and he did a round table with students in that school and he thought he was going to hear a lot about this device in that forum, and what kids there told him was that they were using marijuana products in that school, not vaping products. And I would suggest as you debate the idea of legalization of marijuana and I know you're very proud of the medical marijuana laws that you have on the books, that you can create thoughtful policy and regulation in this space that allows this product to be available for adults and keeps this product out of the hands of kids. So, thank you and I'll take any questions that you might have.

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

REP. PETIT (22ND): Thank you Madam Chair. Thank you, Mr. Elliott. We've heard from a number of people today say that flavor ban wouldn't fix - significantly improve the problem of youth vaping. What - does the vapor technology - Vapor Technology Association have a hypothesis on what would be the best approach for diminishing usage in kids?

KEN ELLIOTT: Yes, thank you. So, there - there are several things that we're in favor of and propose and I would say we worked very, very closely with the legislature and the Governor of New Mexico on a

regulatory measure that she signed into law earlier this week that does some of the things that I would outline. First of all, you guys already raised the purchase age to 21, which we're in favor of here and you implemented a tax on these products last year. Both of those efforts were designed specifically to target youth usage and you don't yet know what the result of those efforts are because they've just gone into effect. So those are two key measures that are pushed by advocates and designed to target that but there are several other things that we're in favor of.

First of all, we'd eliminate bulk purchases in any one transaction. So, limit the number of devices or the amount of liquids somebody can buy in a single transaction in a retail setting or online. We're in favor of verification of the ID presented at the retail location. We're also in favor of third-party age verification for any online purchase. We're completely opposed to the sell of these products on third party websites like Amazon or eBay or Alibaba. We're in favor of a penalty structure for retailers that caught - get caught selling to underage with stiff penalties including license revocation after a certain period of time. We're also in favor of enforcement of folks caught selling these products without a license and other words, those that caught selling these to some underage individual that don't have a license to do so. We're in favor of stiff penalties for those. And finally, I would suggest that the thing that's most offensive often times about these products is not necessarily the flavor but it's actually the packaging of the flavor.

I hate to say this but the flavor that's most often and I travel around the country doing this, the

product that's often mentioned to me that is the most offensive is one that's called Unicorn poop, and if that's not - the flavor of that product is not listed on the package, you have no idea what the actual underlying flavor is, and so what I would suggest so you can institute a flavor ban but Unicorn poop could still be on the wall for sale and just taste like tobacco. What's offensive about that is that packaging, and so we're in favor of removing all packaging from shelves that looks like candy, looks like items trademarked specifically for kids, uses childhood actors or any sort of media component that's designed to target kids, and we have specific language around that. I've actually included some very, very specific items in my testimony for you to review. So, thank you for the question.

REP. PETIT (22ND): Just one more, realizing that you're not a sociologist. I find it kind of curious, I would've thought that we had more in common with UK but given the Royal College of Physicians position on this and the fact that the whole UK seems to take a different approach to us. Did they not have the problem with the vitamin E acetate and the lung issues in the UK that we have in this country or what - why are they seemingly more in favor in the UK of vaping as a way to help people get off of cigarettes versus the attitude that seems to be more prevalent in the US. I'm not sure I understand the divergence of the philosophies between two areas that I thought were more similar.

KEN ELLIOTT: Thank you. So, a couple of things. First of all, I've seen this in a variety of public health settings and I've - my background is primarily in healthcare. Most of my career has been in the healthcare space and I've noticed this in

other areas of healthcare. A difference between sort of policy making bodies at the federal level here in the United States and policy making bodies in the United Kingdom and I'd say that the fundamental difference is, is that a lot of the policy making bodies here in the United States are driven by academicians and epidemiologists and the decisions in the UK are being driven by people that have been on the frontlines of helping people try to quit and they know how difficult it is to get somebody to give up a cigarette and break the nicotine addiction and they see that this has been the greatest breakthrough in helping somebody wean off of cigarettes compared to any of the other therapies or options out there. And I would say that the real work evidence would support that. If you look at the Nielsen data for cigarette sells in this country, wherein previous years they were going down one, two, three percent, you've seen double digit declines in the sale of cigarettes in this country, and I think that the only thing that you contribute it to is the rise of availability of these products in the marketplace.

This product right here you can actually wean down to zero nicotine and the fundamental difference is, is that this deals with the tactile habit piece of smoking in a way that none of those other therapies actually do. And so these products have been embraced because they've actually helped people transition off of cigarettes, and I can tell you that among the membership in the organization that I'm here representing, they're some of the biggest big tobacco haters there are in the country because they came to this product because it was the only thing that worked for them to quit smoking.

REP. PETIT (22ND): I appreciate that. Thank you.
Thank you, Madam Chair.

REP. ZUPKUS (89TH): Thank you Madam Chair. Could
you just tell me a little bit more about the
illnesses related to the vitamin E.?

KEN ELLIOTT: Yes, thanks for asking that. So,
these devices typically burn around 250 degrees,
that's the heat that they generate and that's the
amount of heat needed to generate vapor from that
liquid in that product or the liquid that would go
in this part of this product. THC oil is
significantly thicker and the idea was that people
wanted to use an illegal product in a cheaper device
that was designed to vape nicotine liquid, and so
the only way that they could make THC oil vaporize
in one of these devices was to cut it very
significantly with something, and in this case, it
was a product called vitamin E acetate oil, which
would've been safer ingestion but not safer
inhalation and what actually happened was when that
heated up and then cooled down in the lungs, it
created a coating inside the lungs that gave a
pneumonia type effect and that - in fact, the
diagnosis for those folks was lipoid pneumonia in
most cases.

And so, really what that was driven by was the
desire to vape THC in a cheaper device. This device
cost about \$50 bucks, this device called about \$20
bucks. To make THC be able to be used in a device
that was never intended for. There are devices out
there for that purpose but they're significantly
more expensive and - and it has been suggested that
that was only done in this device, that's not true.
It was done in both of these devices. You can go on

YouTube and figure out how to break that pod open and refill it and put it back together and put it back in there. So, while it is called a closed system, it's not an infallible system and there are ways for illegal THC to wind up in both of these devices.

REP. ZUPKUS (89TH): Which is illegal.

KEN ELLIOTT: Which is illegal.

REP. ZUPKUS (89TH): Can you also just explain - you've made a comment at the end and I'm trying to remember exactly what you said about kids use one of those devices more than the other and how is that [Crosstalk].

KEN ELLIOTT: Closed system devices are the product of choice for young people. The national youth tobacco survey reveals that there's plenty of state level data in states that ask that question to do that because that quite frankly doesn't look very cool and that's on the small side of an open system device. They use this because of what it looks like and how it is to conceal. This device is overwhelmingly used by adults and the reason why is that there is significantly more control over how hot and how much liquid and nicotine that you vaporize in this device compared to this device. That's a five percent nicotine pod in that, this comes anywhere from three percent to zero.

REP. ZUPKUS (89TH): In that - my last question Madam Chair. In the smaller device, do you get flavors in that?

KEN ELLIOTT: Flavors are illegal in this device now as of February 6.

REP. ZUPKUS (89TH): So generally - as [Crosstalk]

KEN ELLIOTT: The only flavors available in this - for this product are tobacco and menthol today. Flavors are still available for this product overwhelmingly used by adults. The result of your flavor ban is that you ban the product - flavored product that adults overwhelming use and I think you - you do open yourself up to a significant black market, whether it's coming over the border or with the advent of the internet, you find the products to make your own flavor that you can buy in a hardware store, God forbid, or a drugstore and you make your own product, which is not safe. Banning flavors, you lose all your ability to regulate this space.

REP. ZUPKUS (89TH): So basically - what I'm hearing you saying is kids use the smaller one [Crosstalk]

KEN ELLIOTT: Kids use these types of devices.

REP. ZUPKUS (89TH): That one and if anything, it they're going to put THC in it, they do it themselves and that's [Crosstalk]

KEN ELLIOTT: Or they find an illegal product out there that's been made to do that. There is knockoff - there were knockoff pods - different kind of flavored pods for this device and others like it for sure.

REP. ZUPKUS (89TH): Wonderful. Thank you.

KEN ELLIOTT: Thank you very much.

SEN. ABRAMS (13TH): I just want to say and this is just a comment and you don't need to respond to it but I - I have to say that I'm a bit confused because I've been hearing from some people in the industry that this is a smoking cessation, sometimes

it's called transition and then I hear from other people saying, you know, absolutely were not cessation product. So that's something I need to investigate myself and I've heard you use it in different ways just - throughout your testimony, which is what made me think of it.

KEN ELLIOTT: If I may. I want to be clear. I - if I referred this - to this as a smoking cessation device, I did so incorrectly because this product is not approved by the FDA as a smoking cessation device. It has not been through the appropriate clinical trials that a drug would have to do. That's a medical claim that would be made for this device. We refer to them as an alternative to traditional cigarettes and if I - if I did refer to either of them as a cessation device, I would correct that because they're not approved for that process and no one can make that claim that they are. So, they're an alternative but they have not been through that process, in all fairness.

REP. ZUPKUS (89TH): I accept that but also, I think that rather than it just being a word being used, the inference is that we're helping people get off tobacco, they're transitioning from tobacco to this. So, some of it seems like a bit of semantics for me. When you're making claims that people are getting off combustible tobacco through the use of this product then the average person would think of that as a cessation.

KEN ELLIOTT: The Royal College of Physicians
[Crosstalk]

REP. ZUPKUS (89TH): So, but I understand the difference of what you're saying. It hasn't been approved in that way but [Crosstalk]

KEN ELLIOTT: The Royal College of Physicians
[Crosstalk]

REP. ZUPKUS (89TH): I think when you're describing it that way is where I think it gets confusing.

SEN. ABRAMS (13TH): Thank you. Oh, I'm sorry. Hang on one second, Representative Cook.

REP. COOK (65TH): Thank you. I have a statement and then a question. I hear you say that the larger device is the adult device and the smaller device is the trendy kid device. I would have to argue that - so my youngest is 20, I have a 21-year-old and I would offer you that I have seen both of those devices in the hands of our kids in schools. So, as much as we might want to say that one might favor one or the other, I hope that we're not eluding to the fact that they both don't end up in the hands of our kids. So, I just - for the sake of clarification. The question that I have is, you had had stated that you had worked diligently with New Mexico on legislation. In any of your conversations, if we're talking about titrating people down from cigarette smoking to no tobacco use at all, is there any conversation in any states and any partnerships on making that device to the - my right, your left, part of an insurance program where doctors can control the device and the nicotine or lack of thereof that they're requiring. If it's truly being used for medical purposes and that reason.

KEN ELLIOTT: So - so two things to your statement about the devices in schools. I didn't mean to suggest that no kids use this. I'm sure there's anecdotal evidence that they are. What I'm suggest - what I'm referring to is the national youth

tobacco survey from 2019 and they use the phrase along with the FDA this is the exact phrase they use, is that this closed system device is the one that's overwhelmingly used by kids. So, that's - that's where that - that is quoting the FDA on that. No, because these products - to your second question about insurance.

These products aren't a medical product, they're still a consumer product, they're not a medical product, so they're not covered by insurance. I'm sure the industry would love to have them be a medical device and covered by insurance, but they'd have to go through the pathway of a new drug application and be approved by the FDA as - in that way. I will say that if - and you may hear from some in this debate, I don't know whether they're here or not, but if you - there were a vape shop owner here with you, they would ask lots of questions of a smoker before they offered a device to them. Like how much do they smoke, how - what do they smoke and come up with a range of potential options for them.

They view themselves whether you agree with it or not, they view themselves as helping people find something different than a cigarette to use and they like to think that they work with them to offer nicotine options. There are people that are vaping zero nicotine in this device because they like the flavor and they can't get rid of the habit, but they've weaned themselves off nicotine. I can't tell you how many or how often but there are anecdotes of that happening, and there are those products out there.

REP. COOK (65TH): I would hope that every person that owns a vape shop did that, but I would offer you that they do not.

KEN ELLIOTT: I would hope so.

REP. COOK (65TH): Or those devices would not end up in the hands of kids. That would be the first and then foremost and secondary if that is - back to my point on the insurance though. If in fact that it is something that we're pushing for that reason, then why would it not be a push industry wide to make a component of which the medical industry and the insurance industry could work together if it was that good and I'm not a smoker so I can't claim. If it was that good to be able to use it for those reasons and then the control would be different and we would have the ability to ensure that it stayed in to the hands of those that should have it for the reasons that they needed it.

KEN ELLIOTT: I appreciate what you're saying. I am always baffled by the complete disconnect between liquid nicotine products and THC products. There's a whole lot of legalization of THC going on in the country with the idea that it's for medicinal purposes but the FDA hasn't approved THC for a wide range of medical uses, of which it's often provided for. I will tell you that the expense of a drug application is in the millions of dollars and it's quite a lengthy process to go through. I'm not - that's not saying that somebody won't do it but lots of the businesses out there are small and medium sized businesses and don't have the resources to do that. But I think it's a fair question, I think it's an absolutely a fair question.

SEN. ABRAMS (13TH): Senator Anwar.

SEN. ANWAR (3RD): Thank you Madam Chair. Thank you for your testimony. So, the Royal College of Physicians, from your understanding is that they are - they support this but tell me about the US Organizations of Physicians. Do you know what the position American Heart Association has?

KEN ELLIOTT: They're opposed.

SEN. ANWAR (3RD): They're opposed, so why didn't you talk to us about that?

KEN ELLIOTT: Because I'm here to oppose the flavor ban and I'm giving you - I just told you that there was a disconnect in this country that [Crosstalk] public health entities are opposed to these products and there's a different attitude there that they've been embraced there.

SEN. ANWAR (3RD): So, [Crosstalk]

KEN ELLIOTT: Senator also I would just say, I think the Lung Association has made it clear that they're opposed to it. I will tell you the American Cancer Society at one point had a statement that if it came down to this or cigarette, they'd rather see somebody use this than a cigarette. They've taken that off their website, but they had that on there.

SEN. ANWAR (3RD): But they have taken that position away, as well. [Crosstalk]

KEN ELLIOTT: [Crosstalk] I think they've taken it down because we've used it in public settings quite often.

SEN. ANWAR (3RD): For some innocent children and innocent adults that are watching us, maybe they are, I don't see many around here right now. Innocent adults I do, but innocent children I do

not. Look the Royal College of Physicians do not govern the United States laws. Would you agree with that?

KEN ELLIOTT: Certainly.

SEN. ANWAR (3RD): And the FDA has not approved this as a device or a mechanism for smoking cessation. Would you agree with that?

KEN ELLIOTT: Yeah, and I haven't made that claim, yes.

SEN. ANWAR (3RD): No, I know you have not but - but what is happening is the marketing that is done by these entities are done in a very smart manner in a new way where they say well I was going to help you do this. If this was - I'm tell you - if this was a medical product by the type of marketing that has gone on for the adults. The children is being dealt by the Attorney Generals and I hope and pray they Attorney Generals do what we have actually expected them to do a cross the country for what some of the organizations have done but for the adults, let's talk about that for a second. With respect toward the adults, your industry that you represent have been doing if this were a medical product, every single person would be in jail.

KEN ELLIOTT: Senator it's illegal for anyone to market this as a smoking cessation device.

SEN. ANWAR (3RD): Let me again repeat what I said. If it was a medical product, if it was a medical product every single person would be in jail. Why, because you have no right to be able to make a claim that this is a smoking cessation product and because there is no FDA authority to do this, and in the FDA world, in the medicinal world, if you make a claim

that is not an accurate claim and you're selling a product, you go to jail. Just because it's not in that quality, you're being able to sideline this whole process and being able to use the market share and continue to make those claims so that innocent people who are listening would say, oh this is safer.

So it's like you're picking what kind of a bullet you're going to use to hurt yourself and you say, one bullet is smaller, one is bigger, that's one part of the conversation that you're creating. The other one is your claiming that the people are going to be able to stop smoking where medically by FDA perspective you cannot make that claim, and then it's worthwhile to recognize that the American Lung Association, American Heart Association, American Cancer Society say that the products that you are trying to protect are not safe. I just want to make sure that it's on the record and everybody gets to hear that as well.

KEN ELLIOTT: Yes Senator, I appreciate your comments. First of all, I hope and if I didn't correct it before, I'll correct it again, I wasn't making the claim that this is a smoking cessation device and it's illegal for any company to market it as a smoking cessation device.

SEN. ANWAR (3RD): Thank you.

KEN ELLIOTT: The only thing that I did say was that there is evidence out there from other entities to say their experience and their recommendation is that the product is 95 percent safer than a traditional cigarette. That's not Ken Elliott saying that, that's not the VTA saying that, that's the Royal College of Physicians, an entity in the

United Kingdom making that statement and further in their statement they say of 3.6 million vapors, 54 percent have quit smoking. That's not me making a claim, that's me reciting what's in their study and their publications, so to be clear I want to make sure I'm not making [Crosstalk] that claim. I'm only regurgitating what I've read and what's available out there in literature.

SEN. ANWAR (3RD): So, do you know the nicotine content in England?

KEN ELLIOTT: They certainly have lower nicotine content in their products, yes.

SEN. ANWAR (3RD): And - and they've had it low all along, right.

KEN ELLIOTT: And this is a 3 percent nicotine strength, right.

SEN. ANWAR (3RD): [Crosstalk] 0 percent nicotine, it doesn't matter.

KEN ELLIOTT: [Crosstalk] Senator I think what you want me to say is there's a wide variety of nicotine levels available in the United States, yes there is including some very high nicotine products that are comparable in nicotine level to a pack of cigarettes.

SEN. ANWAR (3RD): And have you seen the study that was published a few months ago, which shows that the nicotine products off the nicotine content in the United States - these are not even China. I mean that's another world but the nicotine products or nicotine free products in the United States all of them had nicotine, each and every one.

KEN ELLIOTT: I have seen that study, no sir.

SEN. ANWAR (3RD): Well then we have to see that too because it's worthwhile because that's in the medical literature in Peer Review Journals where they looked at all nicotine free products in the United States and none of them were with without nicotine. So, this industry is not a saint that you're representing and the claims being made by a lot of people are by no means accurate and all the medical associations and organizations have clearly stated that this is not safe, and I want - I'm also saying this not to you because you already know where I stand and everybody else stands, but I'm actually making sure my peers and - both sides of the isle will look at the protection of the people before organizations and companies. Thank you so much for being here.

KEN ELLIOTT: Thank you.

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

SEN. LESSER (9TH): Yes, I just had a question, just sort of - I don't mean to beat a dead horse, just following [Laughing]. Representative Ryan, I think said but I will. I think that shows bad faith on Representative Ryan's part, I don't appreciate that. No but I heard in your initial testimony or earlier with a colleague you mentioned that there had been a reduction in smoking over the last few years, and you listed specific statistics about that and you speculated that you thought that your product was connected, and I just - I know you're - we're sort of going back and forth as to whether or not this is a smoking cessation device but maybe you could sort of elaborate what you meant in those specific comments that you made to this committee.

KEN ELLIOTT: Yeah Senator, I appreciate that for the clarification. So, if I made it sound like that was a reduction in smoking, that was not what I was saying. What I was saying there's been a reduction in the sale of cigarettes. You can infer what you want to from a double digit decrease in cigarettes, right. I happen to infer from that, that with the rise of availability of the vaping devices that cigarette sales have gone down and meaning people are using this product and they're buying less cigarettes. You fairly and perhaps draw a different conclusion about what that data might mean. I only was referring to the sale of cigarettes in the United States not any statistics about who or how many have transitioned or what may have occurred.

SEN. LESSER (9TH): And you would draw a distinction between a reduction in the sale of cigarettes and smoking cessation.

KEN ELLIOTT: I would assume that if fewer cigarettes are being sold that fewer people are smoking or fewer cigarettes are being smoked.

SEN. LESSER (9TH): Okay. Thank you.

KEN ELLIOTT: If there are less cigarettes being sold, there are less cigarettes being smoked.

SEN. LESSER (9TH): But you're not claiming that your device is a smoking cessation device.

KEN ELLIOTT: I didn't make that claim, no sir.

SEN. LESSER (9TH): Okay, thank you.

SEN. ABRAMS (13TH): Any other questions or comments? I would just say anecdotally, I was an assistant principal at a high school, and I confiscated many of both of those and many

different, you know, smoking devices. So, I just - I would just add that to your anecdotal information. Thanks.

KEN ELLIOTT: Thank you.

SEN. ABRAMS (13TH): Next up we have Andrew O'Bright. Welcome.

ANDREW O'BRIGHT: Thank you. Good afternoon members of The Public Health Committee. My name is Andrew O'Bright. I am here today representing the Connecticut Chapter of the Smoke-free Alternative Trade Association. I would like to start by ensuring this committee that those of us here before you representing the vapor industry are on your side and would like to work with you on regulations in the vape industry. There are many factors that have brought us to this point and while those of us sitting before you have not contributed to the issues at hand, we are here to help you resolve them at cost to our businesses because we know it's what's best for the community as a whole.

Last year thousands were sick, and hundreds died from the outbreak of EVALI. We were loud and stood strong knowing that our industry had nothing to do with this outbreak and the truth had finally come out nine months after our business - our businesses voiced the true culprits. This had everything to do with black market THC products and nothing to do with the legal adult only nicotine vapor products. The next issue hit seemingly the same moment with the 2019 national youth tobacco survey results showing yet another increase in teen experimentation.

We may sit in front of you and explain the peer review of this study and how the numbers showing - show nothing more than a misunderstanding between surveyors and underage youth and how THC, vaping and nicotine vaping are two very different products. But I would rather we focus on helping you as the legislators make effective regulation that will help the teen usage issue put forth to you by your constituents. I believe the bill before you is too stringent on an outright flavor ban and too lax in a 35 mg per mL nicotine cap. The drivers of youth usage from the NYTS results show curiosity in nicotine buzz to be the expedient leading factors in youth uptake. Flavors are a far fourth in the reasons associated with teens meaning that the flavors on the market are absolutely critical for the tons of thousands of adult vapors this state - in the state to stay off combustible tobacco, which is currently claiming the lives of thousands of your constituents this year. So let's help by moving flavors for adult only establishments where you must be 21 to enter the facility to ensure that the same place every smoker in this building started underage does not access - does not gain access to lifesaving adult only products.

With regard to a nicotine cap, we have onboard - we have been onboard for the last two sessions. We suggest lowering the nicotine cap to 29 mg per mL so the FDA registered products at 30 and 50 mg per mL will not find their way into the hands of our youth. There is an absolute and irrefutable health crisis in Connecticut and across our nation. The death of a half million people in 2020 due to preventable disease. We are unequivocally throwing the baby out with the bath water if we remove flavors from the

hands of adults because we cannot work together to make effective legislation that keeps these products out of the hands of youth. Thank you.

SEN. ABRAMS (13TH): Thank you for your timely testimony. Appreciate it. Are there questions or comments from the committee? Seeing none. Senator Anwar.

SEN. ANWAR (3RD): Thank you for your testimony.

ANDREW O'BRIGHT: I would actually like to speak to something that you asked earlier about curiosity. I do believe it's [Crosstalk]

SEN. ABRAMS (13TH): Can I just - can I just say that no one ask that - so I don't really think you can. Okay. Representative Carpino.

REP. CARPINO (32ND): Thank you. Is there anything else that you didn't get to that you might would like to share with us? [Laughing] You've sat here all day so, if you have something else, you'd like to say [Crosstalk].

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

ANDREW O'BRIGHT: I do appreciate that, and I yeah. So, as you were talking to the epidemiologist earlier with whatever ties you would like to assume, I won't assume and you can say whatever you want about that but I will say that curiosity here is definitely the leader factor and let's talk about what curiosity means to youth. When you - they see on TV the commercials where worms are eating their brains, that we call nicotine, they're probably smart enough to know that's not what's happening. So, curiosity says okay, everybody in the United

States wants me to not use this product, so that is the first thing I want to do. Tell anybody not to push the red button, they're going to push the red button.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony. Mag Morelli please. Welcome.

MAG MORELLI: Thank you. Good afternoon. Senator Abrams, Representative Steinberg, and members of The Public Health Committee. My name is Mag Morelli and I'm the President of Leading Age Connecticut, a statewide membership association representing not for profit provider organizations serving older adults across the continuum of aging services. On behalf of Leading Age Connecticut, I'm pleased to provide testimony on House Bill 5020, an Act Concerning the Governor's Budget Recommendations Regarding Public Health. My testimony today is specific to Section 12 of the Bill, which proposes to establish a new transfer and discharge process for licensed residential care homes or RCH's. This proposal is related to the state's effort to quality the RCH setting as a CMS approved home and community-based setting for the purpose of allowing Medicaid waiver services to be delivered to the RCH resident. Leading Age Connecticut represents 11 not for profit residential care homes and we strongly support the state's efforts to qualify the RCH as a home and community-based setting.

The RCH setting is both supportive and affordable and is a setting of choice for many older adults. It can be a valuable community-based housing option for those choosing to receive Medicaid funded home and community-based services and we've been working

the state agencies for several years to quality the RCH and other providers as home and community-based settings for the purpose of Medicaid funding. With respect to the bill before you, today we do not support the language that is proposed in Section 12 but we are currently working together with the administration and other stakeholders to develop substitute language that will accomplish the goal of modifying the transfer and discharge process to comply with the CMS rules.

We are very appreciative of the administrative - administrations leadership in this effort to develop workable language that will meet the stated goal. In closing, I want to re-emphasize my - that we are wholeheartedly in agreement with the goal of qualifying the RCH as a CMS approved home and community-based setting and we are very hopeful that the current efforts will bring forward a solution on this issue that we can be agreed upon by all those concerns. Thank you and I'd be happy to answer any questions.

SEN. ABRAMS (13TH): Thank you very much. It was my understanding that everybody was willing to get together and try to come up with a workable solution for this because I think that from what I've heard, everyone's in agreement that this could be of benefit to some of our elder population in particular, so.

MAG MORELLI: Absolutely.

SEN. ABRAMS (13TH): Thank you very much for being willing to work on it. Any other questions or comments. No. Thank you very much.

MAG MORELLI: Thank you very much.

SEN. ABRAMS (13TH): Rhonda Boisvert. Thank you.
Welcome.

RHONDA BOISVERT: Thank you. Esteem members of The Public Health Committee, thank you for the opportunity to offer my testimony regarding Section 12 of House Bill 5020. My name is Rhonda Boisvert and I am the President of the Connecticut Association of Residential Care Homes. We're also known as CARCH.

I own two residential care homes, one in Haddam and one in Watertown. Since this bill was proposed by the Governor, CARCH has been in discussions with the administration about changing Section 12 and we appreciate that the Office of Policy and Management, Department of Public Health and Department of Social Services are listening to our concerns and trying to find an alternative. However, residential care homes are a small communal living arrangement averaging about 24 beds with most rooms being doubles. The great majority of our residents are low income with a mental or substance abuse disability.

Our residents are not in private apartment, but Section 12 would apply the tenant lease laws to our residents and allow an appeal to Superior Court. This appeal could take around a year from when a final discharge is determined appropriate by The Department of Health. When a residential care home undertakes the current process for involuntary discharge, it usually is because a resident needs a higher level of care. Residential care homes do not provide medical services, or the resident is affecting the health and welfare of other residents.

I will summarize the rest of my remarks but will direct you to our testimony to read about the more current discharge process. By way of background, residential care homes are not medical models and offer residents a home-like living environment with an oversight and support. Many residents have a mental health diagnosis and across the state residential care homes service mostly people with behavioral health diagnosis. Our association, as evidenced by our many members who have provided this committee testimony has significant concerns with these proposed changes to the discharge process outlined in Section 12 of Bill.

We continue to engage with the Office of Policy and Management, Department of Social Services, Department of Public Health and Long-term Care Ombudsman and LeadingAge and are still discussing ways to change the discharge status. We look forward to also continuing that conversation and working with these agencies and The Public Health Committee on a solution with this discharge problem, so for us. Thank you, and yes you did - we are working together with these and it's kind of in the process now. So I was a little bit - the cart before the horse, the horse before the cart type thing, so but we did want to let you know that we're going to need some help with this and we would like to have it changed.

SEN. ABRAMS (13TH): I'm fairly new here and that experience does not seem to be unique in how legislation is crafted and the best that we do, I think is when we get everybody in the room and they work together. So, if that's what you're doing, then I have hope that we're going to come up with something really good.

MAG MORELLI: Okay, thank you.

SEN. ABRAMS (13TH): Thank you so much. Are there other questions or comments? Thank you very much for your testimony and thank you for your continued work on this bill.

RHONDA BOISVERT: Thank you.

SEN. ABRAMS (13TH): Chris Herb.

CHRIS HERB: Good afternoon. My name is Chris Herb. I'm the President of the Connecticut Energy Marketers Association. We represent gasoline retailers who own, operate and distribute fuel to about 1,000 convenient stores in Connecticut. I'm here to testify on House Bill 5020. So, our members are 100 percent supportive of the Governor's goal to eliminate underage smoking and access to vape products. We're on the frontline everyday at our convenient stores where tobacco products are sold, and we work hard to do it lawfully.

We train our employees and implement age verification methods to ensure that only people who purchase these products are of legal age. Our association endorses and in the vast majority of members voluntarily participate in the We Card Program, which is designed to help train, restrict products, to sales to minors. The local businesses we represent utilize age verification and other strategies to ensure that young people do not have access to these products. You know, you're probably familiar with the We Card Program, you've probably seen it in a lot of convenient stores. So, our members aren't experts in public health, but we do support the sale of legal products to adults since Connecticut has deemed that tobacco products are

legal to purchase by people who are 21 and over. We believe that flavor products like menthol should also be available for purchase. We believe that making children, parents and retailers more aware of these issues surrounding nicotine use by minors is an approach that makes the most sense.

Together we feel we can stop minors from using these products and banning them will only drive them to places where we have no control. A ban at a legitimate regulated retail location will likely drive underage people to the black market, the internet, or the street to obtain them. All flavors - allowing flavors to be sold at our location is the best line of defense from underage purchase of nicotine products. If the walk into our store is looking an adult in the eye and try to sell them, that puts the adult in the position to potentially sell to someone who's underage and puts that youth to have to look at those adults. I teach Sunday School and even though my little angels would never try to buy any of these products, I talked to them last week.

We were talking about resisting temptation and how do you go into the world and apply resisting temptation to your life, and I said specifically I had this hearing coming up this week and although I talk on a lot of energy issues, I don't really get involved in issues like this very often but I wanted to explain to them that I wasn't here promoting having availability of this stuff. So that they might - and they might be put in the position in their future where they - that they may be exposed to these things and making wise decisions to resist temptation. I said to them, I know you would never do it but your friends that might have access to

these, where do they actually get them because I represent gasoline stations and convenient stores, and they looked at me and they said Mr. Herb, I would never try to buy one at a gas station.

The likelihood of being able to obtain this. If I were going to do it, it would be somewhere else, not at a gas station where my parents are walking in behind me, my neighbors, my teachers. Again, we represent people who are - spend lots of money on programs like this to train our employees from preventing to do this. I'm over my time but I think you get my point. I appreciate the time today.

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

REP. STEINBERG (136TH): Let me start by saying it good to see you and not talking about biofuel or gas pipeline leaks.

CHRIS HERB: I'll be happy to get into that.
[Laughing]

REP. STEINBERG (136TH): We won't do that. I almost rather talk about that than this because just what I've heard anecdotally, by reputation, I've heard that the gas stations are among the worst in terms of compliance and they have a wild west reputation for allowing virtually anything. I mean the rumor was that they were the geniuses of a lot of the problems with synthetic marijuana way back in the day. So why should we be confident that you really have control over that particular venue.

CHRIS HERB: I think that what you're citing does not apply to the people that I represent. The synthetic marijuana issue when it came up, we were

as an association very concerned and engaged in it and I will tell you that right now none of our members were cast in that net at all, which always made me proud of the people that we represent, who actually do invest in these prevention programs. Unlike the funds that the state gets to stop people from smoking, we actually put our money into programs that stop this from happening.

So, on that specific example, I will say, doesn't really apply to the at least my membership. We don't represent every gas station in Connecticut, 1,000 of the 1,400, so there are 400, probably more independent. The ones that we represent and I know you're more familiar with our heating oil side of the shop but on the motor fuel side, we are much more the name brands on the street that are very recognizable in the current multiple communities. We're not - we're not necessarily the one mom and pop type operations that there may be some susceptibility there. That's why one of the things that I was saying is that I think we need to do more work and I will commit as an association to people who aren't even our members to continue to try to do outreach to those groups, work with The Department of Public Health, Consumer Protection and the folks that are trusted to enforce these laws to raise awareness about the dangers that these have because this is clear - I'm a father, I'm a Sunday School teacher, I am entirely plugged into what you guys are doing.

It would be hard for me to come up here and say that no gas station - gasoline station ever sold these to someone who was underage but what I am saying is that it is - unless we're going to make the decision that these products entirely are illegal, I think

the best line of defense is putting responsible adults in a position to stop it from being stole, instead of driving people - youth to places where they can access them, where we have no control.

REP. STEINBERG (136TH): I take your point and I'll take you up on your offer to talk to the other 400. That'll be reassuring. Senator Somers.

SEN. SOMERS (18TH): Yes, good afternoon. I had a question for you. We have a Senator who is not on Public Health, who had advocated that we pass a law that made it mandatory that you had to show ID to purchase a tobacco product. If you - and then that way, it actually took any guess work out of any - whether it's a convenient store or gas station owners and I'd like to have your thoughts on that.

CHRIS HERB: Sure, I would say that - so number one, not only do I represent gasoline dealers but I - my parents owned a grocery - a very, very small, smaller than the average gas station, grocery store in Naugatuck for 38 years. They just sold it last year. They closed it actually last year to retire, and just from my own personal experience, my parents when I would step in on Sunday to help out after church, my parents would - told me if I'm going to ring somebody up to ID everybody, and this is just a small - they weren't being influenced. They weren't a member of a trade association.

So that's my personal experience in the industry of selling these products. On the - on our gasoline side, I would say that, that policy is in place, so without talking about this with my members, I would say that, that is probably normal procedure for the vast majority of our membership, maybe not for all gas stations. I think that's something that I would

- I would - we can support. I was speaking it through as I was talking. [Laughing]

SEN. SOMERS (18TH): Right, cause it's right now the - it's passive in the law. It says may not shall and I know other states like Maine, you are required to show an ID to purchase. For them it's both alcohol and tobacco but I've heard repeatedly from my superintendents that if all these underage people are able to obtain this, you know, some people may look older than others. It may be a judgement call, so, I wanted to just see if you thought that would be a hardship to pass a law that says you have to show ID to obtain tobacco products, whether it be vaping, etc. the [Crosstalk].

CHRIS HERB: Sure, now that the age is 21, I think it makes it even easier for us to do that as a shall rather than a may. Just - we did not fight the increase in the age to 21. Our group was okay with that and because of that shift, because obviously millennials not all of them have licenses and stuff but because of that shift in the allowable age to purchase, again I think it's something we could support, yeah.

SEN. SOMERS (18TH): Thank you.

REP. STEINBERG (136TH): Senator Anwar.

SEN. ANWAR (3RD): Thank you Mr. Chair. Thank you for your testimony. This was helpful. I wanted to say that there's a little bit of an internal inconsistency in what you're saying. You started off by saying that your 100 percent with Tobacco 21 and everybody is actually following the Tobacco 21 because you're just spending the time on your members to be able to educate them and do the right

thing, so I appreciate that. And then you say that if we were to remove the flavors suddenly there's going to be a big black market that's going to be created. So, at one point you're saying that when the law was made everything is fine but then another law is made because it's not yet made, things are going to go out of control. Did things go out of control after Tobacco 21?

CHRIS HERB: It happened very recently. I don't think there's any data to be able to quantify exactly what the reaction is then. I'm sorry.

SEN. ANWAR (3RD): But the common reaction that I'm saying the - and people who from the vaping industry who attack me on my Facebook, which is great to see frankly because it's some other group instead of what we've been seeing. They actually say that the black market is going to evolve and it's going to be out of control. If we were to follow that line of argument, then we shouldn't have any laws about anything because the black market is going to take over everything. So, the laws cocaine is illegal, heroin is illegal, then we are basically saying just because it's illegal there's a black market around it, so might as well legalize it. That line of argument is not a strong argument in my mind. Help me understand what your thoughts are, how you're approaching that.

CHRIS HERB: Yeah, I'm not - I don't believe I agree with you saying that our position - my position as stated is inconsistent with that. What I'm saying is that we do know and there is plenty of statistics as the price of cigarettes, because that's where I've had most of my history and expertise in, when - as the price of cigarettes goes up in terms of

typically through taxation, that the reduction amount of smokers doesn't mean that people are smoking less, they're finding alternate ways to access them. I'm applying that quantifiable history to application of a flavor ban. It is likely that young people especially aren't going to stop seeking it out, it's just right now the places that are most likely to be able to obtain that - them, there is a line of defense and that is typically an adult working at one of our locations at least. I don't - not all locations.

SEN. ANWAR (3RD): The tobacco data is pretty strong on the taxation and that there's a significant reduction. I mean - that's was probably the most effective therapy that ever came, and it was not by doctors it was by legislators who actually came up with that to be able to reduce tobacco consumption. I mean there's plenty of data on that and its efficacy.

CHRIS HERB: Well there is a way to stop all of this, is an outright ban on all products and then let law enforcement go after the black market entirely. I'm saying right now the legislator has made - the legislator allows these products to be sold by having a flavor ban in place, our experience is when these products are either harder to obtain at legitimate regulated retail outlets, that they will seek them in places that there are no responsible adult trying to be a line of defense. I'm just saying use - use us as a tool to help stop this from happening. Don't take us out of that game.

SEN. ANWAR (3RD): I agree. But then you said that your research. Tell me more about your research. I want to learn more about that.

CHRIS HERB: When the price of the product goes up, people will seek other places to purchase those products, and in the case of when taxes went up, I agree wholeheartedly. I think that overwhelmingly it's probably the main driver on what gets people to stop smoking but the one - but the people who didn't stop smoking and stopped purchasing those cigarettes from us found them in other places, the internet, the black market, other places that aren't were they're not [Crosstalk].

SEN. ANWAR (3RD): So, there are dark corners that people can go but the dark corners are not as easily accessible, and the total consumption did decrease.

CHRIS HERB: Yes, I won't argue that.

SEN. ANWAR (3RD): So, and to say that if there was a theoretical, and it has not happened yet, so that's why I'm going to say theoretical flavor ban is going to create a sudden increase of those dark corners to increase very significantly. There will be dark corners, unfortunately, and we have to do a better job in fixing those parts. But overall consumption is going to decrease. Good, I do agree on that. I appreciate that and I think your position of being - coming from a place of responsibility was very important and I truly appreciate your forthright approach toward this, and I look forward to working with you. Can I also say something that's a little unrelated and we can talk off-line later?

CHRIS HERB: Does it have to do with Imperial Oil?

SEN. ANWAR (3RD): No.

CHRIS HERB: Okay.

SEN. ANWAR (3RD): Oh well, that's another interest but this is about healthy food in convenient stores. Because convenient stores do not have any - you cannot get anything healthy and they are the main source of consumption in inner cities and you guys have ultimately become part of the food dessert challenge we are seeing and I know it is not your fault, it is the supply chain fault.

CHRIS HERB: [Crosstalk] I'm guilt of it.

SEN. ANWAR (3RD): No, no supply chain issue. It's a supply chain issue and I think we have to talk about this to address that because the health of the people in our inner city is being impacted because of that.

CHRIS HERB: Well - I know [Crosstalk]. I know, you asked a question off topic but just to follow up on that, I will say that statistics are showing that millennials are using convenient stores as a first choice to eat, and if you notice some of our bigger franchises have tapped into that. If you look at - well I don't want to name any brands but if you go in there you need to take a look - a second look, and I think that evolution is going to spread to smaller operators, because not only are millennials choosing to eat with us but they're also demanding different types of products, fresh fruits and other things but another day. I'll sit with you.

SEN. ANWAR (3RD): Except those new places that you have are not in the inner cities. That's my issue and I want to figure that out and I want to work

with you to take care of that because we need healthy next generation.

CHRIS HERB: And in that vein, like I said, our industry is the President of the Association. The only association in Connecticut that represents these gasoline stations and convenient stores. We will work with you on this issue that is - the bill that's before you and on that one. I absolutely - we're here to help.

SEN. ANWAR (3RD): Thank you so much. Thank you. Thank you, Madam Chair.

SEN. ABRAMS (13TH): Thank you. Any other questions or comments? Thank you for your time and testimony. Jean Arana. Welcome.

JEAN MILLS-ARANHA: Thank you. Good afternoon. I'm Jean Mills-Arana and I'm the managing attorney of the Stamford office of Connecticut Legal Services where I practice elder law. We're a nonprofit private law firm that provides free legal services to low income, elder and disabled people including residents of residential care homes. I'm testifying here today on their behalf. We strongly support Section 12 of the Governor's Bill proposing changes to the discharge statute for the RCH's and you've heard about the federal regulations that require these changes. Since 2016, Legal Services has worked with DPH, DSS, the Ombudsman and the RCH industry on the changes that are necessary to make these RCH's home and community-based settings. However, we have not been included in the recent talks on the Governor's language and we strongly support the Governor's language as drafted without change.

The RCH discharge law as opposed is going to have many favorable results for RCH residents and owners as well as the State of Connecticut. One that's been mentioned is that right now only the Connecticut Home Care Program for elders is allowed in RCH's and if the community setting rules are satisfied. The mental health waivers, PCA waivers and other waivers are going to be allowed in the residential care homes and this is going to provide a lot of help for residents with substance abuse and mental health problems, and those waivers are going to solve some of the problems that now lead to the need - lead to the need for discharges, and they're also going to bring additional Medicaid dollars to the state.

If the RCH's are not recognized because this settings - comparable settings rules are not met, that people who are currently receiving homecare services will have to - have those ended and they will need to move and people who develop the need for these services in the future will not be able to get them in RCH's. So, people who are dependent upon those services are very likely to end up in nursing home. This is a more restrictive environment and a more expensive environment and that's a result that nobody wants. The RCH industry is concerned with having to be involved with the Superior Court proceedings but it's not true as has been testified too that they're being held to summary process standards. That would be the simplest way to solve this problem and, as I said, since 2016 we've been working on a system where there would be an administrative process for the discharge. Every other setting in Connecticut, assisted living and skilled nursing homes all have

appeal to Superior Court. So, again for all these reasons, I'm here to support Section 12 of this bill as drafted.

SEN. ABRAMS (13TH): Thank you very much for your testimony. Are you part of the conversations that are happening so that you can have a live in-person say in anything that's being considered?

JEAN MILLS-ARANHA: We are not. We have not been invited to those conversations.

SEN. ABRAMS (13TH): Okay. Well that's good to know. Thank you. Are there other questions or comments? Thank you very much and I hope they move forward with considering any changes, they include you in the conversation.

JEAN MILLS-ARANHA: Thank you.

SEN. ABRAMS (13TH): Thank you. Next up is Linda Alderman.

LINDA ALDERMAN: Good afternoon.

SEN. ABRAMS (13TH): Welcome.

LINDA ALDERMAN: Thank you. My name is Linda Alderman. I live in West Hartford and I'm a volunteer with the American Cancer Society Cancer Action Network. Thank you for the opportunity to provide comments on House Bill 5020. I'm very thankful to the Governor for taking steps to address the growing e-cigarette epidemic. I strongly urge you, however, to amend the bill to end the sale of all flavors including menthol in all tobacco products including but not limited to e-cigarettes, cigars, hookah, smokeless tobacco and menthol cigarettes. I'm sure that you agree that our children are our states most important resource and

Connecticut children need your protection right here and right now. More than 80 percent of teens who have ever used tobacco started with a flavored product and are more likely to continue using tobacco in the future.

Flavors are a marketing weapon, which the tobacco industry uses to target young people for a lifetime of addiction. My father who enlisted in the Army at the age of 17, at the beginning of World War II, quickly became addicted to cigarettes because the tobacco industry targeted the military in order to create a generation of cigarette smoker. Although he desperately tried, my father was never able to break his addiction to nicotine and he eventually died of lung cancer. He often told me that his addiction at such a young age led to his inability to quit smoking as an adult. We all know the saying that those who cannot remember history are condemned to repeat it. The tobacco industry is again targeting our young citizens by flavoring tobacco products so that it can once again create yet another generation of nicotine addicts. I'm here today because my father cannot be.

This time our legislators need to be smarter than the tobacco industry. You need to protect Connecticut's young people from being the tobacco industries easy mark and from a lifetime of addiction by banning all flavors including menthol in all tobacco products. Thank you again for the opportunity to provide my comments. I strongly urge lawmakers to end the sale of all flavored tobacco products. Thank you.

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

panel? No. Okay thank you very much. Tina Yeitz.
Welcome.

TINA YEITZ: Thank you. Thank you very much for the opportunity to speak. My name is Tina Yeitz. I am the Administrator at the Elijah Huntington Memorial Home in Norwich, which is a residential care home for elderly women. I'm also the Vice-President of the Connecticut Association of Residential Care Homes. I'm here to raise my concern, as well as the concerns of many of my fellow residential care home administrators around House Bill 5020 regarding the discharges.

In particular, involuntary discharge procedures. The current process for residents of homes like ours can be at times cumbersome at best. When we are faced with the scenario of a resident who is either not paying their rent or they are a danger to themselves or there are others that they're living with in this community environment, it can be a very difficult process to go through. We have submitted a number of different scenario testimonies for you. I will share with you today one in particular around the instance of a smoker who was choosing not to abide by the rules and smoking in her room. We were unable to do anything realistic with her smoking inside of the home because we were forced to not be able to enter her room, even though we could smell cigarette smoke. We at this point had to knock, go in, see her smoke-filled bathroom with the ashes on the floor but the cigarette would be flushed down the toilet.

Therefore, we were unable to do anything. There was no possibility of discharge in that scenario. At this point, we tried discussing it with her. We

were told by the resident that we were not to enter her room until she told us that it was okay and that is perfectly within her rights because that is how we operate. However, when you have the other residents and their families and visitors coming to you, at what point do we balance the rights of that one resident against the rights and safety of the other 21 women living in that home. That is one particular scenario.

There are a number of scenarios with many of the residents being mentally ill. They have behavioral health issues, alcohol, drug abuse. You know, these are all scenarios. If we add a second layer into this discharge policy for them to appeal, we are looking at six sometimes eight months - could be up to a year where that home is either not receiving rent payments or they are literally placing their other residents at risk. There needs to be - we do agree there needs to be discussions and we are very pleased that there will be further discussions. However, it needs to be addressed for the safety and wellbeing of our residents and the residential care home center taking care of them. Thank you.

SEN. ABRAMS (13TH): I have a question for you. So if someone in that situation is living in, you know, with multiple roommates and may have mental health issues or behavioral issues, and they do something that would be considered a crime, vandalism or assault of some kind or, you know, anything like that, how is that handled? Do you still call the police, do you follow that proceedings.

TINA YEITZ: If there's an assault.

SEN. ABRAMS (13TH): And do they still - are they still allowed to remain there while that's happening. Can you talk a little bit about that?

TINA YEITZ: Yes. So, in a situation where, you know, if there is a, you know, physical altercation between two residents, obviously the police would be called. Once the police come, in many cases they will sit down, they will talk to both parties. They will take the complaint, discuss it with them and then they leave. That - that does not remove the resident from that scenario. At those situations, we would, you know, attempt to start the involuntary discharge process but that does not again remove that resident from the home at that time.

We then have to either have additional staff to stay and monitor that situation and hope for the best at that point, and then we contact the Ombudsman Office. We bring - there's a number of agencies available to the residence for scenarios to assist them. You know, to keep them from being wrongfully involuntary discharged but not so much for the others that are left to live with them.

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

TINA YEITZ: Thank you.

SEN. ABRAMS (13TH): Next, we have Kevin Brophy. Sir I'm going to ask you if you'll turn off the other microphone there. They'll just be able to hear you better if only ones on. Thank you.

KEVIN BROPHY: Good afternoon everybody. My name is Kevin Brophy. I'm the Managing Attorney of the Elder Law Unit for Connecticut Legal Services and

I'm here on behalf of my elderly and disabled clients - low-income clients. We're here to encourage you to support Section 12, 5020 of the Governor's Bill and I just want to highlight three points. I've submitted written testimony, but I want to key in on three points. The first one, Section 12 of the Governor's Bill is a significant concession to the residential care homes. Under the federal requirements, they have to provide comparable protections to tenants. This comparable protection says tenants in the state, Landlord Tenant Law, and there is two ways the Governor could have gone. One way is to require that if they want to discharge a resident, they have to go through the Landlord Tenant Law. The summary process eviction law. Instead what the Governor - Governor proposed was stronger protections under the current administrative process.

They made revisions to 1985-35a, to provide better protections in order to meet their comparability requirement. That is a significant concession to the industry. So - that a starting point that you need to be aware of. The second point - and there's been testimony earlier, there are several groups that benefit from this change. We have, you know, the elders that are currently living there that if these are not found to be home and community-based settings under the federal requirements, they're going to have to relocate. Also, they're better protections for residents in residential care homes if these changes are adopted. Don't lose sight that these residents, this is their home and it's an administrative process.

Earlier, just before me one of the owners talked about six to eight months. If they do it properly it will take them a month and a half to two months to discharge somebody if they follow the process correctly. It - and if they went through the summary process statute, it might take significantly longer, and this was a concession to the industry also because it's a much more cost effective user friendly process. You've also have heard that - you know with - if we expand this and these are found to be home and community-based settings, other waiver programs are going to be available to that population.

So that's the second point. There's a lot of different groups that benefit if we can work together. The third thing is, that I wanted to say is that I think the legislature has to push back a little about that we're going to weaken - if there's an attempt to weaken what the Governor's proposing. Again, the criteria, is it comparable? I was back about three or four years ago. The Department of Public Health got together, a bunch of stakeholders including industry representatives, legal services, the long-term Ombudsman and we broke up into four work groups. I chaired the housing work group. The industry representatives, long-term care Ombudsman, legal services we met in good faith for two years to try to resolve this issue. It's a difficult issue around a discharge.

Unfortunately, we were not successful. However, currently there is a meeting going on between different state agencies, the long-term care Ombudsman, the industry, we're not engaged in that despite the fact that I chaired the committee that

worked on this issue for two years. Quite frankly,
[Crosstalk]

SEN. ABRAMS (13TH): It sounds like you want to be engaged in it.

KEVIN BROPHY: We absolutely want to be engaged, and we're open [Crosstalk].

SEN. ABRAMS (13TH): With that I'm going to half to stop you there but Representative Carpino did have some questions.

REP. CARPINO (32ND): Thank you since I didn't spend two years on this, I was hoping you could maybe just answer a couple of questions for me because I - I'm not here to represent the Governor or the industry but I'm worried about all of the residents that live in these homes. Just so you understand where I'm coming from.

KEVIN BROPHY: As I am.

REP. CARPINO (32ND): Help me understand the definition of an emergency in the proposed language here. So, you don't have it in front of you but approximately 609, because what I might define, as a fellow attorney as an emergency and what fellow residents living in the home might see as emergency or difference. So, if you could help me understand what you [Crosstalk].

KEVIN BROPHY: I think you know essentially what they're talking about. An emergency would be if the resident was a threat to themselves or to other residents within the facility that might raise to the level of an emergency, and if - if there is an emergency there's an expedited process under the

Governor's proposal, so there would be a much quicker - I mean the -

REP. CARPINO (32ND): No, I understand that. I'm just - I guess I'm looking for you to point me to the direction of either some case law or some statutes that might better define emergency because I worry about the resident who's in the next room who has a significant case of asthma, who can't be next to the resident who's smoking there in appropriately.

I worry about the other residents who might be victims of domestic violence and there's a resident who's breaking the established rules for this residential care home by acting out because they're choosing to do things that are dangerous to the environment of the home. By no means am I advocating that folks should be forced out of their homes without any due process or quickly but I just want you to understand, I'm trying to determine the case law so I can deter - so I can better understand how I can explain to fellow residents what these laws are going to mean to them if they change.

KEVIN BROPHY: Okay, under the current statute, 1985-35a, there's no appeal process to the Superior Court. Like there is in a summary process action or if - even if you are in a nursing home. So, there's no case law I'm aware of in the residential care facility context because right now you can't appeal it. Where in this statute - I mean in Section 12, you would have the ability to appeal to the Superior Court. So, I'm not aware of any case law
[Crosstalk]

REP. CARPINO (32ND): How about any regs. Does anything define what the new language mentions as emergency?

KEVIN BROPHY: Well there is a definitional section in here.

REP. CARPINO (32ND): There's proposed. I'm wondering if there's anything that pre-dates this.

KEVIN BROPHY: I don't know off the top, you know, my head but I would be glad to look into that and try to get that information to you.

REP. CARPINO (32ND): And that would be helpful and then - again we represent all of the residents in these homes, do you have any guidance then how we can address the competing interest and the competing health and safety interest of all of the residents in these homes. Again, I mean part of the problem is if other residents would be threatened. You know, one obvious thing that a residential care home could do is file a complaint with the local police department.

If somebody's a danger, just like they would - but again there is a balancing test here but you're talking about somebody's home and there has to be some type of basic due process and fundamental rights guarantee them around notice, around the right to have information before you have a hearing, the right to have a representative if you are able to secure a legal representative, the right to appeal, to have an independent hearing - decider.

All those fundamental rights and what the Governor did in Section 12 is he incorporated some of those basic rights that most lawyer would just say yes, you should have those kind of rights. And again, I

do want to say for two years we were working collectively trying to work together to kind of wrestle with these issues, and as I said, unfortunately, we were unsuccessful, but it is a major concession to the industry - that's the starting point here. The Governor made a major concession by saying you don't have to go through the eviction process.

REP. CARPINO (32ND): And I recognize that you think that but clearly the industry doesn't. So, because we were not parts of this two-year conversation, we have to deal with everything as it stands today, so I don't discount that to your conversation. I would actually perhaps take the alternative argument and that if the conversation is still ongoing that it's - it shouldn't be before us today, and until that conversation has resolved itself that we shouldn't be entering mid-stream. Do you have any guidance though for the residents currently? I mean, you could be representing the impacted resident as well, right for legal services. So, if there is someone with a health concern who has - and that was a great example, how should they address their rights.

KEVIN BROPHY: Well again, you know, normally if were - normally if were engaged in this process, we're trying to prevent homelessness. Which under the current process, what normally happens is they have to state in their notice where they're going to discharge the person and usually what RCH's do when they're discharging somebody, there solution is to discharge them to a homeless shelter. So usually we're trying to prevent homelessness, so we're legal services and normally engaged is representing the resident who's being charged. We're not - that's

who our client would be. That's a priority trying to prevent homeless.

So, it's not like - I mean again it's always better to be working collaboratively if there's issues within a facility. You know you have the long-term care Ombudsman office that can be engaged to be - kind of a mediator between the resident and the owner. One other thing good about the home and community-based services if an individual had those kind services, you have a case manager and the case manager if there was some particular issue that a resident was having or the owner was having with a resident, you engage the - case manager to be involved in that process to try to resolve it. I mean, nobody wants to discharge people, I hope, because, you know, it leads to all types of bad results. But those - I mean that's why having the rules comply with what the federal government is requiring is in everybody's interest to make that happen.

REP. CARPINO (32ND): And thank you, and I heard you, I just didn't hear the answer to my question, so I'll give you one last question. Do you think it's sufficient so that when somebody moves into the home that they're given the procedures up front? That they're told what the rules are and the consequences in the event they break the rules. They are already on notice when they walk in what the rules are and I'm not saying that, that's not already done but I'm just trying to understand from your legal perspective if I - if I go to the wonderful home in my district and when I move in, I'm given the rules and the consequences and what is potentially subject to me being asked to move on. Do you consider that to be due process?

KEVIN BROPHY: I think - I think it's a very smart process. It's always better when you move in to - whether you move into an apartment, whether you're going to a nursing home, whether it's a residential care facility. It's always important to be given to the basic rules are, what your - what the responsibilities of you are, what the responsibilities of the ownership entity. So, I would totally be in support of that and I think they should do that. It's just - it's smart business. It's smart for the consumer and it's smart for the owner.

So, I would have no disagreement with when somebody moves into a facility. But your question is - I think a little different. What you're saying is somebody's provided this information and then maybe they violate, there's allegations that they violated it and if that's the case, there should be a process - a fair process that gives basic due process to both sides. So, they have an opportunity. Just because an owner says something that they've been accused of doing doesn't necessarily mean that's accurate, and again what the law says is you're supposed to have comparable under the federal regs, you're supposed to have comparable protections, the residents are to a tenant under the State Landlord Tenant Law.

REP. CARPINO (32ND): I understand your promise. We're just dealing with what we have today. Thank you. I have no more questions ma'am.

SEN. ABRAMS (13TH): Any other questions or comments? Seeing none. Thank you so much for your testimony and your time.

KEVIN BROPHY: Thank you very much.

SEN. ABRAMS (13TH): I'm not sure what this first name is, O'Flaherty. Thank you.

KEVIN O'FLAHERTY: To be honest, I had somebody sign in for me, so I need to make sure they know my name next time. Thank you so much Senator Abrams for the time to speak to you today in support of a couple items on the hearing agenda. One I - my name is Kevin O'Flaherty; I work for the campaign for Tobacco Free Kids. We testify in strong support of Senate Bill 248, which would remove the sale of tobacco products including e-cigarettes from all pharmacies in the state. I also wanted to talk specifically about the language that would address removing flavored e-cigarettes from marketplaces in Connecticut. I wanted to go through a couple of charts here really quickly and for all the evidence about studies and surveys and things like this [Crosstlk]

SEN. ABRAMS (13TH): Excuse me can I interrupt for one second. Can you tell me again the name of the organization you represent? I wanted to make sure I got that.

KEVIN O'FLAHERTY: I'm sorry Campaign for Tobacco Free Kids.

SEN. ABRAMS (13TH): Thank you.

KEVIN O'FLAHERTY: So, this is a chart and it is submitted written testimony as well, but this chart shows the blue mountain that you see in the background. It's over e-cigarette sells nationwide. The red bars that you see are youth use. And you can see it here in 2016, 2015, we thought that youth initiation on e-cigarettes had flattened out. That maybe the novelty had worn off, etc. But in 2017

what we saw was two major factors here. One, they introduced the introduction of JUUL and the ramped explosion of the available of flavored products nationwide. These - this industry was in a race with itself to sort of out flavor everybody else and there are now more - there were probably a few hundred back here, a few thousand here and now there are 1,500 flavors. But more tellingly about what's happening here, and I think that these three charts tell the story of this entire conversation today. This shows the same blue mountain of e-cigarettes sells. The red bars on this image though represent adult sells of e-cigarettes in this community.

So, it's not the adult who are buying these products, it's the kids - or who is getting this product regardless of whether they're actually buying it or not. And Just as importantly, the last chart shows adult smoking rights in this country over the same period of time and they are declining slightly but at the same rate as they've been declining over the last 20-30 years because of the cigarette taxes that you even post because the smoke-free laws, etc. If this decline or any art of decline or because of e-cigarette usage by adults these bars would go up. So, the epidemiologist from a right-wing free market think tank might not know whether there's a youth use epidemic in e-cigarettes but it's really clear that there's no adult use epidemic in e-cigarettes either.

In terms of harm reduction, the former Commissioner Gottlieb talked about an on-ramp versus an off-ramp, like how many kids are using this product versus how many adults who are using it to get off of tobacco products. The best estimate I've heard is two million adults have gotten off and five million kids

and that since this product hit the market in the United States. Right now, there are over five million kids addicted. That's not harm reduction, that's harm creation. I'd be happy to talk a little bit more about waiting on the FDA or the UK experience, but I am out of time.

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

REP. ZUPKUS (89TH): Thank you Madam Chair. Hi good evening. I have two quick questions for you. My first question is so when you said you were opposed to Senate Bill 244.

KEVIN O'FLAHERTY: I'm sorry if I said that, I was wrong.

REP. ZUPKUS (89TH): I mean you're for it. I apologize, you're for it. Are you - so are you saying that kids are going into pharmacies and healthcare facilities and buying these products? No Senate Bill 244 is not specific to flavored products or specific to e-cigarettes. It's all tobacco products and we in general support decreasing the availability of all tobacco products to adults and children. So, this is just - this is separate from the flavored issue or flavored e-cigarette usage.

REP. ZUPKUS (89TH): Understood but I just - since you were for it and this would have it where they wouldn't be sold in these places, I was just curious if you thought kids - because that's who you represent, your organization, are able to purchase those products at these places.

KEVIN O'FLAHERTY: I don't think there - I don't know the evidence specific to whether pharmacies violate youth access laws more or less than others

but generally the less availability, the smaller the availability of these products, the smaller kids are going - the fewer kids will use them etc. and that's why we support that policy.

REP. ZUPKUS (89TH): Okay, thank you, and I just wanted to clarify because you mentioned a right wing think tank, and what was your comment about that.

KEVIN O'FLAHERTY: No, it was the R-Street Institute, the - a young woman here was earlier testifying. She's an epidemiologist. They are a free market think tank and based in Washington D.C. and she had made a comment that she couldn't sort of tell whether there was a youth e-cigarette use epidemic in this country.

REP. ZUPKUS (89TH): So, and so you're saying that's - I was just curious where the right wing think tank came from.

KEVIN O'FLAHERTY: They are free market and they do associate more with right wing political causes than left wing causes.

REP. ZUPKUS (89TH): Thank you.

KEVIN O'FLAHERTY: Sure.

SEN. ABRAMS (13TH): Senator Anwar.

SEN. ANWAR (3RD): Thank you Madam Chair. Thank you for your testimony, and I actually have not read your testimony.

KEVIN O'FLAHERTY: Are those graphs in there. They are - they are part of the testimony, yes sir.

SEN. ANWAR (3RD): Could you tell me about this - what's going on with the Royal College of Physicians

and why there's selective data being used by people to propagate vaping around in our state.

KEVIN O'FLAHERTY: Yeah, the e-cigarette industry uses this UK study, the Royal College of Physicians study in and I'll air quotes around that. It - and it has been largely debunked. I'm happy to share some documents with the committee that get into why that - that study didn't really represent what the industry now claims it did. It was essentially and this was several years ago, I think a dozen people in a room looking at the available studies out there and saying well you know we guess that maybe these products are 95 percent safer than cigarettes. They weren't actually looking at medical results or what an e-cigarette does in the lungs or how these products are being used especially in the United States, and I'd like to point out as well that aside from the concentration levels being required to be a much lower level in England, they can't advertise the products in the same way they have in this country.

It's treated as a very different product, much akin to what one of the representatives on the committee earlier tonight talked about in terms of trying to seek approval from the FDA as a cessation product. That is really more the example of how the system - that these products have come up in England with. A lot of other regulations that do not exist here in America. Another UK study that talks about cessation that showed that e-cigarettes were more effective than the gum - the patch and the gum. A couple of things, first off in both sections of the study, the folks who got the e-cigarettes and the folks who got the NRT, they were given counseling

during the entire time, which would make both more effective.

Secondly, at the end of the study, a vast majority, 7/10 I think of the people who had used the e-cigarettes were still using the e-cigarettes where the people who had quit smoking were not still chewing gum and then lastly, the people who participated in this study when they first given product, they were given tobacco flavored e-cigarettes to help make this quit attempt. They didn't need Unicorn poop or mango or anything else. So those are some of the distinctions between the UK evidence that's used here and what's happening in this country but there are more and I'm happy share with the committee.

SEN. ANWAR (3RD): They did not know about the studies, about the nicotine free products that are in the U.S., which all have nicotine in them. Have you seen some of that data?

KEVIN O'FLAHERTY: Yeah, we've seen that both in the early days when the FDA looked at a lot of products and found that there was nicotine in all of them regardless of that content labeling and that the content labeling was often inaccurate and then I'm aware of the study that you referenced that was much more recent.

SEN. ANWAR (3RD): There's also data that is showing that combustible cigarette increase has gone up and it is linked directly to the vaping use.

KEVIN O'FLAHERTY: Well - I mean to be - to be honest, overall combustible use is still going down among the entire population but there is a lot of evidence lately including a study from Yale just I

think two years ago that showed that kids who never wouldn't started smoking. We've done this amazing job de-normalizing smoking among youth in this country. There kids who never would've started smoking but to buy an e-cigarette are up to six to eight times more likely to then transition to combustible cigarettes anyway. And if that's what's happening and the evidence suggest that it is, you know, it doesn't matter whether e-cigarettes are at all safer than regular cigarettes. If they lead kids back to combustibles anyway, this is not a good idea for public health.

SEN. ANWAR (3RD): So the one that I'm talking about is e-cigarette users, look at the children who are actually e-cigarette users, they actually are the higher proportion of having combustible cigarette users as opposed to the one where non e-cigarette users.

KEVIN O'FLAHERTY: That's right. They are six to eight times more likely to transition to combustibles than somebody who never tries any [Crosstalk].

SEN. ANWAR (3RD): That's point I was trying to make was that this is actually for them or some of the people to say that this helping children not pick up cigarettes, they actually are doing both.

KEVIN O'FLAHERTY: That's exactly right [Crosstalk], I'm sorry. What I was going to say when it comes to flavors, you know, when adults use flavors. I mean I love Fruit Loops but when I'm doing it, I'm doing it, so I feel like a kid. You know, I want to pretend that I'm still a kid. When kids use, you know, flavors, they're doing it cause they are kids but when the industry - when the tobacco industry

creates flavors, they're doing it because they want to hook kids, and that's pure and simple.

SEN. ANWAR (3RD): I think that's what we are looking at with respect to the anxiety and other aspects and we have not even touched that problem at this point and I think that's not your expertise, so I'm not going to ask you any of those questions. But attention deficit, anxiety and some of those depression that we are seeing in the children, there is more data coming that is directly linked to the consumption and there's two different pathways that children are taking. The ones who are using the vaping products have a different path, which is getting them into the TFC and beyond at this point, and that's part of the challenge.

Now there's a chicken and egg question around that - its beyond our conversation right now but I think it's worthy to - for people who are confused about this, they should look at it. The other part I just want to clarify is that the claim that is being made and it's an illegal claim from the FDA perspective, that it is for smoking cessation point of view that people are using it. If you look at the trajectory of the adults, of their smoking the combustible smoking reduction, it has not changed since these new products have come on the market. Is that a fair statement?

KEVIN O'FLAHERTY: That is a fair statement, yes and there have been studies [Crosstalk]

SEN. ANWAR (3RD): But on the other hand, the consumption of the ENDS has increased very significantly without comparable reduction in the combustible reduction?

KEVIN O'FLAHERTY: That's absolutely correct and that's what you see right there.

SEN. ANWAR (3RD): And I think that goes against this whole claim that is being made, illegal claim, because medically and otherwise, they're not allowed to make that claim but they continue to do so and they continue to corrupt the minds of people around everywhere including trying to do that to us. But that is not showing the data is not panning out about that at all.

KEVIN O'FLAHERTY: That's exactly right.

SEN. ANWAR (3RD): Okay, thank you. I'm glad you're here. I was hoping somebody like you would come and speak as well today. Thank you.

KEVIN O'FLAHERTY: I don't always come here that, so thank you very much.

SEN. ABRAMS (13TH): Neither do I. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you Madam Chair. Just one other question because I was listening to you talking and talking about how - so if I heard you correctly, you feel that vaping, children do it because they want to be adults or because it's out there kids will try it. Is that [Crosstalk]

KEVIN O'FLAHERTY: No, I didn't - I didn't actually say that. I said that when kids use flavors, they do it - when adults use flavors, they use it because they're trying to think they're still kids and when kids use it, it's because they are kids. In terms of the data out there around - there is a wide variety of reasons why, you know and some of that has come out today, you know, because they - you

know, they were experimenting because - and one of the reasons is because flavors were available, others was because they saw parents etc. But the bottom line is that 81 percent of all kids who try tobacco product, the first product they try is a flavored product. That tells you what's happening with these products.

REP. ZUPKUS (89TH): So, to that point and I asked Commissioners this earlier this morning, so I have to ask you because I'm glad you're here. How do you feel about legalizing marijuana?

KEVIN O'FLAHERTY: Our organization does not take a position on that. The only time we [Crosstalk].

REP. ZUPKUS (89TH): You personally.

KEVIN O'FLAHERTY: I'm sorry.

REP. ZUPKUS (89TH): Well you personally then.

KEVIN O'FLAHERTY: I'm not a huge fan personally but my organization does not take a position on it. The only time that we do it - that we do engage in it is if laws that would legalize it would allow marijuana use in public places where you can't smoke and we would oppose that. We think smoke-free places should be smoke-free regardless of whether it's tobacco smoke or marijuana smoke or anything else.

REP. ZUPKUS (89TH): Thank you.

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

SEN. SOMERS (18TH): Yes, thank you for being here. I would like to ask you the same question I asked the gentleman before. There are other senators who are not on this committee that wanted to ensure that

young people under 21 do not get access to vaping products, so they would like to institute that it's mandatory you must show ID to purchase products. Do you see any downside to that?

KEVIN O'FLAHERTY: I don't see a downside, but I don't think it would be as effective in addressing the youth e-cigarette epidemic as eliminating the availability of flavors.

SEN. SOMERS (18TH): What if we did both?

KEVIN O'FLAHERTY: I think that would be fine.

SEN. SOMERS (18TH): Thank you.

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

KEVIN O'FLAHERTY: Thank you Senator.

SEN. ABRAMS (13TH): Ruth Canovi. Thank you. I'll get it right at some point.

RUTH CANOVI: It's good, thank you.

SEN. ABRAMS (13TH): Welcome.

RUTH CANOVI: Thank you. Distinguished Chairpersons and members of The Public Health Committee. My name is Ruth Canovi. I'm the Director of Advocacy for the American Lung Association in Connecticut. I first want to thank you for your years of hard work and for passing a strong Tobacco 21 law last year. It was a very important step in the work to stem the youth tobacco use epidemic but clearly, we still have more work to do. We have submitted written testimony regarding House Bill 5020 and Senate Bill 244. We strongly support Senate Bill 244. In general, pharmacies are in the business of helping

make people better and they should not be pushing an addictive drug that makes people sick.

In regards to House Bill 5020, the American Lung Association appreciates the intent of prohibiting the sale of flavored e-cigarettes presented in this bill and we ask that you consider broadening the approach actually to - to what's been raised by the committee in Senate Bill 76, which would clear the markets of all flavored tobacco products including flavored cigars, menthol cigarettes and electronic cigarettes. As you may remember, last year's Tobacco 21 bill was voted out of this committee, also included that provision. So, the need is clear. Even in 2020 tobacco use is a v

very present and real issue in Connecticut impacting too many especially our most vulnerable populations and I'm gonna, just in interest of time kind of scoot passed there. So, for decades we know that the tobacco industry has used flavors to attract youth. Indeed, the industry's decades long conspiracy to deceive the public includes many documents that demonstrate the industries understanding of the role flavors play in kids starting to use tobacco products. While most flavored cigarettes are prohibited, the industry is once again using flavored e-cigarettes as well as cigars to track the youth, then addict them with products claiming to taste like gummy bears, atomic fireball, Captain Crunch, Apple Juice and a wide variety of other fruit, candy and sweet flavors. There is no question that these flavors appeal to youth, but we should not be picking winners and losers of public health protection based on someone's method of nicotine addiction. We should treat all tobacco products the same.

We talk about e-cigarettes, I think Kevin's charts really showed that clearly but we've been seeing increasingly popular e-cigarettes among young people and youth with a 27.5 percent of high school students are current e-cigarette users compared to just 3.2 percent of adults, and so with that I'd be happy to answer any of your questions. I really appreciate you taking the time to look at this. There are states around the country who are taking action and so we appreciate the opportunity.

SEN. ABRAMS (13TH): Thank you and I want to thank you for all your good work and being such an incredible resource in this building, so. Are there other questions or comments? No, thank you very much.

RUTH CANOVI: Thank you.

SEN. ABRAMS (13TH): Elaine Cole. Esteem members of The Public Health Committee, thank you for the opportunity to testify. I am here I'm - as a - as a residential care homeowner and also a board member of the Connecticut Association of Residential Care Homes and I am here to raise my concern about Section 12 of House Bill 5020. I - I think this proposal is something that is giving an added benefit to residents who already have very full protection. Residents are the only ones who can contact an Ombudsman about a problem.

Residents have - and if things get to the point after negotiation, after Grievance Committee, where someone needs to be discharged, then they have the protection of notice. They are told the information about how to contact people, where to appeal it and they're given full information and they have a period of time to this. This is a very serious

onerous process and it affords the resident a great deal of protection. I - but I'm - I think if you look at the other side, residential care homes are not apartments. Residential care homes cannot have a down payment or security deposit like an apartment can, and in addition, residential care homes offer so many services that are not part of the apartment situation. We offer nutritional meals, we offer snacks, we offer recreation almost every day of the week. We offer safety, we offer housekeeping, we offer caring concern by the staff and counseling when needed.

We offer case management essentially. So, we are offering a great deal of service and what would happen is that the residential care homeowners are not necessarily big corporations. They may be a single owner that is fairly common. In my case, I am an older female owner, a sole owner and I have limited resources and huge business depth. If I had to go through this process of discharge, it could very well bankrupt me and that is a serious statement. The other part is that this whole industry, the whole residential care industry, which does a very valuable service to the state is on tender hooks that we haven't had a raise in 10 years, in a decade and we are struggling to survive. So, putting in something that is more onerous and is financially a problem, it gives us a big problem.

SEN. ABRAMS (13TH): I'm sorry, I'm going to have to stop you there, if you want to sum up. Thank you.

ELAINE COLE: Okay, so I'm - I think that the concerns have to be addressed and also, I know that we are working on emergency provision, which is unclear at the moment.

SEN. ABRAMS (13TH): Thank you very much. Are there questions? Senator Somers.

SEN. SOMERS (18TH): Yes, good evening Elaine and it's nice to see you. Thank you for all the work that you do at the residential care facility in Mystic, Connecticut. Could you tell us how many people you have in your facility, which I've toured and it's amazing? The kind of work that you are able to provide.

ELAINE COLE: I have 25 residents. They encompass a wide range - age range from 23 to well into the 70s. Every single individual has a primary diagnosis of mental illness.

SEN. SOMERS (18TH): Right, and my concern we've talked before is that you have not gotten any kind of increase in funding from the State of Connecticut for years for your residence. If you could expand upon how many years that been, when your costs have gone up, and if someone like yourself who is an independent businessperson taking out loans at a local bank to improve your facility, etc. is again another added burden of going through this process that's not really well defined for, you know, a system that seems to be working. If you close, where do those 25 people go, that's a big issue we have. We don't have enough of the homes that you - and the type of scenario that you provide and when I've been there, it's like a home, you feel like you're at home.

You have a room, but they have a nice little sitting area. They have people come in and play piano. There's nothing like that and we need more of those. So, I hear what you're saying. This is not something that I could support at this point because

there's too many questions and I also have been to the lady's home in Norwich, and it's the same thing. Every time you go in there, they're hanging on by a thread and they don't get any support and they are taking care of a population that is - and sometimes forgotten because you're doing such a good job but we could actually - you know, I don't know have tenfold of you and still not have enough at this point especially as our demographics are getting older. So, I just wanted to let you know that I support what you're doing and all of you that are here, and this is troubling what's in this bill.

ELAINE COLE: Thank you, that's greatly appreciated.

SEN. SOMERS (18TH): Can you share though how many years it's been since you've gotten an increase. That's something that needs to be.

ELAINE COLE: I'm sorry, what did you say?

SEN. SOMERS (18TH): How many years has it been since you got an increase in funding.

ELAINE COLE: It's been a decade.

SEN. SOMERS (18TH): So 10 years, and I have to tell you, this legislature can find money to spend on everything else but yet when we have someone like yourself and what you all are doing, which is really God's work, you know, nobody's getting rich here. You are taking care of a vulnerable population that has nowhere else to go and it's 10 years, while your increase in costs are going up. I've met your staff, they're amazing, and I think that, you know, quite frankly we should be ashamed that we can't find the money to help increase even if it's just a little bit.

ELAINE COLE: Thank you, appreciate it.

SEN. ABRAMS (13TH): Any - just a moment please, I just want to make sure any other questions or comments. No. Thank you very much for your testimony. Thank you for being here. Luel Swanson. Welcome.

LUEL SWANSON: Thank you. Thank you all. Great, thanks. So, I'll read - thank you, so much for that. I will read my testimony, and this is my experience, and this is fact. However, I can't negate that this is a very emotional subject, as was also the last one and because it's been so difficult for so long. My name is Luel Swanson. I am the owner and Administrator of Greystone Retirement Home, 20 minutes south of here in Portland. I have 58 residents under one roof. We are an independent living facility where residents can sign in and out freely. We provide meals and snacks, housekeeping and laundry services, medications, all recreational activities are provided and much more.

Greystone is a legacy business that has housed the people of State of Connecticut for over 65 years, since 1953. We are a beautiful facility with a great staff. I urge you to visit. I have been running Greystone for 20 years. Over this time period my staff and I have contended with some of the most disturbing behavior I've ever experienced. There is a younger psychiatric population that the state desperately needs to house, and the state often comes to us for help. While many of these residents comply with taking their meds and can fine, more and more times as of late residents are becoming violent, rebelling against facility rules and are becoming more dangerous to other residents

and staff. The problem with this proposal is that the residents are not in their own home or apartment, they can't be and that's why they're with us in a facility. They need our services.

And in my case, they are surrounded by 57 other residents. This is the danger. Owners, administrators, management and staff have less and less rights ourselves to maintain safe environments for our residents. As management we need recourse to act on public health hazards and safety issues. Already this is a very difficult issue with the current 30-day notice. Making it a longer process with resident's appeal - residents able to appeal, I feel is negligent and very unsafe. Do not force all homes to comply with this. For me and all of us, it is a critical safety issue.

It is a struggle enough to get by with the minimal funding, it's been 10 years our rates have been frozen, and the resources - the lack of resources and support from the state. To force us to sign onto a policy that will pile onto our struggle would be very much more difficult. We're here because we want to serve our communities by caring for the needy. Last year I had a case of a resident who clearly stated his suicide plan. He was going to walk to the Portland bridge and jump off. Due to the resident's past psychiatric history and behavior and our proximity to the Portland bridge, it's within walking distance, we of course took this very seriously.

Do you know that I had to fight for one whole week, five days at the highest level of government, the state's Ombudsman and DPH to get the resident to even be allowed to be discharged and taken to safe

housing by his state mental healthcare agency, River Valley Service in Middletown. He was their clinic. They would not help us. The local police officers would not help us either and more and more this is a case as of late. I was up for five nights straight thinking that this - our resident, who we loved would walk out the door somehow because we are independent living and when the state finally figured out that if they let him stay, and actually follow - he would follow through on his plan, it would be their responsibility. At that point, a crisis bed magically opened up. I fought everyday for five days with zero sleep at night knowing this resident could leave and act out his plan. We do not have one-on-one staffing for people like this. I cannot serve these people 30-day notices or give them the right to appeal, and if this does not constitute using the emergency contingency plan, then what is the criteria for emergency? The state has us in a Catch 22 and has us gripped in many ways. I believe this is an attempt by the state to forcibly keep the most needy and quite often most disruptive members of our state housed so that it does not put more strain on the state services. This policy should stay an option.

We are not in the business of easily asking our residents to leave for many reasons. Our census right now is low. I take asking our resident to leave very seriously. If and when the need arises, this is a critical decision that I must make. In a worse case scenario, the other residents are extremely grateful that we have this recourse to act quickly and decisively on their behalf and the staff's behalf. The process is already prohibitive and puts the staff and the rest of the residents at

high risk from a resident that gets physically violent, is a fire starter. A resident who is not a rule follower and wants to smoke inside with his oxygen tank, this is my most recent case. A chronic and constant negative disruptor, an alcoholic who may relapse into drinking, etc. etc.

Also, who has the time to enter into a lengthy court process. We are running our facilities. What does the emergency contingency plan consist of a how - how easy really is this. More and more owners and administrators, managers are losing our rights to run a safe facility. This is what we chose, this is our profession from the start and putting it in the hands of the mentally and emotionally compromised and ill who are on all kinds of meds, who have many disruptive behaviors is irresponsible. Please this should not be required of all homes, and I must note it is very important for me to note that Greystone provides all services in-house, so we do not use the community and home-based waivers, so that's why I think that this should stay an option where people can either possibly opt-in or opt-out but to have this as a uniform, you know, law or policy would be very difficult because all our homes are so different. Thank you so very much.

SEN. ABRAMS (13TH): Thank you and you were very honest when you said it was emotional testimony. It really is and I appreciate you sharing all of that. It really helps better understand this situation that you're in and also for sharing the information that not everyone participates in the waiver program.

LUEL SWANSON: Correct.

SEN. ABRAMS (13TH): So, I appreciate hearing all of that. Representative Carpino.

REP. CARPINO (32ND): I saw your name at the end of the list, so no disrespect to any one in the room, I wanted to make sure that I was still in here and not in one of my other committees when you got to testify. Thank you for adding a real-life perspective to the legislation we're dealing with. Words matter, intense matter, but the practical reality of things matter too, and I think you heard me earlier. I believe everybody has rights and we need to find the best way to balance all of them and having walked through Greystone on more than one occasion before and after some of the renos, your staff is tremendous. It truly is a home. You take wonderful care of your extended family and I thank you for what you do, you and your staff.

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

LUEL SWANSON: Thank you so much and thank you for acknowledging us and validating us at your level, thank you.

SEN. ABRAMS (13TH): And our last person today is Mackenzie Baysinger.

MACKENZIE BAYSINGER: Thank you. I apologize for my tardiness. I was supposed to be here for Senate Bill 247 but I am master student at UConn in the Social Work program and so I had to run back for a class and then came back here. I just kind of wanted to briefly overview, I'm not sure what was discussed but according to a study by the research center, in the past 10 years the national rate of mental health or substance use related Emergency

Department visits have increased 44.1 percent. The most significant rise 414 percent of such emergency visits is associated with people experiencing suicidal thoughts and so I think it's really important to combat this and prepare our emergency services paramedics and medical team with the mental health training that they deserve.

I think it's also important to realize the situation that these emergency medical personnel are having themselves as well by preparing them with the information about mental health, it also affects their own mental health. A study published in 2004 in the Emergency Medical Journal showed that more than 20 percent of 617 emergency ambulance workers surveyed in the UK had evidence of PTSD, while 1/5 likely had clinical anxiety and nearly 1/10 had probable clinical depression. I think those statistics would be similar here in American and so for that reason I urge you to support Senate Bill 247.

SEN. ABRAMS (13TH): Thank you very much. I think that most of us on this committee, if not all, totally agree with what you're saying in terms of having mental health training for EMS and first responders. This piece of legislation is to look at how best to do that, so we can make sure everybody gets trained and it doesn't become a cost issue or an access issue, so that's really what - what the intent of this is, so. Thank you so much for your testimony and for your patience. Was there anyone else here that wished to testify before we close. Okay, thank you very much. Thank you to the members of the committee.