

PUBLIC HEALTH
COMMITTEE PUBLIC HEARING

March 9, 2020
10:30 A.M.

CHAIRPERSON: Representative Jonathan
Steinberg

SENATORS: Abrams, Anwar, Lesser,
Somers,

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

REP. STEINBERG (136TH): Good Morning. Good Morning.
That's good behavior, thank you all. This is the
Public Hearing for the Public Health Committee. I
am State Representative Jonathan Steinberg, Co-Chair
of the Committee. My Co-Chair, Senator Mary Abrams
is stuck in that big accident which is just south of
here and I imagine the less than ideal attendance of
our colleagues will reflect that as well. I am sure
they will be filtering in but since we have such a
long day of hearings before us, we thought we would
get started and we will catch them up as catch-can.
As we typically do, the first hour is reserved for
elected officials and those they bring and then
after an hour we will alternate between elected
officials and members of the public. We will remind
you that your testimony is limited to three minutes.
So without further ado I want to call forward Deputy
Commissioner Heather Aaron from the Department of
Public Health.

DEPUTY COMMISSIONER AARON: Good Morning,
Representative Steinberg and Members of the Public

Health Committee. My name is Heather Aaron, I am the Deputy Commissioner for the Department of Public Health. Thank you for giving me this opportunity to testify this morning. We are going to testify on three Bills this morning, the first one is Senate Bill 78, The Clean Indoor Air Act.

This Bill makes changes to the Statutes pertaining to the consumption of combustible tobacco, electronic nicotine delivery systems and vaper products and smoking in the workplace. Section 1 prohibits smoking in any retail establishment and any school property and any dormitory, removes the exemption for correctional facilities and designated smoking areas in psychiatric facilities, prohibits use of smoking rooms provided by employers, eliminates the allowance for designated smoking rooms in hotels and motels, prohibits smoking inside or outside any building that can be accessed by the general public including the entryways. Allows municipal ordinances on smoking policies to preempt State Law if they are more stringent.

Section 2, again most of Section 1, Section 2 and Section 3 are basically indicating the same criteria and we are looking to these proposed enhancements to the Clean Indoor Act evidence based strategies, recommended by the Center for Disease Control, the U.S. Surgeon General and they have been proven to reduce the initiation of tobacco use, reduce the prevalence of tobacco use and prevent tobacco related illnesses and death keeping in mind that they are major risk factors for the two leading causes of death in the United States heart disease and cancer. The harm caused by the exposure to secondhand smoke is extensive and it is well-documented. And the U.S. Surgeon General has determined that there is no safe level of exposure

to secondhand smoke. Smoke free environments also help to prevent youth from starting to use tobacco and supports tobacco users who are trying to quit. Establishing smoke free environments is the only proven way to prevent exposure as research has shown that secondhand smoke cannot be controlled by ventilation and creating separate areas does not eliminate the hazard of exposure to secondhand smoke. The National Institute of Occupational Safety and Health recommends that employers establish and maintain smoke free work places that protect those in the workplace from secondhand smoke, exposure to tobacco and airborne emissions. The electronic nicotine delivery system prohibiting smoking in any are or any place of employment will protect workers, will protect customers, will protect visitors from the exposure to secondhand smoke and aerosol supports those who are trying to quit. It is not possible to establish safe smoking areas that eliminates exposure to secondhand smoke.

Senate Bill 373, Newborn Screening. This Bill requires screening of metabolic genetic disorders in newborn infants to occur no earlier than 24 hours but no later than 48 hours after the birth of such infant and requires the administrative officer or other persons in charge of each institution who performs the testing for cystic fibrosis to report the aggregate number of the newborn infant screens as well as the results of such testing on an annual basis to the Department of Public Health. This Act is pertaining to the collection and shipping of newborn screening blood specimens does not align with a newborn screening programs current practice. No national guidelines on the timeliness, quality assurance or indicators. The Connecticut Newborn Screening Program updated its specimen collection

and handling guidelines several years ago in response to public concerns surrounding delays in newborn screening but due to the outdated statutory language the program has no ability to enforce compliance. Failure to enact this language could delay the identification of time critical disorder in a newborn potentially resulting in permanent damage or death to a newborn. The State Public Health Laboratory conducts blood screenings for over 60 disorders with the exception of cystic fibrosis screening which is however conducted by the UConn Health Center and Yale Laboratories. The Newborn Screening Program currently reports the identified data on a number of infant screens, type of disorder screens and confirmed cases Subtitle 5 Maternal Health Blood Plans and the Association of Public Health Laboratories. This is done for all disorder screens except cystic fibrosis. There is no current requirement for the laboratories that screen cystic fibrosis to report the number of newborn screens and screening results to BPH. This proposal will require laboratories conducting blood screening for cystic fibrosis to report data to the Department of Public Health for epidemiological purposes.

House Bill 5417 makes many changes to the Health Statutes and there are many so I will try to abbreviate. Section 1 and 2 removes the population requirements for replacing, for replacement of an existing well. Section 3 and 4 streamlines and reduces the receipt of notification of projects in public drinking water for watersheds and aquifer protection areas giving the Department the opportunity to focus on areas that are high risk for our water supply. Section 5 requires local health departments and districts to use the Maven Surveillance System to electronically report led

home inspections, findings and to follow up on activities that address elevated blood levels. Section 6 revises the definition of 5 as well to add specifically to the population types that are being served by private wells to reflect and to pertain to residents as opposed to commercial. Section 7 allows the Department to submit citations to nursing home facilities and residential care homes electronically as well as by certified mail. Section 8 makes technical changes to allow unnecessary a temporary suspension of a long-term care facility's requirement to process individuals through background search programs for apps as a result of significant disruption and incidents. In other words if there is some disaster that we are unable to control it gives the Department of Public Health the ability to be belayed in the process. Section 9 allows the Department to waive certain statutes and regulations pertaining to emergency medical organizations for example for our ambulance services if there is a transfer to another company and the ambulance has everything packed and ready to go on their service but they have not changed the name, we won't stop the ambulance from going out. Section 10 through 16 changes the title of student embalmers and funeral directors to registered apprentice embalmers or registered funeral directors and embalmers to make clear such persons may register with the Department as an apprentice. Section 17 amends the professional counselor statute to ensure all persons eligible for either professional counsel license or professional counselor associate license are able to apply to obtain their license. Sections 21 to 22 provide pet owners who file complaints on vets to access the investigation when the case is closed with no finding. Section 23 requires several license

practitioners to use Connecticut Electronic Death Registry that will go online July 1 when certifying a death certificate. Section 33 transfers the authority for appointing Palliative Care Advisory Council members to the Commission of Public Health if a seat is vacant for more than a year. Section 36 removes the regulatory requirements of persons who provide direct patient care in home health and hospice, assisted living, infirmaries, recovery care centers and in hospital recover center setting to have an annual screening for TB. Section 39 requires the State Statute that a licensed clinical laboratory report or blood collection facility location that operate to the Department. This regulatory requirement that we would like to see codified in Statutes for clarity. Section 41 allows social workers to complete ten instead of six hours of their continuing education credits online. These course are necessary for license renewal. Section 42 allows massage therapists to own a salon or work in a salon that employs hairdressers and cosmeticians, or nail technicians, massage therapists and they were inadvertently omitted from the Public Act 119-1117. That's all I have for now if there are any questions.

REP. STEINBERG (136TH): Thank you, Commissioner that's plenty for now. It sounds like that Bill started to approach an implementer but it covers a lot of ground. Let's start with Senate Bill 78 I think for a lot of us, we may even be surprised that some of these changes haven't already occurred given what we know about secondhand smoke but could you comment for example on the changes that we're making, the requirements for hotels in terms of nonsmoking rooms. Have we talked to the industry

about this, are they pretty much in accord with the changes we're making?

DEPUTY COMMISSIONER AARON: Well we have the industry at the table, we've had lots of discussion. I think most folks on amenable based on how it's actually implemented. We do have some data and I do have our person who works on that to come up here and speak on that subject.

BARBARA WALSH: Yeah, actually we haven't.

REP. STEINBERG (136TH): Identify yourself.

BARBARA WALSH: Oh, sorry. Barbara Walsh, Tobacco Control Program Department of Public Health. So the motels, hotels, motels many of the large chains have already adopted these policies and this would be to make it more across the board for everybody in the State.

REP. STEINBERG (136TH): So I take it you had these conversations, I'm sure this does not come as a surprise even to the smaller ones that we are heading in this direction?

BARBARA WALSH: Oh, we have not talked to all of them. We have done some public opinion and some discussion but we have not spoken to all of them.

REP. STEINBERG (136TH): And what's the implementation timetable for this? The entire Bill on passage or have we given them any time to make adjustments?

BARBARA WALSH: I don't think we put that recommendation in for an implementation date.

REP. STEINBERG (136TH): Thank you. Still staying on 78, Commissioner you made reference to not only tobacco products but vaping products. If you

wouldn't mind clarifying how this Bill effects vaporized products to whatever degree.

DEPUTY COMMISSIONER AARON: Well even though when someone is vaping you cannot smell anything it still gives off chemicals that would have the same effect as smoking.

REP. STEINBERG (136TH): So to clarify we are starting to expand the same restrictions on vaping activity in public places that we have had in place for tobacco products?

DEPUTY COMMISSIONER AARON: Yes.

REP. STEINBERG (136TH): Thank you. Moving on to the next Bill, Sections 1 and 2 deal with changes to our existing water regulations. Perhaps you could comment further as to why both these changes changing the population requirement on wells and also the changes to some regulations for adjacent properties to water sources where necessary.

DEPUTY COMMISSIONER AARON: Okay, so to summarize with private wells and with public wells, if there is a private well that is close by to a public well and there is some possible contamination we would like to have that reporting so that we can report it to the public well systems so they can take the action. So this is all related to proximity.

REP. STEINBERG (136TH): With regard to properties adjacent to reservoirs and other water resources, what is the reason for that change?

DEPUTY COMMISSIONER AARON: I would like to have Laurie come up and give you some detail on that.

LAURIE MATTHEW: Good Morning. Laurie Matthew,
Branch Chief Environmental Health Drinking Water. I

work under Deputy Commissioner Heather Aaron. And your question was specific to Section 3 and 4.

REP. STEINBERG (136TH): I'm not sure if it was 2 or 3 but the changes to the regulations with regard to properties that are.

LAURIE MATTHEW: The watershed or an aqua protection area?

REP. STEINBERG (136TH): Yes, that's it, thank you.

LAURIE MATTHEW: So that is Section 3 and 4 which changes A-3i which is planning and zoning statute and also adjusts 22(a), 42(f) which is in the Wetland Statute. Fifteen years ago the Department put forward a bill to require applicants of the local commission either Planning and Zoning Inland Wetlands to provide a notice to the Department of Public Health so that we, if you had a project, any project whether you had a deck or a shed or a pool anything you would have to go in front of a local commission, to provide notice to the Commissioner of the Department of Public Health. Now as you can imagine that is about 22 percent of the State of Connecticut, that is an awful lot of notifications that we receive on many, many things. We receive hundreds of notifications and what we try to do with this after 15 years of experience with it, is limit the amount of notifications to the proposals that would be of concern, potential concern. So therefore we are not changing the requirement for seeing any industrial or commercial proposal. We are changing the, one change is for residential and what we tried to do is limit it to any residential subdivision that is over five acres or more, so.

REP. STEINBERG (136TH): So it's fair to characterize that as far as protecting our

watersheds, our reservoirs and alike we are, we still have those protections in place even with this change?

LAURIE MATTHEW: Absolutely. We are trying to make sure that we are streamlining the process so that we do not get notifications that we would no way comment on, ever. We get a lot of decks and sheds and other little things that are not of concern in anyway but what we are concerned about, we want to make sure that we are reviewing those in a timely manner. As you know all local commissions have timeframes so we don't want to miss anything where a town would actually welcome or water company would welcome our comment input.

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

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you for your testimony today. I am going to ask you a question, I think you touched upon it but I'm not sure so I apologize if you did, but my question is we've been told that there have been complaints made to the Department of Public Health on the deceptive advertising of pregnancy centers, so I just wanted to know if you can give us some information on that, how many people have complained and how long it has been going on?

DEPUTY COMMISSIONER AARON: I am now aware of that at this moment and I will return with the staff and find out any data and get it back to you but I am not aware of any complaints regarding deceptive.

REP. KLARIDES-DITRIA (105TH): Okay, you're not aware of any complaints made to the Department of Public Health.

DEPUTY COMMISSIONER AARON: Not at this time.

REP. KLARIDES-DITRIA (105TH): Okay.

REP. STEINBERG (136TH): Representative, just to be clear, any complaints would be made to the Department of Consumer Protection not the Department of Public Health.

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

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

REP. PETIT (22ND): Thank you, Mr. Chairman. In terms of SB 78 can you just tell me how that would impact the private clubs and if so in which way?

DEPUTY COMMISSIONER AARON: Regarding the smoking and tobacco? We would be asking the same thing of the private clubs to have the area clear of any smoking apparatus and any products that come from that. So we would be asking for the same process.

REP. PETIT (22ND): Thank you and concerning testing of newborns, actually hadn't thought about this, but we had some controversy over discussions this year, can parent optout of the newborn screening or is that mandated for all newborns without an optout provision?

DEPUTY COMMISSIONER AARON: From my understanding it is not something to optout. This is screening that is to protect the newborn so as far as I know there is no optout.

REP. PETIT (22ND): Understood, thank you. And I am wondering with the indulgence of the Chair, you didn't testify on SB 379, I'm wondering if Public Health has an opinion on whether we should be doing cognitive testing on healthcare providers based on age, something you didn't testify on, 379.

DEPUTY COMMISSIONER AARON: One second, and before he goes ahead I want to make the correction, my apologies, regarding the private clubs, we are not at this time asking the same requirement as the motels and hotels.

CHRIS ANDRESEN: Good Morning, I am Chris Andresen, Practitioner Licensing and Investigations and the Department does not have a stance on the cognitive testing of physicians, so at this point.

REP. PETIT (22ND): Has there been any trend in terms of licensing and oversight in terms of cognitive reports of people with cognitive disfunction as people practice farther and farther into their 70s and 80s or do we not have statistics on that?

CHRIS ANDRESEN: I don't have statistics but anecdotally I can say there have been a few cases where there have been folks who we've had neurocognitive examination results sent in and it showed some impact to their ability to practice with skill and safety and we worked with them to address that issue.

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

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

REP. BETTS (78TH): Thank you very much and just following up on that question, moving forward in the future, since this has been a raised Bill either Commissioner or you could comment as to whether you anticipate or whether the Department would like to play a bigger role in determining the need for testing or any role whatsoever in this?

CHRIS ANDRESEN: Well I believe in some ways you all passed I think in 2015 a Bill mandating reporting of impaired practitioners, that's kind of the way, it's not the exact name of the Bill but the way we do it, so there is the responsibility of someone who is licensed and it's not specific to age but if they identify somebody who has some sort of impairment could be substance abuse, alcohol abuse, could be mental decline or anything physical that may give reason to think that this individual, you know, may be at risk by continuing to practice or at least not being checked out, so that does exist.

REP. BETTS (78TH): Which leads me to, thank you for that answer which leads me to the question as to why we're looking at this based on age?

CHRIS ANDRESEN: Well my understanding is like it's not something that is in statute but it is a policy implemented by certain healthcare facilities where they say, okay all of our physicians once you hit 70 or whatever the age is we want you to have a neurocognitive exam to assess your skills at this time.

REP. BETTS (78TH): Does that, I'm not trying to pin you down but it seems to make sense to me or does the State want to have greater oversight in determining what the actual policy should be?

CHRIS ANDRESEN: I don't have an answer for that for you right now. Like as I said, anecdotally, I can say I've seen a few cases as result of this that have resulted in a change in someone's practice, you know, but again it is that sort of requirement doesn't mean somebody who is 40 can have some sort of impairment that would impact their practice also.

REP. BETTS (78TH): Exactly, thank you for that answer. And getting back to the Commissioner, am I reading this correctly where the no smoking is gonna be applied to having no smoking areas in psychiatric facilities?

DEPUTY COMMISSIONER AARON: Yes.

REP. BETTS (78TH): And what is going to happen to those patients who are, for lack of a better word, either addicted to smoking or if you take away smoking opportunities for them they will become very anxious?

DEPUTY COMMISSIONER AARON: The idea is that we should have smoking cessation programs simultaneously at the time this is happening. There should be a rollout where there is, there are professionals that are working with these individuals.

REP. BETTS (78TH): I understand the idea and I support the concept, what I have a hard time understanding is how realistic this is. If somebody has been smoking a good part of their life and they are in a psychiatric facility, and I would imagine it is not the first time they've been there how realistic is it to help the person go through treatment by denying their ability to smoke?

DEPUTY COMMISSIONER AARON: Those decisions were made in tandem with the physician, with the facility as to how they operate. We have seen that happen before where people who have smoked all their life have quit. So we should give them almost the same opportunity.

REP. BETTS (78TH): Well thank you but are you saying that that is something that is very achievable for all patients who going through the

facility because with all due respect I've been in some of these facilities, working with patients, believe me smoking is critical to them in terms of trying to remain calm and they are dealing with other issues. Take something away like that, I think really should be given a lot of thought and to simply say it's bad for you don't do it, I think is contrary to recognizing that they have some very severe emotional psychological problems.

DEPUTY COMMISSIONER AARON: I totally understand where you're coming from. I have had the experiences of working with patients in my role as a hospital administrator, as a nursing home administrator with patients who have significant issues and we have been able to have some breakthroughs, so I hear you. It may not work for everyone but it can work from my experience and we would like to try.

REP. BETTS (78TH): Well that's good to know but I wonder why we should even include this, why not just leave it to the discretion of the psychiatrist and the facility as opposed to saying black and white. We're not gonna allow for it.

DEPUTY COMMISSIONER AARON: We've also had some significant issues regarding fire safety and that is also a preponderance of the issue related to that.

REP. BETTS (78TH): Okay, thank you very much.

REP. STEINBERG (136TH): Thank you, Representative, I think you raise a good point. We will have to look at a waiver or something with the discretion of the physician, I think that is a good point.

DEPUTY COMMISSIONER AARON: And just to add to that, remember this is inside the facility. Many facilities have created smoking areas on the grounds

outside the facility where you can supervise an individual to smoke.

REP. BETTS (78TH): And that is good to know, Commissioner but I am wondering if the patient that is restricted due to their condition or their illness where they are not allowed to go outside, what is their option going to be?

DEPUTY COMMISSIONER AARON: They can go outside with supervision.

REP. BETTS (78TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. We will talk about this further. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for testifying today. Regarding the part with the veterinarians did your department take into consideration that the vets can already make reports and forcing them to do so might, could potentially lead them to not taking care of dogs by fear or accusations and such?

DEPUTY COMMISSIONER AARON: I'll defer that question to Chris.

CHRIS ANDRESEN: Are you talking about the portion giving people access to records of closed veterinary cases?

REP. MICHEL (146TH): Sorry about that. Like the amendments would be forcing the vets to report is that correct?

CHRIS ANDRESEN: No, no that is not the intention of this at all. So the story with this is that basically if, and on all rewrites and a ton of practitioners and in most cases during the course of

the investigation all that information is confidential but once it is closed with all professions, if there are findings that there their records of that case are available but with closed cases where there is no findings the one exception in all our statutes of all the professions, including even physicians, is that no one can see the veterinary records. So somebody makes a complaint to DPH that you know, this veterinarian, you know, treated my dog improperly and we go through an investigation and then at the end its determined through the process that they did meet the standard of care, there is no opportunity even for the owner of that pet to come in and say well what happened here and I don't understand the logic behind the existing statute but that's how it is where as if you have a case with a physician the complainant can, after the case is done and it is closed, they can come into the office, take a look at the records and at least get an understanding of what happened. It doesn't exist for veterinarians right now, I don't know why it is the most restrictive privacy for these kind of complaints.

REP. MICHEL (146TH): I'm all for transparency but, thank you for your explanation. Thank you. Thank you, Mr. Chair.

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

REP. ARNONE (58TH): Thank you, Chair. Thank you for your testimony. On SB 373, the newborn child testing, it is defined more, the testing looks like it is a great definition of testing to newborns. Could you tell us why that is good and why the definition seems to be expanded and also in B the testing requirements, it seems an extensive change

on the testing requirements and why that testing requirement is necessary.

ADRIENNE MANNING: Adrienne Manning, Department of Public Health Newborn Screening. There, I'm not understanding your question completely.

REP. ARNONE (58TH): I noticed, first we will say we are eliminating one test line and then actually it looks like expanding upon testing, new testing of newborns. Can you explain why that is necessary and why it is good for the child?

ADRIENNE MANNING: We actually didn't change anything. We've moved the language from the bottom of the testimony to the top of the testimony. There isn't anything that has been removed.

REP. ARNONE (58TH): Okay, so and then on the requirements, testing requirements, it's an extensive change on testing requirements. The reason?

ADRIENNE MANNING: There is a change on collection requirements. So the Secretary of Health and Human Services, his Committee or her Committee put out some timeliness goals. Currently in the State of Connecticut there, hospitals have up to four days to collect the sample and up to three or four days to ship it to the laboratory. This brings it into the timeliness goals that are set by the Secretary's advisory committee for timeliness goals. It doesn't actually change the testing within the Newborn Screening Laboratory just the speed at which we get the sample to test.

REP. ARNONE (58TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Are there any other questions for the Commissioner?

If not, thank you and all your staff for your help today. Please confer our regards to the Commissioner, I'm sure she has been very busy as well and will remain busy for the foreseeable future. I understand that Mayor Bronin is not currently here, so we are going to move on to the third person on the Agenda, Representative Conley, is she here? Yes, she is.

REP. CONLEY (40TH): Thank you, Chairman Steinberg and Chairwoman Abrams, I am here to testify about SB 243.

REP. STEINBERG (136TH): Please first identify yourself for the record.

REP. CONLEY (40TH): Sorry, Representative Christine Conley, Groton and Ledyard. SB 243 is a very important Bill, it was before this Committee last year and has come back this year more improved and hopefully more ready for passage by the House and the Senate.

SB 243 talks about public exams of patients who are under anesthesia and requires informed consent if a pelvic exam is not for diagnostic purposes or for medical needs. This Bill has been passed in a multitude of states, California, Hawaii, Illinois, Iowa, Oregon, Virginia, Maryland, New York and Utah. There is similar legislation pending before this year, 15 other states, Connecticut is one of the states that is looking at this legislation. This year we worked to improve the Bill by looking at language provided by the American College of Obstetricians Ethics Opinion. They would like some further language improvements which I am happy to work with them on. Other groups who have looked at this also just for some history, these procedures were common on men and women both, pelvic exam and

rectal exams while folks were under anesthesia in the 1960s. Since the 1960s we have become more aware of consent and making sure that procedures are consented to. But while they are much reduced, and of course a lot of the patients do not know that they have undergone an examination while they are under anesthesia, but some students across the country have stated things that have been happening and it has been in the paper recently, the *New York Times* we had a woman testify. She went before the Utah Capital, her name is Ashley White and she had an article in the Times just last month saying that in 2007 she was undergoing a non OB-GYN procedure, was informed after the procedure that she had had a pelvic examination by a student that was, and the student told her this, what was going on and she was very dismayed and very upset, continuing to testify about it for over 10 years asking states like this State just to make informed consent and that if the patient does want to undergo the procedure, that they say, yes I'd like to undergo the procedure, but the patient doesn't want to undergo the procedure then they are not being subjected to a vaginal examination that they didn't consent to. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. We've heard some testimony in the past that this is not happening in the State of Connecticut, that our largest hospital systems have extremely rigorous protocols in place but is it your opinion, perhaps with your lawyer background, as to whether patients necessarily understand what they are consenting to in this instance?

REP. CONLEY (40TH): Thank you, Chairman. I would say in my background as an attorney and in my background as being a patient, often folks do not read those vigorous consent forms and they know the

procedure that they are undergoing so for example, I still have my appendix. I could need that procedure any day, hopefully not today, and undergo and sign and be prepared to have my appendix taken out. I would not in any way as an attorney or as a patient think that something else was going to be happening to my body and I believe that if I was having my appendix removed, and a student was doing a vaginal procedure on me for their education, if I found out about that I would be quite surprised and quite unhappy. Again, if a student, I also happen to have pulmonary condition and when I last saw my physician a couple of weeks ago, he had a student with him and said, I have a student with me, after we do your exam would you mind if the student does the exam as well. And I had some extra time, said of course the student can learn so I had my exam by my physician and then the student did the exam immediately thereafter. I knew what was going on and I consented to what was going on, was happy to help in their education process.

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

REP. BETTS (78TH): Thank you, Mr. Chairman and thank you for your testimony. Is it my understanding that there has been on instances of this since I think you said 2006/2007, is that correct?

REP. CONLEY (40TH): As the patients who are having these procedures are anesthetized, patients don't know what's going on. There are no, patients have not asked for their records to see if a procedure, that they did not consent to happened while they were under anesthesia. The one woman in 2007 said that she had no idea what was going on and but for

the student telling her in recovery that she had the procedure she would have had no idea that this procedure happened to her body while she was under anesthesia.

REP. BETTS (78TH): And I understand and support that but my understanding, and correct me if I am wrong, it has been 14 years and I've not heard certainly any examples in Connecticut, is that correct.

REP. CONLEY (40TH): We have heard from examples in New York State of students saying that they were doing these procedures more recently than 2007. We have not had any students in Connecticut go forward and in talking to some medical students, no one has admitted that they have done it or not done it. They said that there may be a fear of people coming and saying that they are doing procedures that are not consented to and how putting their name and testifying in front of open government might not be beneficial to their future careers with patients if their name was tied to a Bill like this.

REP. BETTS (78TH): So if this were a serious problem as you're suggesting, why would we not do this nationally, make it federal obviously that would make sense?

REP. CONLEY (40TH): Others could certainly make that Federal, Representative but we can only make laws for the State of Connecticut in this Building.

REP. BETTS (78TH): But you are asking this Committee to bring this up, make it law based on the fact that there is not one example that has been cited in the State of Connecticut yet we want to make it law in Connecticut?

REP. CONLEY (40TH): I would like this Committee to join the nine states that have made it law and as we are one of the 15 states making it law, yes to join in making this a law. I would appreciate if our federal partners would join us on this but I don't think the State of Connecticut should wait for our federal partners. Let's join the states, the nine states that have already made it law and the 14 other states that are considering it this year and move the clock forward towards consent.

REP. BETTS (78TH): Thank you. Thank you, Mr. Chair.

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

REP. BORER (115TH): Thank you and thank you for testifying. So often in Public Health we pass Bills that are proactive, right so whether we have cases existing currently this year or not, there have been some in the past, it's okay to pass something proactively to make sure it doesn't happen again. So my question to you is there any harm in passing this Bill?

REP. CONLEY (40TH): Thank you, Representative. Thank you for support on this Bill. In our opinion and then those who support as well as again 19 other Representatives/Senators have signed on to my letter and to our letter jointly and many more signed on to the Bill. There seems to be no harm. There are some language improvements that we can make to get our partners here together on the consent Bill and hopefully we can do that and pass this Bill out of Committee, out of the House and out of the Senate. But again being proactive and protecting consent is something that I think is a very good idea for Connecticut to move forward on.

REP. STEINBERG (136TH): I hope, Representative that you have suggested changes to legislative language you would forward those to us as soon as you have them. Senator Abrams.

SENATOR ABRAMS (13TH): Thank you, welcome Representative. Thank you for your work on this Bill. Is one of the changes from last year to expand it for male patients as well?

REP. CONLEY (40TH): Thank you, Senator Abrams. Looking at the language it looks like if we just use the work patient we will cover all the patients both female and folks who identify as nonbinary who happen, who have a uterus and could be subject to the procedure. So if we just say patients we can incorporate all of the human patients.

SENATOR ABRAMS (13TH): Thank you. My other question is do you have any data on how many teaching hospitals we have in Connecticut? I mean I think everyone knows of Yale and UConn, are there other hospitals that have students who might be in operating rooms?

REP. CONLEY (40TH): I do not have the exact data, Madam Chairwoman but there are other students who are at the hospitals in our State, most of our larger hospitals do have programs where they do have interns and residents who are working at the hospitals, learning skills across the State.

SENATOR ABRAMS (13TH): So having information from just Yale or UConn or both might not cover our entire State in terms of this Bill, would that be correct?

REP. CONLEY (40TH): Correct, Madam Chairwoman.

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

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

REP. CONLEY (40TH): Thank you for your time.

REP. STEINBERG (136TH): Next up we have Representative Bolinsky followed by Representative France.

REP. BOLINSKY (106TH): Thank you to the entire Public Health Committee particularly Co-Chairs Abrams and Steinberg. We've got almost a full house here today, so Vice-Chair Lesser, Young and Ranking Member Petit, I am here to speak to you today with a friend of mine named Aimee Jette. And she is going to do most of the talking but we have a very simple ask in regard to Committee Bill SB 387 An Act Concerning Art Therapists. So I want to start by just expressing my gratitude to the Committee and to the Department of Public Health for all the work in 2019 and of course the heavy lifting by Senator Abrams up in the Senate as well. Thank you. The reality is we now have a licensure program for art therapy and it's doing very, very well. We also have a couple of gaps in the language that we learned in the first year and we have a very beautiful cooperative relationship with the Department of Public Health. So what we are going to do is provide a roadmap for a couple of minor technical revisions that are being suggested and then keep the dialogue open until, you know, everybody agrees and we get this accomplished. But without further ado Aimee Jette who is the incoming President of the Connecticut Art Therapy Association.

AIMEE JETTE: Good Morning. Thank you, good morning. My name is Aimee Jette and I am an

associate art therapist and resident of Richfield, Connecticut. I am the President Elect of the Connecticut Art Therapy Association like Representative Bolinsky was just saying and I am also the President of Art in Common, it is 501c3 community outreach charitable organization whose mission is to increase community awareness around important social issues and we are in Richfield.

So the first amendment we are requesting is a grandfather clause that would allow art therapists who currently hold their ATR credential and LPC credential to obtain their Connecticut Art Therapy licensure. We request that this new grandfather clause would expire in one year. So currently our Statute requires an art therapist board certification credential through the National Art Therapy Credentials Board. Before October 2019, a number of art therapists acquired an LPC in lieu of their ATR-PC because it allowed them to process legally and bill their insurance. So this Grandfather Amendment would allow those who hold the ATR and LPC credentials to apply for the CLA and secondly we would like to support changing the temporary permit from one year to two years so a new graduate needs more than one year to accrue the 1,500 specific art therapy client contact hours to acquire their ATR credential and sit for the Boards. And we want to add a one time, two year renewal to that temporary permit.

REP. STEINBERG (136TH): I am going to ask you to summarize cause we have gone through your three minutes.

AIMEE JETTE: Yes, sure. So we went to have a grandfather clause that allows ACR and LPC holders to get there CLAC that only lasts for one year and

the second one is to make the temporary permit two years and with a onetime renewal of two years.

REP. STEINBERG (136TH): Thank you.

REP. BOLINSKY (106TH): And just a quick summarization just to really tie it up, there is precedent and for this and will be provided with my testimony. There is also a couple dozen pieces of testimony of members of CATA but it is my plan to provide a very clear roadmap with precedent for consideration.

REP. STEINBERG (136TH): As to the matter of precedent, you're asking for doubling the amount of time they have to come into compliance with the hours and also making it a two year renewal. Is that in conformance to what other states are doing?

AIMEE JETTE: With other states, they have, I know that New York you can renew your license every single year and then for the MSW for Connecticut you can renew your license, it lasts for two years, your temporary license last for two years, you can renew it once for two years and the LPC Associate License now you renew yearly.

REP. STEINBERG (136TH): You're comparing to other credential categories.

AIMEE JETTE: Other associates that we have here in Connecticut.

REP. STEINBERG (136TH): Thank you, are there other questions? If not, Representative, President thank you for your time. Appreciate it.

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

REP. STEINBERG (136TH): Next up is Representative France followed by Representative Phipps.

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Representative Phipps. Do we have Representative Phipps? Maybe they are all stuck in traffic, I don't know. Representative Gilcrest. All right, Representative Kokoruda. Moved way up the list really fast [Laughter].

REP. KOKORUDA (101ST): Good Morning. My name is Noreen Kokoruda, I am the State Representative from the 101st. Good Morning to Senator Abrams and Representative Steinberg who I came in with ten years ago. Good Morning. I am actually sitting in today for Representative Brian Lanoue, he had a minor medical emergency so he has actually brought up his constituent who I would like to introduce his constituent Jeremy Bradley. Jeremy.

JEREMY BRADLEY: Good Morning. My name is Jeremy Bradley. I am the Executive Director of Caring Families Pregnancy Services in Willimantic, Connecticut and I am here in opposition to the Bill SB 144.

This is the third consecutive year the Committee is holding a Public Hearing on this and I am a little troubled that the Committee has once again taking an adversarial approach to trying to pass this Bill again and put the position of pregnancy centers and the work that we're doing here at risk. There has been continuing pressure and I recognize of people lobbying and agencies such as NARAL and Planned Parenthood who want this Bill passed, and as they continue to perpetuate this really the slanderous idea that non-profit pregnancy centers like ours are somehow "fake clinics" because we do not provide all of the services they would have us provide and specifically it is abortion and therefore we should be discriminately regulated against.

I have my written testimony, I believe you all have seen and in that written testimony I thought it would be relevant to review the information presented in the Bill HB 7070 last year. Those same problems that were present in that Bill exist in this Bill SB 144. The testimony time stamps can be viewed and verified but what we saw in that Bill, excuse me, in that testimony last year is a lot of people come forward saying that there was women who were deceptively and mislead through advertising by pregnancy centers. We heard from Mayor Luke Bronin and Councilwoman from the City of Hartford who said that they had dozens of women. While Caring Families is currently a part of a lawsuit against the City of Hartford for the legislation that they passed for their town ordinance, and through deposition the City of Hartford has been unable to provide any of these complaints.

We also heard from Attorney General Tong who also admitted that in his short time last year that he hadn't heard any complaints as well. We heard from Representative Linehan who testified she would produce complaints to this committee made through the Public Health Department. So kind of just in conclusion we heard a lot of people make claims and make accusations that there were problems in here but none of these problems were presented. And for those reasons I ask that you vote no on SB 144.

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

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for testifying today. I just wanted to make sure that the focus of the Bill is only deceptive advertising and last year when we were in Hearing we did find what we would consider a deceptive

advertising in the tunnel between the LOB and the Capital.

JEREMY BRADLEY: Do you have proof of that.

REP. MICHEL (146TH): I can look it up and probably dig it out.

JEREMY BRADLEY: Yeah, I think it would be important because the Committee did not make a position of what they considered actually to be deceptive advertising. So if you have something in your possession that you think is deceptive advertising, that is exactly the very thing that we have been asking for over the last three years.

REP. MICHEL (146TH): And also just as a comment we found also deceptive advertising during the Public Hearing on-line which was changed and corrected while we were in Public Hearing.

JEREMY BRADLEY: Do you have a record of what it was and who changed it and when it was changed? I have a recollection that Representative Cook actually brought up some information that turned out had nothing to do with the Pregnancy Center and we, the Committee and everyone here spent a long time talking about information that wasn't actually tied to the Pregnancy Center but an activist group.

REP. MICHEL (146TH): Right, well I'll try and find out that information. You can give me your business card but let me ask you a question. If one of those centers were to conduct deceptive advertising would you be in agreement with that?

JEREMY BRADLEY: Well I think that if you, I'm sure you had the chance to review my testimony, but in that testimony there's two points I would like to layout. The first point is that Attorney Tong

testified that maybe is a gap in the CUPTA Laws but maybe that is really not a strong enough word to hand your preverbal hat on when you're talking about passing legislation and so the Committee here was urged last year to investigate to see if CUPTA could be just tweaked because it breaks down to a bunch of lawyers arguing over what the word services mean and if those services have to be paid or are free. All right, so I think investigation of CUPTA there.

REP. MICHEL (146TH): So let me rephrase my question. If there were any deceptive advertising by any of those centers would you be accepting that?

JEREMY BRADLEY: Sure so if you let me finish, I was going to answer that for you. The second point that I wanted to bring up was, it was in my testimony that bypassing CUPTA pregnancy centers would be unfairly treated in the overreaching powers of the Attorney General and would not have equal access to investigation hearings, evidence and appears in medication that would be brought before on an organization. So my point there is very clear that I think that all organizations including pregnancy care centers, faith based or not, would be under that law CUPTA and deserve the same kind of treatment that any other organization or business would receive and so yes, my answer is yes but under CUPTA not under the Attorney General.

REP. MICHEL (146TH): Thank you for your response. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Are there other questions or comments? If not, Representative thank you for your help. Thank you for your testimony today. I understand Representative Gilchrest is now here and after this we will be moving to the public. Representative Gilchrest. Maybe I was misinformed.

Yeah. [Mic does not appear to be on while addressing public]. First up is Senate Bill 373. Oh, let me repeat that for those that actually were listening. We are going to move to members of the public, Dr. Rubin but conceivably if some of the elected officials who couldn't make it show up we will try to feather them in. Welcome, Doctor.

DR. KAREN RUBIN: Hello. Senator Abrams, Representative Steinberg, Members of the Public Health Committee thank you for the opportunity to share my thoughts about Senate Bill 373, An Act Concerning Newborn Infant Health Screening. My name is Dr. Karen Rubin and I am an endocrinologist and I am at Connecticut Children's Medical Center and I am submitting this testimony in support to this proposed legislation in my role as Program Director of the State funded Connecticut Newborn Diagnosis and Treatment Network of the Network which partners closely with the Connecticut Newborn Screening Program.

The goals of the Connecticut Newborn Screening Program in collaboration with the Network are first and foremost to prevent serious illness, permanent disability and death in affected infants by assuring that all infants with an out of range newborn screening result are referred to a diagnostic workup in a timely manner and that infants who confirm positive for a disorder are linked to quality treatment and followup care.

It has been a privilege for Connecticut children and the Network which resides at Connecticut Children's to have been the recipient of the State of Connecticut Award to implement the Network starting July 1, 2018. The purpose of this collaboration is to centralize the timely reporting of abnormal

Newborn Screening Results, to provide a higher level of support to parents, primary care providers, and birthing hospital staff, and to build and maintain an electronic Newborn Screening Registry for the reporting of short and long-term health outcomes to the State and to advance the science of newborn screening.

On behalf of Connecticut Children's, Network professionals and care teams I want to express our strong support for this piece of legislation. It covers the growing number of conditions being screened for in Connecticut due to the rapid pace of discovery of lifesaving and morbidity reducing early intervention including gene therapy. For example, this year spinal muscle atrophy has been added to the newborn screening panel which is the condition in which muscles don't work at all and results in early death.

Having practice pediatric endocrinology for years, I just want to say I am just gonna summarize by saying that this program has really reduced suffering and the economic cost burdens but in particular it is the timing. We have critical periods for some of these interventions and in this Bill the specifications of the timing and the quality of the collection is extremely critical to getting these kids underway with these early dramatic interventions. Thank you for the consideration.

REP. STEINBERG (136TH): Thank you, Doctor and thank you for taking the time to help us understand the benefits of the changes to the Statute in this case. Before you leave, we have some questions for you. Representative Betts followed by Representative Scanlon.

REP. BETTS (78TH): Just a quick question did you, submit testimony because I don't see it on my screen?

DR. KAREN RUBIN: I did submit written testimony.

REP. BETTS (78TH): Okay, thank you very much.

REP. STEINBERG (136TH): I'll make sure we get it to you Representative. Representative Scanlon.

REP. SCANLON (98TH): Ma'am just one more question for ya. I recently had a baby and we did do all these tests but we never found out, they only tell you if you test negative. I was wondering if you could speak to whether you think we should be informing all parents of the results of these tests even if they are not?

DR. KAREN RUBIN: Great question. The ability to do that is just becoming possible and we're actually part of the Network, we're going out and educating the PCPs in the practice in doing a quality improvement credit awarding to them so that at that first followup visit with the parents they document that they have the conversation, that the newborn screening test result was normal.

REP. STEINBERG (136TH): Representative Arnone.

REP. ARNONE (58TH): You heard my earlier questions also on this Bill so if you would like to elaborate a little more I would give you some more time on finishing up on some of these issues especially with the time requirement and the test.

DR. KAREN RUBIN: So some of the new interventions you can literally have days to really get the process and the approval for these lifesaving interventions. We now have seen therapies, bone marrow transplant that are very time dependent.

When you have a poor quality specimen there is often a significant delay, you have to track down the family sometimes when the baby has gone home you have to work through the PCP, not all the offices have the ability or the wherewithal to collect another specimen so the idea is to avoid going upstream and really ensure and educate the birthing hospital providers to do it right initially, the timing is also very critical because it increases the amount of false-negatives and false positives both if it's too early or too late. So that is very, very critical and even more so than it has been in the past.

REP. ARNONE (58TH): Thank you for your testimony.

REP. STEINBERG (136TH): Thank you, Representative. Representative Petit. We'll let you know when it's all over [Laughter]

REP. PETIT (22ND): We're gonna get to the hard questions now, Doctor Rubin. Representative Arnone you answered one of my questions and the second one is you've been doing this for more and a couple of weeks, have there been many parents that have opted out over all these years, are there parents that refuse this testing?

DR. KAREN RUBIN: It is very rare and it is usually with religious reasons but I think we are over 99 percent off infants born in the State of Connecticut are getting screened.

REP. STEINBERG (136TH): Thank you, any other questions for the Doctor? Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. I don't know if someone asked you this question

already, and I apologize. When did that screening start, what year?

DR. KAREN RUBIN: Oh this, the initial PKU spots was in the late 70s. Yes, it was in the 70s. But this program was initially one condition and then in the late 70s congenital hypothyroidism was added and now it has grown to over 60 conditions and the pace of adding new conditions I have to applaud our State of Connecticut for really being, having the greatest among the states with the greatest breadth of screenings.

REP. KLARIDES-DITRIA (105TH): And now you said there is 16 conditions.

DR. KAREN RUBIN: Over 60, zero.

REP. KLARIDES-DITRIA (105TH): Oh, okay very good. Thank you very much for your testimony. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. I think we can release you now, Doctor. [Laughter] You may have gotten more than you bargained for but.

REP. BETTS (78TH): Mr. Chairman, did you say you discharged her? [Laughter]

REP. STEINBERG (136TH): I'm not in a position to do that. We next have, I see Representative Gilchrest is here and then we will move on to Senate Bill 387, 287 whatever 87 and Jennifer Siskin.

REP. GILCHREST (18TH): Good morning, Senator Abrams, Representative Steinberg and Members of the Public Health Committee. Thank you for the opportunity to testify in support of Senate Bill 144 AN ACT CONCERNING DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS. I am State

Representative Jillian Gilchrest and I represent the 18th District of West Hartford.

Anti-abortion activists and politicians use deception as a tactic to prevent women from accessing abortion. The Trump/Pence Administration deployed this strategy most recently when they required recipients of Title X funding to deceive women about abortion as a reproductive healthcare option in order to continue receiving funding for preventative services. Crisis Pregnancy Centers otherwise known as Pregnancy Resource Centers or Limited Services Pregnancy Centers are a deceptive tactic used by the National Right to Life Committee the nation's largest anti-abortion political organization.

Not all CPCs affiliate with the NRLC, some are a chapter of a national or international organization like Hopeline or Birthright, and others are formed by church groups or volunteers. As you learned last year, there are 25 CPCs throughout Connecticut, many of which set up their physical space and web presence to appear as though they are reproductive health clinics. The information they provide on their websites and in hard copy is about reproductive healthcare options, but this information is medically inaccurate. Unlike Planned Parenthood, CPCs are not healthcare providers and are not licensed by the State Department of Public Health. If a CPC wants to offer religiously based advice and care for pregnant women, so be it. But purposefully deceiving women into thinking they are accessing reproductive healthcare in order to push religious doctrine is deceptive and should not be permitted in the State of Connecticut.

Last year we also learned that some CPCs don't use deceptive tactics. And I think this is wonderful. If a CPC doesn't use deceptive tactics, then SB 144 doesn't impact them. But there are CPCs that continue to mislead women and new CPCs that continue to open, like Pathways Pregnancy Center in Norwich. On their website, Pathways claims to offer "confidential" visits and "accurate and honest" information. However, listed under the "Be Informed" section on "Emergency Contraception," Pathways claims that both types of morning-after pills can cause abortion, which is medically inaccurate according to the National Institutes of Health and the American College of Obstetricians and Gynecologists. Also, what makes Pathways Pregnancy Center's services confidential? Abortion is legal in the United States of America and Roe v. Wade is codified in Connecticut state law. CPCs should not be able to position themselves as healthcare providers in an attempt to prevent women from accessing a legal healthcare option. When a woman seeks healthcare in Connecticut, including abortion, she should receive healthcare.

Thank you for the opportunity.

REP. STEINBERG (136TH): Well timed, Representative. Are there questions for the Representative?
Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, I couldn't find the microphone. Good Morning. Thank you for coming here today. Could you give me an example of deceptive advertising? Like a case or people complaining or do you have, could you tell me something?

REP. GILCHREST (18TH): Sure, so on the websites for example when you Google for abortion service, when

you Google for abortion, abortion care, abortion services the Crisis Pregnancy Centers have gotten themselves where they are one of the results you find. And when you click on the website their website is designed to look like you're on a reproductive health clinic website. So it says, like the one I was looking at last night. Be informed, and it talks about different services that are available, different reproductive healthcare options for women and then when you read in those sections they actually have information that is not medical accurate. They say they offer these confidential services when in fact if you are not protected by HIPAA, if you're not protected as a profession for confidentiality I would argue that those services are not confidential at all. We also know from research done by NARAL Prochoice Connecticut in this State that these centers deceive right on the building themselves, one that we've talked about last year and I'll bring up again is one that positioned itself right in the same physical location as a full service reproductive health clinic and so when women would come in to get services that Crisis Pregnancy Center would, with a very almost identical name would have women come in to their crisis pregnancy center, they would be in white lab coats and so they make it seem as though they are a health clinic when in fact they're not.

REP. ZUPKUS (89TH): But aren't there laws already about deceptive advertising?

REP. GILCHREST (18TH): So this came up last year and there are Department of Consumer Protections but with this population in particular when you've sought a service that is so highly controversial I don't think this population would necessarily know that there is a place to go to for help and so I

think we do need policy, additional policy in order to protect this population.

REP. ZUPKUS (89TH): Cause I've talked to quite a few of these faith based pregnancy centers and they have all told me that they, if somebody wants an abortion they would tell them to go, exactly where to go and even after they have an abortion they can come back to them and they will take care of them. They just don't do that obviously. So I'm struggling a bit honestly because I think there is this deceptive advertising laws already in place and I haven't seen any written or formal filed complaints from anybody that has had that happen to them. Nothing has been produced, even last year, we were saying so the City of Hartford, I believe had some cases supposedly and no one ever gave the Committee or me, to my knowledge and official complaint that this has happened. So I'm struggling with that because I haven't seen proof from official statements saying it has happened.

REP. GILCHREST (18TH): So we debated this on the floor of the House last year. I was able to quickly pull up proof in testimony submitted to this Committee and I am happy to follow up with that testimony from last year that was submitted that did document complaints at crisis pregnancy centers here in the State.

REP. ZUPKUS (89TH): Who were the complaints given to?

REP. GILCHREST (18TH): It was testimony submitted in support of legislation last year.

REP. ZUPKUS (89TH): No, but it was somebody complained, where did they file the complaint with, DPH, the Consumer Protection, to a legislator, to

the Committee? Where was the complaint? If I have an official complaint I am going to go to somebody. So that's what I'm saying, I haven't seen any of these complaints, I don't know who they filed their complaints with. It's just.

REP. GILCHREST (18TH): I was just saying that there are complaints that you can look at, they weren't filed to a department but I'm happy to provide you with the complaints that were submitted to this Committee.

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

REP. STEINBERG (136TH): Thank you, Representative. Are there any other. Senator Abrams.

SENATOR ABRAMS (13TH): Thank you, Representative Gilchrest. I'm wondering if you can talk a little bit about what the potential impact would be for a woman who would be seeing, you know, comprehensive reproductive services and ends up at a crisis pregnancy center due to being deceptive advertising? And I just want to say, I'm not sure Representative Zupkus meant this, but I don't believe any of them refer for abortions. I don't think that is within their charge because most of the sites I've looked at you do know some that do. I apologize if that is the case. But the one's that I've looked at make it pretty clear that they don't do that which is fine but I just want to be clear.

REP. ZUPKUS (89TH): I have spoken to them and they said we do not do abortions and they, if they talk to the young lady and she says I want one, they would tell her where to go. After that happened they are more than willing to have her come back and work with her.

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SENATOR ABRAMS (13TH): I've seen on the sites where they talk about the fact that they do not refer for those services but they will do post counseling absolutely. I'm sorry, so that was my question. Thank you.

REP. GILCHREST (18TH): And before I get to that answer, I would just reiterate a piece in my testimony that if there are, I don't doubt that there are crisis pregnancy centers who are not deceiving patients but if that is the case then this policy wouldn't impact them. When it comes to the impact on women who are being deceived I'll first start prior to getting elected I worked for the Connecticut Coalition Against Domestic Violence where I went around the State training health professionals to screen for intimate partner violence and the relationship between a healthcare provider and their patient is vitally important to connecting that individual with the services and resources they need and so first and foremost if there is an individual who goes and seeks what they believe to be healthcare services and they are deceived given misinformation or their care is delayed it could actually impact the relationship they have long-term with healthcare providers, I would argue for the rest of their life. The other piece is when it comes to pregnancy time is of the essence and so there is the very real impact of an individual not wanting to follow through with the pregnancy than having an unintended pregnancy and having to both have that child and potentially raise that child when that was not their choice and again like it or not, abortion is legal in this country and in this State. The final piece I'd say is having looked at the one example last night that I looked at, I looked at many examples is when the

crisis pregnancy centers are telling women that abortion causes cancer, or that emergency contraception is an abortion that is simply medically inaccurate and that is problematic because women should be able to have access to accurate information to make a well-informed decision that is best for them. And so that too if you are Googling resources in the State of Connecticut and that is what you find and are told that, that can have long-term consequences as well.

SENATOR ABRAMS (13TH): Thank you.

REP. STEINBERG (136TH): Are there other? Yes, Representative Betts.

REP. BETTS (78TH): Thank you and thank you, Representative. I had a couple of questions but first I want to comment. I went to, for the Senator, I went to Middletown ABC Center over there and they were very clear they didn't provide any service at all and if they needed it, they were more than willing to provide that information. I don't know if that applies to other ones but when I went to the Middletown that's what they told me. I am curious in listening to you, it sounds like there's several complaints where people had complaints about these centers. What I'm puzzled by is how come we've not seen either in writing or anything from DPH, PCP I mean this strikes me as if it would be on the front burner if, of I was filing a complaint you better believe I'd make people aware of it and it would be in writing. I'm just wondering why that is not taking place?

REP. GILCHREST (18TH): So my take on it, if you asked me is in the current climate, in the climate for some time now, abortion is a highly debated issue, it is incredibly controversial and I don't

know if you've been to a women's reproductive health clinic on the day that they are performing abortions, but it can be a very hostile environment outside and so my take on it would be that when a woman has been deceived in this way, seeking what she believes to be reproductive healthcare it all might be just too much at that point or she might not think that there is help available. That there is a place to report this and so that is why I think we need an additional layer of protection which I see as very common sense. We should not allow any entity in the State of Connecticut to position themselves as a health facility when they're not. And again if they are doing right by the folks they are serving so be it but just insuring that they can't deceive women seems like a no-brainer to me. I just think the population we're talking about who has made a challenging reproductive healthcare decision and then is deceived will not think that there is a way or a place they can turn for help.

REP. BETTS (78TH): Thank you and you're right. It is a very important personal decision. And maybe I'm projecting but I think if something of that magnitude happened to me for example, I would be so upset that I could not drop it because I wouldn't want to have it happen to anybody else but I certainly would be upset myself. If you take a look at other practices like for example the Lemon Law where things for the cars, they make it very clear that when people are deceived there is going to be some accountability that goes on and if there is, then I think we should but I'm trying to understand where this is coming and why is it not in writing. That was the whole purpose of my question. Thank you.

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

REP. COOK (65TH): Thank you, Mr. Chairman. Hi, Representative, nice to see you. I give a couple of questions and some you may not have the answers to. I know you live up in this neck of the woods so I'm not sure if you are familiar with, there is a pending lawsuit for some Hartford deceptive practices. Are you familiar with that?

REP. GILCHREST (18TH): Somewhat but I might have to get information back to you.

REP. COOK (65TH): So my question would be until there is a ruling in the pending case that is happening right now? Do we believe that this is so vitally important that we pass legislation now that we might have to turn around and pass legislation again to codify a ruling or retract our statute because of a legal ruling?

REP. GILCHREST (18TH): It is my understanding that the ordinance that was passed in the City of Hartford is not identical to the policy that we are seeking to pass here and so that we could move forward with our policy. I'm happy to follow up to make sure that I am correct in that understanding.

REP. COOK (65TH): My understanding was that it was still a case in court though. That's what I am more questioning that if we do, if there is still an active legal case in court, that I want to ensure that as I do not like doing legislation that we would, on the crux of having to come to the next six months go back and readdress if we know that it is there. So if you can give any or find any information, or maybe somebody else that is going to

testify, has information on that, that would be extremely helpful and I know we have doctors on our Committee and this might not be something that you can answer either but one of them can chirp in after I ask you the question. Is there not laws in place that protect people for being falsely represented from somebody that poses to be a medical professional? And if we are assuming that or we are stating that people are posing to be medical professionals are there not already laws in place that protect that from happening? So I'm not sure you have that or one of our doctors have that.

REP. STEINBERG (136TH): Let's start with Representative Gilchrest.

REP. GILCHREST (18TH): I do not.

REP. STEINBERG (136TH): Okay, would you like to direct that? I think we will allow that too. Would you like to answer Senator Anwar?

SENATOR ANWAR (3RD): Thank you, Mr. Chair and thank you for the question. I can tell you that the Department of Consumer Protection and the Department of Public Health would look at that situation if a physician or an office is claiming to provide certain services and they are not providing those services and they are providing deceptive marketing, this would be malpractice and but the I have a question and a comment and maybe there is somebody else inline. Okay, thank you.

REP. STEINBERG (136TH): Representative Zupkus followed by somebody, I'm not sure yet cause we have a number of people who want to do that.

REP. ZUPKUS (89TH): Thank you for a second time, Mr. Chair. My second question because obviously I don't think anybody should be, have deceptive

advertising, I really don't. However, but I believe for both sides of that issue and so why is this Bill only focused on one group and why is it just not broadly across the board that says if you are deceptive advertising for what you do then you're held accountable for X, Y and Z or whatever it is. This Bill just carves out one group of people.

REP. GILCHREST (18TH): I think that goes to your question from earlier which there are already protocols in place that folks could report to the Department of Consumer Protection and so my argument is with this population we do need this particular carve out based on what I was saying about the sensitivity of the subject matter and the current climate regarding abortion.

REP. ZUPKUS (89TH): Okay, well thank you. I'm just gonna agree to disagree because if there are already laws in place about it, why are we carving out a group of people that are already under, somebody is being deceptive on advertising, whether you are going for an abortion or you're not, they're already covered. So this Bill specifically carves out a group of people and to your point as to what you just said that the other group is covered but everybody is covered anyway. So to me this is just a target on a certain group of people and I believe deceptive advertising is already covered and if we feel strongly on this Committee that this Bill should be put forward, I think it should include everybody and not just one group of people.

REP. GILCHREST (18TH): I would just also say, I mentioned this last year and not in this year's testimony but my background is that I was the Executive Director of NARAL Pro-Choice Connecticut and when I was the executive director we came up

with advocacy campaigns and strategies to promote a pro-choice platform of issues. The same thing gets done on the anti-abortion side and so deceptive practices at places know to as crisis pregnancy centers is a strategy of the anti-abortion movement and so we do need, I feel that we need this law because there is, there is a strategic effort on the part of individuals and organizations who are opposed to a woman's legal right to access abortion.

REP. STEINBERG (136TH): Senator Abrams followed by Senator Anwar, followed by Representative Klarides-Ditria.

SENATOR ABRAMS (13TH): Hi, I just wanted to clarify quickly. I looked up the ABC Women Center and what they have written on their website under abortion and I quote, "Facing an unplanned pregnancy if so, you may be considering abortion as an option. Although we do not refer for abortions, we can provide you with important information regarding different types of abortion as well as associated risks." So that what I was checking, most of the sites that I've seen specifically state that they do not refer for abortion. That is the ABC Center that you, in Middletown, that you referred to. Thank you.

REP. STEINBERG (136TH): Senator Anwar followed by Representative Klarides-Ditria, followed by Senator Lesser.

SENATOR ANWAR (3RD): Thank you so much, Mr. Chair. Thank you, Representative Gilchrest for your testimony. I think you alluded to a lot of people are making an argument that they have not seen a written testimony from a victim, they have not interacted with a victim. I think we have to approach it from a different angle. In this

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particular situation and I am using the word victim rightfully because an individual who is seeking care in a specific manner and they are actually being sent to a different direction and delaying the care that they need and that is going to have an emotional and a physical impact on their wellbeing and health, long-term, is going to result in them becoming a victim, arguably twice if not more. So with that in mind, let's just look at the principle of the fact that if an entity and I am using the word entity because I am not sure if some of them are worthy to be called clinical practices because we don't know the level of training and background of many of those, if they are not, if these entities are not claiming to provide certain services and they do not provide those services then it is important that their marketing be legally fixed. So to me it's quite clear, I don't need to see one or two, or three victims it is just a principle that if you are not providing those services and you are claiming to provide the services to get the market share to try and use the vulnerable time in somebody's life to impact them in a manner which can hurt them significantly in future, God forbid or have the worst case scenario they may hurt themselves. I think that is where our focus needs to be in our decision making in my mind. And if we are going to look at it from the deceptive marketing, if a CPC is not doing the deceptive marketing they have no worries whatsoever because somebody was here earlier and they said that this is an attack on them. And then they claimed that they don't do it and are not involved in any of that and I would just have thought that you don't have to be worried because I looked at this language again because this language is not against anybody who was following the rules. This language is against

anybody who is not following the rules. So if somebody is concerned that automatically in my mind makes me think that they are probably not following the rules that it's why they are so concerned. So that is how I am seeing this and I just want you to reflect on my path if you could.

REP. GILCHREST (18TH): I agree with you 100 percent. If folks are behaving appropriately and are being clear on the scope of their services that they provide then this Bill does not impact them. Based on my background in advocacy with regards to reproductive choice I think there is a pushback because it is a strategy and as I mentioned in the current climate we are seeing women, we are seeing policies created in our federal government in order to deceive women about their reproductive healthcare options and so I shouldn't surprise anyone that it is a tactic being used by those opposed to abortion and so if we can prevent just one individual from seeking healthcare in the State of Connecticut and being deceived then I think we should move in that direction.

SENATOR ANWAR (3RD): And in your experience this is not a conversation a victim would feel comfortable having in this kind of a setup or even interacting with legislators one-to-one to reach out to them about this?

REP. GILCHREST (18TH): No, there are events, usually once a year where women might get the courage to share that they have had an abortion because it is such a taboo topic in our culture and so if you've been tricked and deceived in this way, no I do not think the majority of women would go to a state department or come to a room like this and share their experience.

SENATOR ANWAR (3RD): And on the same note, if a legislator claims that they will not support an idea like this, because they have not directly heard from a victim, is unfair.

REP. GILCHREST (18TH): Correct.

SENATOR ANWAR (3RD): Okay, thank you so much.

REP. STEINBERG (136TH): Thank you, Senator. Representative Klarides-Ditria followed by Senator Lesser.

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you for your testimony today. Couple questions again I apologize if someone already asked. Did, to the best of your knowledge has DCP received any complaints?

REP. GILCHREST (18TH): To the best of my knowledge, I don't know.

REP. KLARIDES-DITRIA (105TH): You don't know, okay. To the best of my knowledge I was told that they didn't. Now I understand we are having a conversation where if women are deceived this isn't something, they won't come in this forum and talk to us and I understand that cause I can only imagine how difficult that would be. But for them to make a phone call to Consumer Protection and let them know, you know, even far after the fact, I had, you know, this deceptive practice with, you know, this practice in this town, I don't see there is necessarily a problem. Otherwise we would see hundreds and hundreds of people and if they are doing this they should be penalized for it. So we have the laws on the books for this. I'm just saying if we make another law on top of a law that is already there, to fix something that we haven't

received any information that there is a problem, I'm just curious as to why.

REP. GILCHREST (18TH): So that's why I am very happy to provide you with information that was provided to this Committee last year. There was testimony submitted that does describe individuals experiences at crisis pregnancy centers. It wasn't submitted to DCP but I do pushback on the notion that this body has not heard from victims, individuals who have been deceived at crisis pregnancy centers and I am happy to provide that information.

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

REP. STEINBERG (136TH): Thank you, Representative. Senator Lesser followed by Representative Michel.

SENATOR LESSER (9TH): Thank you, Mr. Chairman and thank you Representative for your testimony. I just wanted to ask two followup questions on two things that I'd heard earlier in the colloquy back and forth. So the first is on the question of whether or not complaints have been filed with the CP. With reading the Attorney General's testimony and recalling his oral testimony from last year, I believe he asserted that under current law the DCP wouldn't have a method for accepting complaints since the relationship between one of the centers and a woman would not constitute commercial trade, is that your understanding? There would be no mechanism for DCP to accept one of these complaints, so does that sound right?

REP. GILCHREST (18TH): I don't know the answer to that.

SENATOR LESSER (9TH): It is my understanding that you wouldn't be able to file a complaint because

there is no violation of the existing law if there is no trade relationship between the two parties. Second with respect to, I think Representative Cook stepped out of the room but with respect to what she had said earlier, raising the question of the Hartford ordinance and the ongoing litigation that instance. My understanding is that the claim that the parties were objecting to the Hartford ordinance are making in court is that it involves compelled speech. That it requires centers to affirmatively make statements that violate their beliefs or that they don't want to make and so the question is there about the First Amendment whether or not you can compel a center to affirmatively make a statement. Is there anything in the proposal before us that involves the issue of compelled speech?

REP. GILCHREST (18TH): No, and it is my and I couldn't. Thank you for that response because it was my understanding to that what was being discussed and in the Hartford case does not apply to this legislation.

SENATOR LESSER (9TH): Thank you, Representative. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Senator and just to clarify I think a point you made earlier with regard to testimony of last year, I believe the issue with lack of purview for the Department of Consumer Protection was if services were provided without payment, if they were free services therefore it would be outside the CUPTA regulations.

SENATOR LESSER (9TH): I think that's the genesis for why, at least the proponents of the Bill feel like that would be necessary that it is not covered by CUPTA the Unfair Practices Act which covers merchant trade relationships.

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

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Representative Gilchrest for your testimony. If I recall correctly last year we had discussions about also the fact that people from limited pregnancy centers would go in front of or close to the entrance of more of a medical pregnancy center and would that Bill actually cover that type of behavior?

REP. GILCHREST (18TH): Well by requiring that limited service pregnancy centers don't deceive, it would be my hope that then they wouldn't be able to wear the white jackets or it wouldn't prevent from still from opening next to a practice, I mean next to a full-service reproductive health clinic but ideally their signage would be to change and they would need to not look as though they are a health clinic and so I think it would help.

REP. MICHEL (146TH): Okay, thank you, Representative. Thank you, Mr. Chair.

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

REP. BORER (115TH): Thank you, Representative. I would hate to think that any organization is taking advantage of a woman in one of her most vulnerable states. I am struggling with this. A lot of the discussion we've had here today that there are already laws on the books, right, around deceptive advertising and around insinuating or projecting a perception that you're somebody you're not, a medical professional, you're not. My first reaction is then why aren't we cracking down today? Why are those places still open, why isn't Consumer

Protection not at their door closing them down? Why do we have to pass another law? However listening to the discussion of Senator Lesser and Representative Steinberg it sounds like, and I am trying to understand, that this Bill would differentiate how we report, that would be a key difference for me. Because to me, I am just wondering why aren't they being closed down, why aren't we enforcing it, what is this extra layer gonna do? What's gonna change tomorrow for consumer protection that they can't do today? It really comes down to is the reporting process gonna be different and is the enforcement gonna be different? So I think those are two significant points I need clarified in order to move forward.

REP. GILCHREST (18TH): When I believe this Bill was put up, is that the Attorney General's Office would oversee and there would be time for a limited service pregnancy center to correct their deceptive practices before any type of fine would be implemented and now learning as we're discussing it seems that DCP will never be the appropriate place because there is not that exchange of payment.

REP. BORER (115TH): Okay great. So if there is a change in who is going to enforce it and how it is reported then I think, you know, it's important that we do that because we should be enforcing that today we should not be waiting for another layer of government. Thank you.

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

REP. CANDELORA (86TH): Thank you, Mr. Chairman and thank you for your testimony. I just want to clarify I think where we've gone with part of this discussion. I think the issue is so DCP currently

has jurisdiction over complaints that are filed and they still do today. If somebody wants to complain about deceptive advertising that is the appropriate body to go to. In terms of the Attorney General and CUTPA, Connecticut Unfair Trade Practices, the issue that arose last year was that is current law and somebody could avail themselves to bring a lawsuit against any type of business including pregnancy centers if there is deception. The question was whether or not CUPTA would apply if there is no money exchanging hands, so whether that is considered a service and we've had interpretations I think both ways of whether or not it would apply and that question has been left unanswered. I know last year when I had asked the Attorney General he was not aware of any cases that had been brought under CUPTA because under CUPTA there is a requirement that our Attorney General be notified. And I think the construct of that legislation is that there could be a deceptive or unfair practices of a business that rises to the level of a public policy need for the Attorney General to get involved and so for every CUPTA case that is filed in the State of Connecticut the Attorney General is notified and then the Attorney General makes the determination of whether they are going to assert themselves as a party in the lawsuit. And so I guess what I'm struggling with, with this legislation, and this takes a different path in that it is essentially giving the Attorney General the authority to bring lawsuit without any complaint being filed first which is really sort of unprecedented. So on the one hand I understand the sensitive topics of this area but I think, you know, maybe you could speak to this is, you know, shouldn't there be something in the Bill that is triggering the Attorney General's action as opposed to under the current law it is

only, it's under Section 3, the Attorney General can make a determination and begin an action without any underlying complaint needed to be filed and I don't know, you know, how you would feel about that. Would you consider looking at CUPTA and trying to put it together to make sure that this falls under that construct because to me there is public policy on why we structured our laws the way we have.

REP. GILCHREST (18TH): It would seem to be that some complaint would need to be made because I don't believe the Bill calls for the Attorney General's Office to develop kinda of a separate office that would be investigating but it there needs to be clarification I would leave that to the Committee versus myself.

REP. CANDELORA (86TH): I appreciate that cause I think that's, for me it's not whether or not a previous complaint has been filed and then I think that is not what we do here. We don't necessarily have to wait for something to happen in order for the State of Connecticut to act. So, you know, I'm - I think the concern here for me is not that there has never been a complaint filed that we can find but that the actual construct of the way this is being done is really unprecedented in our laws and so if we're gonna do this I think we should be mirroring after the way our current laws are structured rather than doing it this way. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Are there any other questions for the Representative? We gave you a chance to have quite a dialogue with us. Thank you.

REP. GILCHREST (18TH): I appreciate the time, thank you.

REP. STEINBERG (136TH): Next up we have Jennifer Siskind and I believe I saw Representative Phipps in the house so we will go back to him and then Briana Benn-Mirand or Mirandi, I'm not sure. But first up, Jennifer Siskind.

JENNIFER SISKIND: Good Afternoon, Chairs Abrams and Representative Steinberg and Ranking Member Petit and Distinguished Members of the Public Health Committee. Thank you for the opportunity today to testify on two completely unrelated Bills. The first is SB 387 concerning art therapists.

I was fortunate to intern and work under three art therapists at the Huma Haven [Phonetic] Hospital and later Middlesex Memorial Hospital. It's a degree that I did not decide to pursue graduate work in but my interest in this Bill in its ability to expand mental health services.

There is a great demand and need for mental health services. In addition to helping new therapists become certified I am hoping that the licensing renewal component will remove barriers from therapists to return to practice temporarily. When the Sandy Hook shooting occurred a friend and licensed psychologist was signed up to provide emergency response voluntary crisis counseling. She drove every day from Glastonbury to Newtown to meet with the family whose child was killed and continued to provide counseling for over a year. Access to art therapy would have been ideally suited to the surviving students at Sandy Hook and to siblings of the deceased. While we hope a situation like this will never happen again, any opportunity to expand services that are greatly in need in this State is appreciated.

The second Bill that I would like to testify on is HB 5291 AN ACT LIMITING THE USE OF PERFLUOROALKYL - I can't say it, PFAS, AND POLYFLUOROALKYL SUBSTANCES AND EXPANDED POLYSTYRENE IN FOOD PACKAGING. There is ample evidence that shows that chemical from polystyrene and PFAS coated paper products are leaching into our food. There has been insufficient action from the FDA to remove products from our food system that are exposing us to toxins. Voluntary efforts between the FDA and manufacturers have not eliminated PFAS in the market and they also, paper products that contaminated are still being imported into this country. Emerging research is showing that short-chain PFAS are also likely to have negative health effects and there has been misleading information provided to the legislature. I hope that we can follow the City of San Francisco, Washington State, Maine and Denmark and remove these products from Connecticut. Thank you for your time today.

REP. STEINBERG (136TH): Jen, thank you for your testimony. With regard to the PFAS, you're obviously aware that we have a Bill here, there is a Bill in Environment as well whether we're talking about PFAS or styrene or a lot of these consumer related products in packaging. What can one state reasonably do?

JENNIFER SISKIND: Well the biggest thing a state can do is ban a product so that you are opening up the market to the products that are already available that are not providing the same type of negative health contamination. You know, that's already been demonstrated in Washington and in Maine. With regard to PFAS 62 percent of the sandwich and hamburger wrappers that are used are not contaminated with PFAS. But a study done in

2017 showed that 38 percent are and as a consumer I don't have any opportunity to know when I go to a restaurant in New Haven or one, you know, out in Litchfield or one down at the shoreline at any point in time in the year what I'm getting my food wrapped in. So I can control what I bring into my own home, I don't use stick free pans in my household any more but I can't control what is provided to me by restaurants. And also the burden for restaurants to go out and do the research on what type of product they are providing in their business, is probably beyond their current capabilities so if a state legislature can ban the toxic items that are available on the market and say only use the nontoxic healthy safe items within our State then you are protecting everybody at once.

REP. STEINBERG (136TH): You mentioned that other states have moved forward on this. Do they have enough experience yet for us to understand what the ramifications have been for a lot of the purveyors of products they use this in their packaging?

JENNIFER SISKIND: Well one of the largest compostable packaging companies is located in San Francisco and what they did not realize was that a lot of their products that they were providing are ready made or a lot of what their source materials that they were turning into products and providing to restaurants they didn't realize that they were contaminated with PFAS so when San Francisco created a ban for the entire city that allowed them to very quickly resource their materials. So there has been plenty of research that has been done to show that materials are available, it's just a matter of sourcing them appropriately and moving towards that. You know, Whole Foods discovered after research was done that the formed molded supposedly compostable

containers that they were using at their salad bars were contaminated with PFAS toxins so they very quickly once that information became available to them they moved to another source material. But a small health food store, a pizza business, a bakery that is unbeknownst to them is wrapping their muffins in something that is contaminated with toxic chemicals a bill like this can help across both the business and the consumer spectrum.

REP. STEINBERG (136TH): Thank you. Are there other questions for? Representative Borer.

REP. BORER (115TH): I want to thank you for coming forward and testifying because Polystream is a known carcinogenic, it is listed with the FDA and when it comes into contact with hot food or acidic food that does, that Polystream does leach into the food and leach into your system. We do have similar Bills in Environment because we talk the environment impact which it takes over 100 years for that Styrofoam Polystream to breakdown and when we have that Bill in Environment, I happen to sit on Environment too, we get a lot of pushback from the restaurants about the cost and we get a lot of pushback around being an unfunded mandate because we push to remove the Styrofoam from our schools but in that Committee we never talk about the health risk so it is really important that we have these Bills on parallel tracks because we need to talk about what using the Polystream does from a health perspective not just kind of a twofer, right, it's bad for environment and bad for our health and there's a lot of organizations that have taken the lead globally like a *Dunkin' Donuts*, like a *Starbucks* that don't serve their hot coffee, their hot tea in the Polystream cups anymore and I think we are going to

see a lot more of that going forward and it would be great if we could take the lead on that. Thank you.

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

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you so much for your testimony, good to see you again. Thank you for all the work you're doing. I think I am going to echo what was said earlier is that the cost of cleaning, whether it is in the body or whether it is in the environment, it is far too much than prevention. So this is about 5291 and this is actually talking about prevention strategy because in the environment we actually have some of these materials in the environment and PFAS gets into the water supply which it has in some situations. That actually leads to long-term impact and the cost is far more. And when it gets into our bodies and then you get cancers the cost of that is exponentially much more between the human cost and the care that we provide costs. So this is a prevention Bill and I think it is a good idea. I hope more people will get around this to be able to support it and your testimony really helps us solidify our perspective.

JENNIFER SISKIND: And I think the costs also go beyond just cleanup but the facility in Hartford that currently takes the leachate that is draining out of the Hartford landfill that leachate is now severely contaminated with PFAS and now this facility that has to process that leachate is now under discussion with DEEP where they might be held responsible to remove PFAS from the leachate which is extremely hard to remove from a water source. So, you know, you've got businesses that are working to improve the environment that are also coming

under direct effect from PFAS as well, so. You know, I live in Glastonbury downstream from this facility, you know, they discharge into the Connecticut River, you know, recreational impacts, fishing impacts, it's very widespread and even in states where they are composting these molded type of containers like Whole Foods uses, they are finding that the bio-sludge that ends up being spread on crop land as a means to get rid of that sludge, it also heavily contaminated with PFAS and we know that crops can also uptake these chemicals as well as they are growing. It's really time to turn off the tap on these chemicals. It's unfortunate that we've had so many decades of widespread contamination. Moving forward I'm hoping that children who buy school lunch, you know, they are no longer using their fork and scraping up pieces of polystyrene off of trays but if the school has moved on to using other types of paper boats or papers we would hope that they are not being exposed by replacement products. So I appreciate that the Health Committee has combined these two together and the Environment Committee, I also testified on those Bills last week and the week before. They are two separate Bills, so it is important that they are combined together.

SENATOR ANWAR (3RD): Has anybody done a cost analysis, a long-term cost benefit for some of these measures because some of the people would look at it as a very myopic perspective and they would just say, you know what, it's gonna cost us a little bit more to change this, it's an unfunded mandate so let's keep poisoning kids. I'm just saying that kind of a conversation we sometimes have.

JENNIFER SISKIND: Some of the laws that have gone into effect, were effective as of January 1, 2020 so

as far as like even a short-term or longer-term cost analysis I'm not sure what has been done, perhaps other testifiers after me can provide that information. You know, I have a personal interest to protect my family and as far as, you know, more significant details regarding the industry, I don't but just the fact that a wrapper that wraps up your grinder or your hamburger, or your chicken sandwich, or whatever it is, the fact that 62 percent of those papers are not contaminated with PFAS tells me that those products are readily available in the market at an economical, you know, at a cost that is economical for restaurants to use. So it's just a matter of choice and if you are a small business owner or you are well-versed in these toxicity issues do you have the time to go out and research which products are contaminated versus not. I don't think they do so help from the legislative body to ban toxic materials is really what it all comes down to.

SENATOR ANWAR (3RD): Thank you so much for your testimony. Thank you, Mr. Chair.

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

REP. ARNONE (58TH): Thank you. Thank you for your testimony. Can we move on a little bit to firefighting foam? As we all know after we debated this last session, that the firefighter foam ended up draining into the sewer system, into the catch basins, out to the Farmington River. In my other life I worked at wastewater treatment and wastewater treatment operators are exposed to this. Individual towns now have to deal with it in their treatment plants along with it floating down the Farmington River which half-an-hour after the incident, I

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witnessed it myself, the foam going down the river. So I've heard too that firefighting foam prior to the stuff we use today was protein based and do you know anything about alternatives for firefighting foam for the future?

JENNIFER SISKIND: I know that PFAS in firefighting foam is banned in many countries in Europe. I also testified for this last Friday in the Environment Committee. A person who sells both products testified against banning it in Connecticut. I see no reason why other countries can put out fires without having toxic runoff into both soils and shallow aquifers and waterways and Connecticut can't. You know, we don't have adequate protection on a federal level so unfortunately we are required to turn to our state legislators and get protection and, you know, situations like PFAS have been coming up year after year after year undecided so I am hoping that this will be the last year to testify on it in both firefighting foam and in food products. I am very happy that Governor Lamont has put forward a measure that would buy back toxic firefighting foam, I think that is an excellent solution in our budget. I hope that goes through as well, so, yeah, I mean I live in Glastonbury, the Farmington River dumps into the Connecticut River and people fish on our shores though it is not recommended because of underground, underwater currents, people swim sometimes in the river. We have numerous boating practices. We had absolutely no knowledge or way to inform us when that water source that was draining down the Farmington River would finally reach out town, so yeah I'd like to see it banned in firefighting foam as well. There's really no reason for it. Just like the food products, the papers that are used for food products, when you have an

alternative product that can be substituted I don't really see other than chemical industry's capturing legislative will, I don't really understand why we can't take action in Connecticut.

REP. BORER (115TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you Jen for your testimony today. Really appreciate it. Next up is Senator, excuse me, Representative Phipps, followed by Briana Benn-Mirand.

REP. PHIPPS (100TH): Good Afternoon, Chairs and Committee. This is probably the youngest testifier ever brought in front of our colleagues. I am Q. Phipps, State Representative from the 100th District.

So last year in a very similar Bill, this is in support of Senate Bill 144, I brought an expert that had the legal justification for why the importance of this Bill is and this year I wanted to bring someone that is a health expert, so Dr. Liles.

DR. IYANNA LILES: Thank you, my name is Dr. Iyanna Liles and I am a licensed obstetrician and gynecologist physician at St. Francis Hospital and Medical Center and I am here representing the American College of Obstetricians and Gynecologists as well as the Connecticut State Medical Society The ACOG which is our premier professional membership organization dedicated to the evidence-based medicine and healthcare and the Connecticut Chapter comprises over 900 members of physicians as well as women's healthcare partners. The Connecticut State Medical Society represents more than 7,000 physicians across the state and medical and surgical specialties.

We are grateful for the opportunity to provide strong support of S.B. 144 and I have written testimony that I've submitted so I'm just gonna stick to some points. Point number one is that ACOG is committed to the elimination of all barriers to abortion and CPCs, the limited crisis pregnancy centers do do this because they impede time sensitive reproductive health care services for our women in our State.

As a women's health, for my second point, as a women's health care physician, ensuring my patients have access to comprehensive and accurate healthcare is a priority for me and women also confide to me their most personal, intimate parts of their life. So I want to provide a written testimony of what one of these women actually accounted to me and I have had numerous accounts of these. One of them, here name is Mary, told me about how when she went to a limited service pregnancy center after finding out that she was pregnant and was scared, while attempting - when she got so scared she wanted to get the advice of a reproductive healthcare clinic that was in close proximity to one of these limited crisis pregnancy centers and on her way into the reproductive health clinic she was intercepted by misleading advertisements and pressures from CPC workers and ushered into their building. Once there she was pressured to continue her pregnancy and offered no other options that were discussed. She then ended up in my care and we discussed all of her options which included termination, adoption, and parenting and she determined she picked the decision that she felt was in her best interest. So to me, patients deserve complete and accurate information. So the subject abortion is difficult especially if a women choses to obtain one and many times they don't

know they are deceived unless they talk to someone about it. As you can imagine and this is very sensitive information and you may not want to write it down or send it to the Department of Public Health or any other agency for fear of any retaliation against them. So this Bill allows for transparency to remove any confusion our patients and our women in Connecticut may experience. Thank you for the opportunity to speak.

REP. STEINBERG (136TH): Thank you, you testified very quickly, just relax for a minute though. You made mention of the time sensitive nature of some of the decision making that a young woman might have to face in this circumstance and also the pressure to make a decision without necessarily having much background or understanding of pregnancy services, the healthcare related. Could you amplify a little further on that please?

DR. IYANNA LILES: Yes, so when a woman finds out that she is pregnant, depending on the state she is in and out State we can go up to the legal gestational age of about 24 weeks, depending on when she finds out she is pregnant she has a couple of different options especially if she chooses an option for an abortion. So making sure that she gets that information early on in her pregnancy is actually something that is important because it can determine which method if she chooses to do that that she can go forward with. If she doesn't get that information and gets it later in her pregnancy she is limited in her options which is why it is time sensitive.

REP. STEINBERG (136TH): And would you agree including some of the cases before the Supreme Court that it could further shorten the period of time a

young woman can get an abortion, could have an impact on their timeframe for making such a decision?

DR. IYANNA LILES: Definitely as well as the safety with the different procedures we have.

REP. STEINBERG (136TH): Okay, are there other questions? Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. I have a question. So if she came to you and complained why would you not call DCP or the Attorney General or somebody if this is happening? If somebody came to me and it was happening, I would complain to somebody so I am curious as to.

DR. IYANNA LILES: Patients are protected by HIPAA so I am not allowed to release any information regarding what a patient may or may not experience. There is also no mandatory laws that are requiring that I report that, so I wouldn't report it mostly because it is her right, it is her business and it is something that she would need to bring forward.

REP. ZUPKUS (89TH): Would you encourage her to complain?

DR. IYANNA LILES: Oh, I would encourage her to advocate for herself, now whether she chooses to or not is her decisions as well as if she had fears from reporting this is something I can't assure her or protect her from but I would definitely advocate for her to have a voice.

REP. ZUPKUS (89TH): Thank you.

REP. STEINBERG (136TH): Senator Abrams.

SENATOR ABRAMS (13TH): Hi, I have a medical question for you. Does a woman have to take a

pregnancy test in order to take the morning after pill?

DR. IYANNA LILES: Not that I am aware of but it's distributed at pharmacies so what they do at the pharmacy I am not sure.

SENATOR ABRAMS (13TH): Okay, but that's not required in order to take the morning after pill?

DR. IYANNA LILES: Not necessarily but I imagine if you were prescribed it I would want, actually no, you don't need to have one because when we give the morning after pill she is probably clinically not pregnant yet. So you don't need one to give the pill.

SENATOR ABRAMS (13TH): Okay. My other question is do you need to have an ultrasound in order to confirm a pregnancy?

DR. IYANNA LILES: It depends on the place that, it depends on what places the patient is receiving care at. If she is going to continue her pregnancy we do require an ultrasound mostly to document a pregnancy as well as to document where the pregnancy is because if it is not in uterus is can be a life-threatening emergency for the patient.

SENATOR ABRAMS (13TH): Okay and so some of the crisis pregnancy centers, I believe have ultrasounds, do you have to have a medical person. A medical person has to be able to give an ultrasound I'm gonna assume like, you have to be trained as such.

DR. IYANNA LILES: [Cross talk] to get one. Yes, especially if you are going to be providing a diagnosis and treatment.

SENATOR ABRAMS (13TH): Okay, thank you very much.

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

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you so much for your testimony and I just wanted to clarify a couple of things. And thank you for sharing the perspective of your patient and the experience of your patient and maybe for some people it will help them solidify their perspective hopefully. I see that this is, your position is similar to the American College of OB-GYN's position, official position?

DR. IYANNA LILES: Correct.

SENATOR ANWAR (3RD): Okay and tell me when you are interacting with your peers, are they having similar experiences with their patients?

DR. IYANNA LILES: Yes, depending on across the State in different parts of it, that they are experiencing this and women are confiding in them but they may not necessarily be voicing their situations for fear of retaliation.

SENATOR ANWAR (3RD): So earlier in my conversation I said, frankly when somebody is using deceptive practices I don't need to identify the victims, I just recognize there is the deceptive practice but some people feel that they want to hear about victims so you are, in your testifying there are many victims that have been impacted by this process?

DR. IYANNA LILES: Yes, some that I have personally taken care of.

SENATOR ANWAR (3RD): And would you be able to say how those interactions have impacted them emotionally?

DR. IYANNA LILES: Hard to say, I don't have a psychiatry degree. But I will say they are emotionally distraught because when they are faced with a decision about what to do with their pregnancy they are often scared already and anxious and when they go to a center expecting, when they are thinking about going to one center and ushered into another building and not given the information that they thought they should of received, it does take a psychological toll on them and whatever they decide to do after they meet with them or me, a licensed healthcare professional, what the effects that may have on them, the pregnancy if they decide to continue it or afterwards, is probably tremendous. I can't comment on that completely, mostly because a lot of women don't tend to voice those issue afterwards.

SENATOR ANWAR (3RD): Can I ask you a related question, but a little different from the issues, did you mention you work for St. Francis Hospital.

DR. IYANNA LILES: Correct.

SENATOR ANWAR (3RD): So you are employed by the St. Francis Hospital?

DR. IYANNA LILES: Correct.

SENATOR ANWAR (3RD): How does that workout with the situation with the official policy of the institution with respect to a patient seeking an abortion?

DR. IYANNA LILES: Well St. Francis Hospital and the Medical Center does not provide abortions so if a patient comes to me, it is not something that I could provide her with, I would have to refer her to one of the agencies in the area for her to actually

talk about the procedure and to undergo the procedure.

SENATOR ANWAR (3RD): And is it fair to say that St. Francis has been very upfront about it, they say it upfront this is what we believe in, this is our perspective and so when a person walks in there, there is no confusion about it?

DR. IYANNA LILES: Correct.

SENATOR ANWAR (3RD): Okay, I think that it what I was hoping to get to is that people make choices but they know what choices they are making and what kind of care they are getting and some places it is not being fairly marketed and that is part of our challenge but that is what we are hoping to be able to fix. Thank you so much for your testimony. Thank you.

SENATOR ABRAMS (13TH): Thank you, are there any other questions or comments? Oh, Representative McCarty.

REP. MC CARTY (38TH): Thank you, Madam Chair and welcome and thank you for your testimony. Doctor, are you aware that some of these pregnancy centers that they fill out forms when they come in and that they are instructed and they do a survey when they are leaving and that my research has shown that we've had over 2.8 million of these recorded and out of that there is very little, virtually no complaints? So I would just like to know if you could comment if you are aware of that practice?

DR. IYANNA LILES: I am not aware of that practice but I also know when patients come to me they sometimes tell information to me that they may not tell other people or write information down on a survey and tell me something differently so I am not

particularly aware of that but I could see how that could be a process and how a patient might tell someone else something different.

REP. ZUPKUS (89TH): Thank you very much.

SENATOR ABRAMS (13TH): Any other questions or comments? I thank you so much for your testimony and time and for your dedication to women that you would come here with your incredible child and I take time out from being with your child to be here. I just really appreciate it and I wish you all the best. Thank you, Representative. Next we have Briana Benn-Mirandi.

BRIANA BENN-MIRANDI: Good Afternoon, thank you for hearing my testimony, Members of the Department of Public Health. My name is My name is Briana Benn-Mirandi. I am a licensed professional counselor and clinical licensed art therapist number eight, so thank you for that. I was here about a year ago just saying how important it was to have this licensure because we are of the specific type of therapist that is schooled in one of the core languages of childhood.

So what we need now is just a little more flexibility in that wording. My licensed specialist counselor requirement was 3,000 hours of postgraduate work, 1,000 of which is direct client contact. However for art therapists the requirement is 1,500 hours direct client contact art therapy work. So that is not counseling, that is not writing notes, that is not making phone calls, that is direct client content art therapy work and it is very hard to get those very specific hours. Actually when I got my ATR it was 1,000 hours and now it is 1,500. It is very hard to get those very specific hours within just one year. There is still

a great need for this. Just since we've been here this morning I have two more voice mails that I have to return to say that we can't, we're full and having grown from last year just myself to now this year we are now working with five additional art therapists part-time. So the work is being done, it's wonderful but we just need to continue getting access to between art therapists and specifically children and teens. Thank you.

SENATOR ANWAR (3RD): Thank you so much for your testimony. Do you mind if I ask quickly ask you a few questions?

BRIANA BENN-MIRANDI: Sure.

SENATOR ABRAMS (13TH): Describe to me a patient interaction if you could.

BRIANA BENN-MIRANDI: I have a number of clients who mom has, mom or dad has brought them in and they said okay, they tried talk therapy and they just sort of sit there and shutdown. I've had one client who in fact was mute and would not speak with mom and dad at all or anybody affiliated with mom and dad. So talk therapy was not moving along. However the individual was a very prolific artist and in assessing his art work and working through it, we were able to uncover a number of things that led us to some key indicators about family history so we were able to understand better which diagnosis was sort of at play here because it was not selective mutism which actually works the other way where you will talk, usually very young children will talk with mom and dad and nobody else. This was reverse. So this is a client that I actually worked with just on a temporary basis and then we were able to communicate some very important information between the family members and then he continued on with

this talk therapist. We also see a lot of adults with developmental disabilities where again talk is not the easiest method of communication. So we see adults with developmental disabilities and autism who are better able to communicate using art as a means of expression and as a second language.

SENATOR ANWAR (3RD): Thank you so much. I think we do not even realize how important it can be in many of those cases with respect to how the management and communication, so thank you for your testimony. Does anybody have any questions or comments? Seeing none, thank you for your testimony.

BRIANA BENN-MIRANDI: Okay, thank you.

SENATOR ANWAR (3RD): Next is Aimee Jette. Oh, good thank you so much and.

REP. STEINBERG (136TH): Thank you, Senator for taking over. We are now moving on to House Bill 54 - what is that number, 5431 thank you. First up is Melanie Kolek, followed by Dennis Moynihan.

MELANIE KOLEK: Good Afternoon. I am attorney Melanie Kolek, Representative Steinberg and Members of this Committee. I proudly represent our Connecticut Education Association members and their workers' compensation matters and I am testifying here today on several important aspects of Raised House Bill No. 5431.

Over the course of the last three years, we have seen a spike in the number of cases involving exposure to mold and other environmental toxins in their schools and classrooms. The 2019-2020 school year it was by far the worst in terms of the number of teachers falling seriously ill due to just showing up for work. In relevant part, we counted at least 60 teachers in the Stamford school district

who were suffering and some who continue to suffer from the known mold and toxin exposures in their schools.

We have also spoken with parent groups about the illnesses their children are facing. Not only as an attorney but as a parent and a taxpayer in our State, I find the reports of credible incidents of illness staggering, and they are only getting worse.

In our state, we have maximum temperatures for dog kennels and pet shops. We do not have minimum and maximum temperatures for classrooms. This inequity must be addressed. Students simply cannot learn in environments that are too hot or cold, not to mention the serious health effects of learning and working in those conditions. Our school staff and students deserve better and should not have to fear getting sick just by walking in the doors of their schools.

The Bill before you now is what I call an accountability bill. It provides clarification as to where classroom issues should be reported—which is critical, considering that a survey that the CEA conducted proved that although teachers were reporting issues to administrators, nothing was done to remedy the situation. The bill brings Connecticut into line with national safety standards being used for schools across the United States. If we do not act now, I fear that this issue will become an epidemic in towns and cities across the State. This is a fundamental issue for our state's students and educators, which is why this needs to be implemented immediately. Thank you.

REP. STEINBERG (136TH): Thank you. Thank you for your testimony. This is something that I've been following for quite some time before I even joined

the legislature so that was more than ten years ago. As a member of my town's legislative body I really kind of got into it with our superintendent in the schools because both teachers and students had been reporting respiratory illnesses for some time and the superintendent of schools response was mold is ubiquitous that it is everywhere so there wasn't any need to do anything about it. A full year passed before action was taken and the requisite environmental testing done indicated there was indeed black mold and other molds which was not like other mold. So help me understand how this Bill, just by monitoring temperatures is gonna have an impact on our ability to anticipate and justify the kind of environmental cleanup necessary when there is a mold gestation.

MELANIE KOLEK: Thank you, Representative. So the Bill as it is written seeks to address information. Right now there is no repository for the information that is required to assess whether or not a particular school district needs renovation or remediation and what we are finding is that especially, I'm using the City of Stamford as an example, in 2009 they had a very comprehensive study done of the type of things they needed to do their schools to make sure they were compliant. Many of those things went by the wayside as we know with the economic downturn many things did and now they are suffering the severe consequences of not having those things in place. So to answer your question pointedly though I think what the Bill does is allows information to be shared. Forty percent of the respondents of a survey that CEA did advised that they did tell their administrator what was going on but the administrator and much to his or her credit didn't really know what to do with the

information. So and you'll see in Section 4 that this pointedly provides a person, a specified person within the school district to at least hold those concerns for taxpayers in the town to say, well do we really want to spend the money on upgrading, is it something where we want to renovate, etc. It gives the taxpayers the information to assess what is going on in the schools.

REP. STEINBERG (136TH): So if I understand you correctly, this is not necessarily the end of the story, this is a means to be making good decision making based upon good data. I'll add that only recently one of the schools in my town basically had closed for a period of over two years because of mold problems. They turned the air conditioning off during the summertime so that sort of follows through on your temperature monitoring argument and incipient water incursion led to serious mold throughout the school. So we know a number of schools this is happening and it does sound like this is a good first step. Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you, Attorney Kolek for your testimony. I can tell you as a lung doctor who deals with asthma and then respiratory illnesses, I sometimes say being a teacher is a very dangerous profession because of some of the older buildings where individuals are getting exposed to some of the allergens and mold being one of the main ones, indoor mold. That actually leads to significant impact on the quality of life of a person and times life-threatening situation as well. So and I'm glad that CEA is advocating on behalf of their members but you're also automatically advocating on behalf of the children because we have an epidemic of allergies and asthma in our State because of this very reason

at least in many of our schools and I think there is probably a correlation between the number of teachers and the number of students that are impacted by that. Could you speak about that, about the parent's interactions around this.

MELANIE KOLEK: Oh, I'd be happy too. I have been in contact with many PTO-PTA groups as a parent myself, and what we're finding is that in terms of cost, just on straight money, that districts failing to adhere to the National Guidelines, the national standards that we're asking this body to adopt in this Bill are spending on the backend significant money on workers' compensation and civil law suits from parents. There are several things pending right now in Superior Court where parents are suing school districts for not making it safe for their own children. I have been practicing workers' compensation for 15 years and I started with the CEA in August of 2011. When I first started our indoor air quality cases were around two to three percent of my caseload. They are now 50 percent of the cases that I have. You are absolutely correct that this is an environmental hazard and it is very shocking and alarming. The type of environment that our teachers are working in and not necessarily with just mold and indoor air toxins but being assaulted. Assaults and indoor air quality make up nearly 95 percent of my caseload. You are not finding many cases where teachers are necessarily slipping and falling on newly waxed floors in the hallway or lifting a heavy box of paper. So it is extremely troubling what we're seeing which is why as advocates not only for teachers but for public education and for our most vulnerable citizens, our students we have to do this. We have to come forward and try to rectify this because it is having

an impact now. I can't imagine what it will be five years from now.

SENATOR ANWAR (3RD): Thank you so much for your answer. I can tell you most of the buildings are 50 plus years old in our State and one of my towns we have actually taken up an assertive position and we are, we have built three new schools and we are hopefully, a referendum in South Windsor tomorrow to hopefully pass for the forth new school for the very reason that some of these older buildings have reached a point that you cannot keep putting band-aids on them and expect people to be healthy in those buildings and that's why we need to start to look at a broader strategy.

MELANIE KOLEK: And just to that point, I will tell you that one of the schools that has been shut down in our State was ten years old. And the reason that it was shut down was because, from my understanding from the engineers and from OSHA was that things weren't properly put in place to address remediation and renovation. So what we know from some of our structural engineers across the States is that when you build a new school, it's about 20 years before certain warranties go and things need to be upgraded like the HVAC system, the roof, etc. Well because those things weren't done your 50-year-old school is really like 100 or 150 years old because those things weren't done. So again, the information accountability in the Bill will allow the public to know exactly what is going on within the school. And so we're obviously hearing from teachers but as parents we know that it's tough enough to get out from our kids exactly what's going on in school, what their homework is to not necessarily ask them, did you wear a coat today. Was it 90 degrees in Mrs. Smith's room? And was it 20 degrees in Mrs.

Jones' room? So this Bill will allow for that information to come forth and for all of us to be more knowledgeable about what is going on there.

SENATOR ANWAR (3RD): This is very helpful. Thank you so much for your comments. Thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Senator. Representative Arnone followed by Representative Michel.

REP. ARNONE (58TH): Thank you. So this is nothing new. Unfortunately in my district as a father I've had to deal with this for over 25 years. We had an elementary school in my neighborhood, all four of my children attended. It was built on a wetlands. There was so much excessive moisture in the floors. There would be frequently mold problems on the floors. They addressed it with air conditioning. The air conditioning well all window units. The heating units were uncleanable. In most of our schools in our district they are the old Singer units. You have to physically take apart each one, it could take three-four hours to remove and when they finally remove them they found crayons, crayons and dust balls and just disgusting matter inside all these units. Now we're starting to finally work towards hiring an environmental specialist which this is so important for districts to have someone that can guide the school department on how to even with potted plants, how to make sure your room is a clean room inside, give teachers some guidance as well as administrators and maintenance workers guidance. So we have hired an environmental specialist. Over the years now it's just finally come to a real head recently because of leaky roofs. So the leaky roofs now have come into their time to

get replaced, they find mold in places no one thought there was mold before. This goes into school bonding. I can't speak enough on money that we need at home to repair our schools from the early 70s. In my town when we had the big, huge boom of children in the early 70s we built a lot of schools and a lot of schools with no anticipation of being around for 50 years, and they are terrible. They are in terrible shape, roofs need to be fixed. We don't have the money, the district doesn't have the money. We had to hire an special unit to come in and clean all of our units, all our heating units in all the schools. It was at a huge cost to the district to do this. You know, but we identified the problems, we had to, you know, hire a large firm to come in and perform all this work. If anybody is out there listening school bonding, our debt diet kind of hurts for the local districts. But this is definitely a step in the right direction and I support it fully. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. It goes to show what happens when you defer maintenance for too long then the costs get much higher. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for your testimony. I am one of the Reps from Stamford and unfortunately I am all too knowledgeable of the issues we currently have. I mean I would be pressing the other Members of the Committee to really, really vote in favor of this Bill, it not only helps with transparency, it helps with keeping the local government in check because for, at least since 2009 there were issues with our schools in Stamford in terms of mold but it was dating from before 2009, the issues had been reported since prior to that. And now we are in a situation where

we have developers offering to, or city administrators offering to get into public/private partnerships and surrender our full rights of schools and rebuild five schools when we might not even need to rebuild five schools. It is a huge controversy in Stamford and so I would press on the importance of this Bill and I would really appreciate it my colleagues would consider voting in favor of this Bill. Thank you, Mr. Chair and thank you.

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

MELANIE KOLEK: There is just one thing and thank you so much for your comments. There were several Stamford teachers that I am representing that either could not be here today because they are just getting back to school after prolonged illnesses or they are simply too ill to come. So I would just urge you to review their testimony, it is very heartfelt, it is very real. There is also testimony, I'm sure in your testimony packet that will address the fact that these are simply opinions and not based on science. The Connecticut Academy of Science and Engineering found in January of 2019 that 68 percent of State schools have indoor environmental problems. So to the extent that I am significantly discounting that opinion that might exist in your testimony, it is based on science.

REP. MICHEL (146TH): And you bring up a really, I think you brought up an important point. I remember the first school that had a problem ended up being closed, it was built on top of an aquifer in a valley so it was really, you know, on top of water and the school children ended up being moved to developers headquarters with classrooms that were too

small to have all the children fit in those classrooms with students sitting outside and it's not the best conditions, sink spaces are not the best condition and you don't want to get into that situation where schools are not maintained properly and it was band-aiding. We had school maintenance people report to engineers from the city that they were issues and we have no money, band-aided whichever way you can and that just doesn't work especially for a school and for school children and their teachers. So thank you again for your testimony. Thank you, Mr. Chair.

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

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you for your testimony. A couple of questions for you. Is this just state elementary, middle and high schools public and private?

MELANIE KOLEK: Yes and that includes local and regional district schools.

REP. KLARIDES-DITRIA (105TH): Okay but not colleges.

MELANIE KOLEK: I don't believe that it addresses colleges.

REP. KLARIDES-DITRIA (105TH): Okay, I'm just gonna look here at Section 1 (a1). It doesn't appear to address colleges.

MELANIE KOLEK: It says regional boards of education.

REP. KLARIDES-DITRIA (105TH): And my second question that this, and I don't know if the standard in C2 so schools, some presently are and are not doing this?

MELANIE KOLEK: That I know of. That is a good question that I do not have the answer to.

REP. KLARIDES-DITRIA (105TH): And it is not mandated now, they don't have to do this.

MELANIE KOLEK: It is not mandated now and some would say that the Department of Public Health Tools for Schools is addressing this. Tools for Schools is wonderful, it's a great program for folks within the schools system, especially particular schools, walk around the school, address certain concerns with administration but it has not teeth. This has some teeth to it. This provides that our State is going to recognize the national standards when it comes to our HVAC and our airflow and ventilation systems. And I believe it is actually 62.1 is the standard.

REP. KLARIDES-DITRIA (105TH): Okay, great. And then do you have, and you may not know this, a fiscal note on this?

MELANIE KOLEK: I don't have that.

REP. KLARIDES-DITRIA (105TH): Okay, that you very much for your testimony. Thank you, Mr. Chair.

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

REP. RYAN (139TH): Forgive me I was out of the room. So let me just ask you, have you seen an increase in workers' comp matters related to indoor air quality in the last years?

MELANIE KOLEK: Yes, so we did address it and I'm more than happy to address it as many times as I can. Yes, we have had a significant increase.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions? If not, thank you for your testimony. Next up is Dennis Moynihan followed by Kristin Record.

KRISTIN RECORD: Good afternoon, Senator Abrams and Representative Steinberg and other Distinguished Members of this Committee. My name is Kristin Record. I am a resident of Bridgeport and I taught physics at Bunnell High School in Stratford for the past 20 years. I am the Stratford Education Association Vice-President and I am the 2011 Connecticut State Teacher of the Year.

As a teacher, at the end of August I always get that familiar back-to-school feeling. By September I am in full swing with my kids and another very predictable thing comes along in my life, seasonal allergies. A few years ago however I had the unfortunate experience of having my classroom flooded during a summer rainstorm that was quite significant. Literally everything had to come out of my classroom including the carpeted floor. Luckily, everything was put back in place for the opening of school but then something odd happened. No fall allergies. Imagine my shock as I slowly realized it wasn't me that had been sick but it was my classroom and if my room with its 20 plus-year-old carpet was sick probably other rooms in my school with that same carpeting were too. But I was the only one that had it replaced. Two-thirds of the classrooms in my high school had that same carpeting and the more investigating I did, the more disturbed I became. I discovered many other teachers had allergies, asthma and headaches that they all attributed to indoor air quality issues. Through filing an OSHA complaint, we discovered inadequate housekeeping procedures had led to thick

layers of dust and debris in our school heating and ventilation systems and filters weren't being properly maintained. Those issues were addressed but the smells and the mold and the sickness were related to the old carpeting persisted. Carpeting rolls and tears began causing trip hazards and preventing even the well-intended cleaning efforts of our school. It took another OSHA complaint to finally have a remediation plan put in place for this coming summer, three years after my classroom flooded to ensure that all the carpeting in my building would be removed. This is only a microcosm of what's happening across our State. Attached to my written testimony is a press release related to the previously mentioned survey conducted by CEA.

But failures to properly maintain flooring and heating and ventilation systems aren't the only issues. For the past year I have co-lead an effort with CEA to investigate the extreme temperatures in our school classrooms. Last spring we launched a pilot program in several school districts around the State where everyday dozens of teachers record temperature and humidity levels in their classrooms and record the data into an online system. The results were astounding. As we move from May into June and then August into September we saw temperature levels regularly in the 80s, sometimes in the 90s and often above 100. We know that Animal Welfare Act regulations require that indoor research and breeding facilities never rise about 85 degrees but we don't have these same protections for people like myself and my kids in my school. Programs like Westport's Tools for Schools that train people to look for these problems that leads to indoor air quality issues are a good start but more can certainly be done and I urge you to pass this

legislation to help establish healthy indoor learning conditions for schools that are conducive to successful teaching and learning for all of our students. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. I am going to ask you to speculate for a moment there. You mention what seems to be virtually negligence in terms of regular maintenance so a lot of the different components but would you say that this is because of budget issues or is it because of lack of knowledge, in other words the data to make the decisions. We've heard over and over again the schools struggle to have their A-Track controls be effective to really keep things in that sort of healthy medium zone and that often times particularly schools that have been renovated or added on to overtime, have a lot of differences even within the facility in terms of temperatures. So you think this is because, simply because schools can't afford to do what is necessary or is it really a much more complex issue?

KRISTIN RECORD: I think it's a confluence of events. I think on the first level in my personal experience our custodial staff and our administrators in our building try their hardest to do right by their schools and teachers and the kids in the building. But they lack the resources and that is financial. Sometimes it's certainly lack of knowledge or issues, a particular teacher has an issue here, I teach in a really large school there is over 100 faculty so a person has an isolated issue here, another person has an isolated issue over there. It took me doing a comprehensive survey of my school to realize many of these things were all connected and until someone connected the dots, literally that is how we got things progressively

moving forward but then that is where we did run into budgetary issue and particularly then in reference to the remediation of the carpet I'm referencing, you know, the previous comments about school bonding, that is a huge concern and so I think a lot of schools and districts when they have information they want to do right by their kids and their teachers but then the follow up is that they lack the resources and the facilities to get it done. And also sometimes the time because the issue in my building it's a complete remediation on two different floors across the building, it can't be done over a weekend or over a spring break so we have to wait it out until the summer when there is several months to do it.

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

REP. ARNONE (58TH): Just one more on schools that have no air conditioning. No, none of our schools in my district have any, our middle school. Until we build the new high school it had air conditioning and there is a little pushback from the public to spend the extra money for climate controlled schools, cause hey when they were kids they didn't have air conditioning. You know, we heard this a lot and it was hard to sell air conditioning in a brand-new high school and only the ones that we have mold problems in we had to put window units in and you see the school with 150 window units. It also important for parents to understand that this is going on inside the classroom and really need climate control, not just for the overall comfort of everyone but for the health.

KRISTIN RECORD: I completely agree with you and as a previous testimony was given I think, you know,

parents have a hard time keeping track of the day-to-day school content learning things and maybe don't think to ask like was it cold in your classroom, did you wear a jacket all day today or my literal personal experience again as a physics teacher there have been times where I have taken my class into the hallway and taught in the hallway because it was cooler in the hallway than in my lab room. And I teach AP Physics, it's not really conducive to anything related to a lab science certainly but it is not conducive to any kind of learning. I hold myself to a high professional standard, I want to deliver excellent instructions to my students. I can't do that when it's 90 degrees in my classroom and then we have lunch which then only exacerbates the situation. My kids are there to learn, they want to learn but it's really hard to take learning seriously and take your assessments seriously when you're sweating and you just want, you can't, there is no air movement in the room and with teenagers, are we gonna get an early dismissal, are we gonna get an early dismissal and it's very hard to get things done and we lose so much precious time teaching our kids and you know, they're the real losers in this situation and we have to do better by them.

REP. STEINBERG (136TH): Thank you. Any other questions? If not, thank you for the great work you do. Sounds like maybe educators need to keep educating parents on what some of these issues are.

KRISTIN RECORD: Absolutely.

REP. STEINBERG (136TH): But every child deserves a good environment in which to learn and it seems like a lot of our schools have work to do. Okay we're

gonna move now to Senate Bill 243. First up is Lucy Nolan followed by Emily Hoyle.

LUCY NOLAN: Representative Steinberg, Members of the Public Health Committee, my name is Lucy Nolan, and I am the Director of Policy and Public Relations for the Connecticut Alliance to End Sexual Violence. We are the State's leading voice to end sexual violence and a coalition of community-based sexual assault crisis services centers. The Alliance wholeheartedly supports SB 243, AN ACT PROHIBITING AN UNAUTHORIZED PELVIC EXAMINATION ON A FEMALE PATIENT WHO IS UNDER DEEP SEDATION OF ANESTHESIA OR UNCONSCIOUS.

Recent literature cites that in teaching hospitals around the country, and even in Connecticut, medical students are given the opportunity to do a pelvic exam on a woman who is in for surgery for another medical procedure unknowingly that this is done. One out of every six women has been a victim of sexual assault in the United States. The physical and emotional trauma can have devastating for both short and long term health consequences on victims and their families. Close to forty percent of all PTSD cases include a sexual assault somewhere in the past, in the person's past. Sexual assault takes away a person's bodily autonomy and is a loss of power. For women who have been sexually assaulted an unauthorized pelvic exam can create trauma and revisitation of the assault.

So the Bill's objective is really just to ask hospitals to "obtain explicit consent for pelvic exams under anesthesia." Currently they will ask students who may be involved in observing and providing care unless you disagree. To me it does not seem to be a student using somebody's body to practice what a pelvic exam feels like. What would

be good and what is also the American College of Obstetricians and Gynecologists and the Association of American Medical Colleges suggests that explicit consent be given asking medical students will practice pelvic exams unless you decline to consent. Very explicit, that's all we're asking for. This Bill doesn't, the Bill as it is written allows for emergency or diagnostic exams, so we just feel that we really this can be used as a teaching tool and it allows doctors to work with patients in a trauma informed way. At the end I just want to say we're not anti-hospital with this legislation we are pro-patient, putting the focus back on the patient. So thank you very much.

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

REP. BETTS (78TH): Thank you, Mr. Chairman and thank you, Lucy. Did I hear you correctly say that there were instances of this happening in Connecticut and if so where?

LUCY NOLAN: Yeah, there was an article last June from *Elle Magazine* where they interviewed a resident at Yale and she said that she had been part of doing this exam.

REP. BETTS (78TH): I see, could you, is that included in your testimony?

LUCY NOLAN: I cited it in my testimony.

REP. BETTS (78TH): Okay, thank you and what was the reaction once that was reported?

LUCY NOLAN: Reported?

REP. BETTS (78TH): Well it was reported, correct?

LUCY NOLAN: No, because for the hospital it is considered.

REP. BETTS (78TH): I meant published, they saw.

LUCY NOLAN: Oh once it was published. I think they started working on their consent forms. I know that Yale has been working, they have been using sort of this implicit and I think they are trying to find a way to get to explicit consent form.

REP. BETTS (78TH): Thank you very much.

REP. STEINBERG (136TH): Thank you, Representative. I do believe Yale New Haven Hospital submitted testimony yesterday on their current process which we can look at and see that it meets the standards that's been suggested. Any other comments or questions? If not, thank you for your testimony today.

LUCY NOLAN: Thank you very much.

REP. STEINBERG (136TH): Next up is Emily Hoyle followed by Kath Callahan.

EMILY HOYLE: Chairpersons Abrams and Steinberg, Ranking Members Somers and Petit, Vice Chairs Anwar, Lesser, and Young, and all other Members of the Public Health Committee. My name is Emily Hoyle I am representing The Connecticut Women's Consortium and I am here to testify in favor of Senate Bill 243.

The Connecticut Women's Consortium is a leader in behavioral health practices. Our organization provides trainings to hundreds of Connecticut behavioral health professionals each year. Going further, The Consortium specifically advocates for trauma informed practices in behavioral and medical health settings. In a trauma informed environment,

patients and their clinicians are made to feel safe and patients are further empowered to have a consenting influence over their treatment. It's body autonomy.

As you know, Bill 243 authorizes pelvic examination on women, oh I'm sorry, prohibits unauthorized pelvic examinations on women who are under deep sedation or otherwise unconscious. While this practice helps inform the care of all women, medical students have voiced ethical concerns. The Consortium supports this bill as we believe that consent and respect of body autonomy are necessary for trauma informed medical practices. Patients should be able to trust their caregivers and have a say in the care that is provided. Further, medical care should not intentionally induce trauma.

There are very few national surveys to confirm how many unauthorized pelvic exams happen each year, but according to the New York Times, "regional surveys suggest the practice is not uncommon. Last year bills banning unauthorized pelvic examinations were raised in 11 states, and they passed in Maryland, Utah, New York and Delaware. Now it is prudent for Connecticut to match their efforts and ban unauthorized trauma inducing pelvic examinations on unconscious women.

In closing, I urge you to support Senate Bill 243. Consent is a foundational block of our medical care system and should remain so. Thank you for your testimony.

REP. STEINBERG (136TH): Thank you for your testimony. Are there any questions? If not thank you very much. Next is Kath Callahan, is she here?

KATH CALLAHAN: Hi, good afternoon Vice Chairs Abrams and Steinberg and Members of the Public Health Committee. I just ran from an event upstairs, I do not have my testimony on me. I will breathe. I am just going to reiterate what my colleague Emily said.

I am from Stratford, Connecticut. I work at the Connecticut Women's Consortium where our focus is to make sure that all service providers are providing common, informed gender responsive care. And this Bill will help doctors and medical professionals do just that because having a nonconsensual exam violates every component of trauma from care, trust, empowerment, choice, collaboration all of them. A woman does not feel safe. I know that in our community people are hearing about this, no matter how often it may happen in the State of Connecticut people are hearing about this and the foundational trust with the medical profession is being questioned that things are being done and women are starting to wonder about that. I think it is important to address it for that reason no matter whether it is happening or not. I've heard that people have spoken. I heard some testimony earlier that it doesn't happen that often in Connecticut and it that is the case it can surely just be a law that this cannot take place.

I just want to speak personally, I know that medical doctors need training and they need to practice their skills before they get their licenses and actually become doctors. Women that give their consent for certain procedures, that's okay, that's the time. I was asked when I was a young woman by my gynecologist if I would allow the medical student to perform an exam on me, considering that those cramps didn't cause me much pain and weren't a

problem I understood it was a great learning experience, I did consent willingly. Those are the kind of opportunities, we're not talking about that. we're talking about fully unwilling, unknowing. So I hope you share the testimony here today and support Bill 243. Thank you very much.

REP. STEINBERG (136TH): Thank you, we're sorry we made you run all the way over from the other side but we're very glad you got here.

KATH CALLAHAN: Thank you, we had a great event. We had a really good event, it's good to be in the Capital.

REP. STEINBERG (136TH): Glad to hear it. Are there questions or comments. It not again, thank you for your testimony. We appreciate your point of view. We are now ready to move on to Senate Bill 144. First up is Roxanne Sutocky followed by David Reynolds.

ROXANNE SUTOCKY: Good Morning, thank you for this opportunity to submit testimony in support of Senate Bill 144. Senator Abrams, Representative Steinberg and Distinguished Members of the Public Health Committee my name is Roxanne Sutocky and I serve as the Director of Community Engagement for the Women's Centers. We specialize in first and second trimester abortion care services and reproductive health care at our five affiliated centers along the east coast, in Georgia, New Jersey, Pennsylvania and here in Connecticut.

Since 1978 Hartford GYN Center has served as an established community resource for those seeking vital reproductive healthcare services in the South Green Section of Hartford. Our licensed staff are experts in the field and we are routinely referred

to by area specialists, hospitals and universities. Our role as medical professionals is one we take very seriously as we know our patients trust us with their health, they well-being and their very lives.

Deceptive advertisement is just one tactic of unregulated fake women's health centers limiting this practice would materially help to mitigate harm. Clear and honest advertising directed at those seeking medical care should be the standard practice here in Connecticut. Patient's health depends on being able to access timely medical services. As a result of these fallacious practices people's health can be endangered. Emergency contraception and abortion care are among the time sensitive services provided by family planning clinics like Hartford GYN. Any delay in access can result in a patient being unable to get the care they seek at all increasing the likelihood they will face unplanned pregnancy or be required to carry a pregnancy to term against their will or their better judgement.

Even though abortion is exceedingly safe throughout pregnancy the costs and the risks do increase as gestation continues and being denied a wanted termination has been proven detrimental to women and their family's health and economic wellbeing. As the only independent abortion provider in the State of Connecticut we hear frequently from patients who have been deceived from women's health centers. The following is just one example. A 21-year-old Hartford resident named Shania, name has been changed, scheduled an appointment with the Hartford GYN Center to seek care for an unplanned pregnancy. On the way to her appointment Shania and her mother were instructed by volunteers or staff of the Hartford Women's Center to enter the Harford Women's

Center where a sign hangs in the window abortion here. The center staff person told them to come in and proceeded to tell Shania that if she had an abortion she would be sinning and she might not make it out alive. As anti-choice advocate Abby Johnson stated during a safe clinic training, through Hartley International who wanted to appear neutral on the outside, the best call, the best client you could ever get is one that thinks they are walking into an abortion clinic, okay. Those are the best clients that could ever walk in your door or your center, the ones that think you provide abortions. I strongly encourage you to promote health, dignity, privacy and autonomy by passing Senate Bill 144.

REP. STEINBERG (136TH): Thank you for your testimony. Are there questions? Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony. You refer to fake clinics, can you please tell me what you mean by a fake clinic?

ROXANNE SUTOCKY: Sure, I am referring to medical centers that proport to provide medical care services but offer even no medical care services or just some limited number of services and ones that don't promote patient wellbeing as their number one but have some other agenda potentially changing or coercing patient's decision making.

SENATOR SOMERS (18TH): So if something is labeled as a pregnancy crisis center and not a clinic can you describe how you would consider pregnancy crisis centers to be safe versus a clinic? I mean I'm just trying to, that word is used a lot and I want to make sure we're clear on what we're talking about, specifically what we're talking about.

COMMITTEE PUBLIC HEARING

ROXANNE SUTOCKY: Sure, yeah and I think that is an unusual topic because these centers appear to be medical facilities and so when we're talking about the advertisements they do they are speaking to appear as medical facilities but they exist in a space that is simply unlicensed and very different than the space that medical providers exist within. So to me that is the difference, right, so there is not the same requirements around HIPAA protections around, you know, any kind of the certification requirements that we have with a medical facility.

SENATOR ABRAMS (13TH): Is that it? Okay, are there Any other questions or comments? Thank you very much for your testimony. Next is David Reynolds. Welcome.

DAVID REYNOLDS: Thank you. Senator Abrams and Members of the Committee my name is David Reynolds, Chairman and Founder of the Two Hearts Pregnancy in Torrington, Connecticut. And I am here today to speak in opposition to Senate Bill 144. This proposed bill is based on completely inaccurate and misleading information about pregnancy resource centers in our state and is part of a national campaign to discredit the work that these centers perform. This legislation is not actually driven by concerns over false and misleading advertising, but by the ideological conflict between pregnancy resource centers, that they do not provide abortion services, and centers that do provide such services.

Two Hearts Pregnancy Care Center is a community based non-profit organization that services women as they find themselves facing an unplanned pregnancy, having economic difficulties providing for their new born children or trying to leave an abusive relationship. Two Hearts has a working relationship

with almost all social services agencies in Torrington. In 2019, Two Hearts serviced 192 women and their children and had 1,900 visits.

Two Hearts is not an organization that lies to women in need or that falsely or deceptively advertises its services to mislead women despite this fact we are listed as a "fake clinic" by NARAL Connecticut as is every other pregnancy resource center in the State.

In addition to that I have two other concerns about the Bill, one has probably been referred to already in reference is the expansive authority that this Bill gives to the Attorney General, without even a complaint, to take unilateral action to investigate a center and order compliance with his findings. Now some people have testified that would only hurt the bad centers. In reality based on other past statements in prior years people considered, "Pregnant - Need Help" signs as misleading. So if the Attorney General under this Statute says "Pregnant - Need Help" is misleading advertising every single pregnancy resource center would have to pull it off of their websites or off of any of their material so yes, this Bill does affect not only the bad centers but good centers. So that statement is kind of misleading.

Additionally this court history on these types of laws is dismal. Almost every single law passed by either state or city has been thrown out by the courts or completely rewritten it's almost be totally ineffective. Three of these cases I would like to cite because they reference particularly the lack of evidence of misleading information the United States Supreme Court in 2018 in a major ruling said, "Our precedence required disclosures to

remedy upon that is potentially real not purely hypothetical. California has not demonstrated any justification that is more than purely hypothetical" and with that they threw out the California fact apps. In Baltimore, Maryland in 2016 the U.S. District Court ruled against the City of Baltimore there was insufficient evidence to demonstrate that deception actually takes place and as health harms are being caused by delays resulting from deceptive advertising. And one last one, I know I'm over time, is in Montgomery County, Maryland in 2014 another U.S. District Court ruled "the record produced by defendants are simply insufficient to sustain this regulation. The critical flaw for the county is the lack of any evidence that the practices of pregnancy resource centers are causing pregnant women to be misinformed which is negatively affecting their health when core First Amendment interests are implicated, mean intuition is not sufficient yet that is all the county has brought forth.

And with that I would like to just conclude that I think if you pass this legislation as currently written that if destiny is for a federal court case because obviously there is First Amendment rights with the powers given to the Attorney General in this Bill. Thank you.

SENATOR ABRAMS (13TH): Thank you, sir. Are there questions or comments from the Committee. Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony. So one thing goes back to my "fake clinic" question. You said that all of the pregnancy crisis centers in Connecticut are listed on NARAL's website as "fake clinics?"

DAVID REYNOLDS: Yes, they are.

SENATOR SOMERS (18TH): And that is based on NARAL's interpretation of what a clinic is?

DAVID REYNOLDS: That's based on that these, I would guess such a broad sweep would be a guess since we all operate so differently that would just be because we do not provide abortion referrals. So every Two Hearts, every single clinic I know that provide medical care or don't provide medical care they are on their list and shown on their map as being "fake clinics."

SENATOR SOMERS (18TH): Would you consider that being false advertising?

DAVID REYNOLDS: I would consider it very deceptive?

SENATOR SOMERS (18TH): To be deceptive?

DAVID REYNOLDS: Yes.

SENATOR SOMERS (18TH): So one of the things I struggle with on this Bill itself, if this Bill is about deceptive advertising and practices I believe that it belongs in General Law not Public Health because it is an advertising labeling issue not a public health issue. So I just wanted to ask that because one's idea of a fake clinic versus someone else's idea of fake clinic are subject to interpretation. So do you consider yourself a clinic, do you consider yourself a center? You know, I'm not familiar with what your particular organization provides.

DAVID REYNOLDS: Our organization does not provide medical services. Our organization provides emotional support, referrals. Most of the time women that come to us whether they are pregnant or they just had a baby and are in some kind of situation or

they need assistance, are really looking for a shoulder or somebody to listen to them and give them direction, that's what we do. If they are part of our program we provide infant care, support, cribs, etc. for two years out from that point of service. If they need additional help like there is abuse, etc. we will refer them to the women's shelter for help or to other organizations. If I could just also mention as far as the fake clinics your statement about being referred definitely I feel this is the wrong Committee for this legislation cause it is about advertising and it is not about healthcare, and I know as myself and other directors of pregnancy care centers we don't agree with any deceptive practices, we don't want them practiced but we also don't want to give the Attorney General unlimited power over our centers, what we can say and do which to me raises a Constitutional question. We would not have, I believe any objection to having this reviewed by the General Law or the Commerce Committee to see if, you know, there could be some broader provisions put in if need be. I think many times we already have laws in place but if somebody feels there should be a little strengthening that would be the place to do it not in this Committee.

SENATOR SOMERS (18TH): Thank you.

SENATOR ABRAMS (13TH): Are there other questions or comments. Thank you very much for your time and testimony. Next is Nina Garofflo. Welcome.

NINA GAROFFLO: Hi. Good Afternoon, Distinguished Members of the Council. My name is Nina Garoffolo from Easton, Connecticut. I am a Labor and Delivery nurse at Yale New Haven Hospital. I am also the local Center Director of Hopeline Pregnancy Resource

Center in Bridgeport, Connecticut and am in strong opposition to SB 144.

After reading the proposed Bill, I find that I have a few areas of concern. The first is that the Bill intends to prevent Pregnancy Resource Centers from being "deceptive". However, what is considered deceptive is not specified. The language is, presumably, intentionally vague. In Section 2, the Bill seems to refer to what Pregnancy Resource Centers "should" know to be deceptive. Now, I think that I have a pretty good idea of what is right and wrong, deceptive or not deceptive. I am also fairly confident that my idea of what is right and wrong is significantly different than what the writers of the Bill consider to be right and wrong. It concerns me that the ambiguity of the language of the Bill could be abused or manipulated to meet an unspecified agenda.

Another concern is that the Bill gives the Attorney General sole authority to decide what is deceptive, and therefore a punishable offense. There is no accountability or system of checks and balances. Based on Section 3 of the Bill, the Attorney General alone can decide to bring a Pregnancy Resource Center to court if they violate this undefined bill and do not remediate the offense according to some undefined standard. This could mean that necessary funds and resources that would otherwise go towards providing services to our clients would instead go towards seeking legal counsel. Hopeline is 100% financially funded by private donors and every service that we provide, which includes pregnancy tests and ultrasounds, is free. We do not have unlimited funds to spend on legal counsel whenever the Attorney General decides that we are not following undefined rules.

I know that the counterargument is that if Pregnancy Resource Center were not being deceptive then we wouldn't have to worry. However, we DO have to worry because one person is going to have all the power to decide what is deceptive based on their own moral compass. Is it deceptive for me to wear a white jacket or medical attire? I'm a real nurse! That is my uniform! It was also mentioned that Pregnancy Resource Centers move near abortion clinics and that this is an example of deception. Our Bridgeport center has been in the same location for 12 years. A year and a half ago a Planned Parenthood moved in behind us. Will we now be penalized for our location?

I do completely agree that Pregnancy Resource Centers should be transparent about their role in the community. At Hopeline, each client has to sign a Limitation of Services, which specifies what we do and don't offer at our center. Our website states that we do not refer for abortion, but that the medical staff at each location can give factual medical information about the different procedures. After all, I am a nurse. This is within my scope of practice.

In conclusion, in 2019, we served, in our three locations served 753 clients. We have never received a complaint. Of the 753 that we served last year 99.5 percent rated their experience at Hopeline as "excellent". The other 0.5 percent rated it as "good". Our goal at Hopeline is to educate and empower women and to love them no matter what. We serve the uninsured and insured, women of every color, who speak every language, who are of every age and we do it for no cost at all. If anyone would like to come and tour our space we would love to have you. Please help us to continue to provide a

vital function in our communities and vote NO to SB 144. Thank you.

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

REP. ZUPKUS (89TH): Thank you, Madam Chair. I guess I just kind of have a comment. I appreciate what you were saying about defining what is deceptive advertising because what is it, right.

NINA GARIFFLO: It could be anything.

REP. ZUPKUS (89TH): I agree that has to be more defined, it leaves it very vague and very open and another point I had made earlier is about it seems to be that this Bill is picking winners and losers and no matter how you feel about either side of the issue is not the point but when you made the comment about you have a location now and Planned Parenthood moved close to you that was, as I remember last year, it was a big topic of discussion about location and so again to my point of this Bill should be across the board to everybody and not just picking winners and losers. So thank you.

NINA GARIFFLO: Yes, I appreciate your comment and because of our proximity to the Planned Parenthood it is literally around our corner. We have had a lot of, we have clients who come in looking for Planned Parenthood. We are very clear, we are not Planned Parenthood, we are Hopeline Resource Center, this is what we offer and this is what we don't. That is the first sentence out of our mouths. We also have had several clients come to us who have had terrible experiences at the Planned Parenthood behind us. We recently just, probably two weeks ago it think it was, we had a young girl come in, she called us looking for an ultrasound. She had gone

to the Planned Parenthood behind us and had a pregnancy test, was not told the results, she then had an ultrasound, they did a transvaginal ultrasound first and then a transabdominal which as a nurse we always go with the least invasive procedure first so we would never start with a transvaginal ultrasound. During the transabdominal portion the ultrasound tech turned to her and said, "I'm sorry I'm not very good at this" and still she wasn't able to see the screen, still was not told that she was pregnant or wasn't pregnant and then was handed a packet on information on second trimester abortions which they do not perform at this storefront location. She then called us and said, "what is going on" and we did an ultrasound and she was 23 weeks and a couple of days pregnant, 2 days to be exact. And had no idea, so we have several stories like that.

REP. ZUPKUS (89TH): Well, so I think that is even more to the point because there is no way that only one place is getting complaints. There is complaints on everything and so again just as important as to why this Bill should be across the board and not specific to a certain group. Thank you.

SENATOR ABRAMS (13TH): Other questions or comments? Thank you very much for your time and testimony. Next we have Liz Gustafson, sorry. Welcome.

LIZ GUSTAFSON: Hi, how are you? [Sighs] Senator Abrams, Representative Steinberg and Distinguished Members of the Committee on Public Health, my name is Liz Gustafson and I am the State Director of NARAL Prochoice Connecticut. I am here to stand in strong support of SB 144, AN ACT CONCERNING

DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS, excuse me.

NARAL Prochoice Connecticut has at the forefront of researching and documenting the practices of these crisis pregnancy centers for several years. We are an advocacy organization whose mission is to support access to a full-range of reproductive healthcare services including abortion. We gain no benefit from any particular type of medical services provided but simply advocate to make sure every individual is able to access the reproductive healthcare that they need.

In March 2018 we released an updated report on crisis pregnancy centers including multiple undercover visits. The finding from this report shows that although their practices are varied severe limited service pregnancy centers in Connecticut continue to deceive individuals who are trying to find abortion care. I will say not all limited service pregnancy centers in Connecticut advertise in that manner and we are really glad to see that public pressure and this legislature attention to the deceptive practices that have been ongoing have led to some changes on these websites. For example, some new crisis new crisis pregnancy centers for example, Pathway Pregnancy Center in Norwich, Connecticut who might not be represented today and may not honor the transparency and honesty that this legislation would help ensure. They have a lot of verbiage regarding abortion choices and statements for those visiting their website of what kind of abortions are available to you and we can help you understand your choices and your pregnancy and discuss your health and explain your abortion options. On February 29, 2020 one of our volunteers visited the mobile care van when it was in Hartford,

Connecticut and received pamphlets that included services for pregnancy testing, obstetric ultrasounds, education and community resource referrals. Additionally she was told there is no date that you are required to make a decision referring to what you want to do with your pregnancy. This is factually incorrect, misleading and unethical. It is untenable that women who are trying to exercise their constitutional right to access abortion should face deceptive advertising practices and intend to block or delay them from accessing that care.

Just to close, patient complaints should not and cannot be the only basis for dealing with this issue. The notion that this issue should be resolved in a government agency fails to recognize that we are actually trying to achieve with this Bill. It is crucial to remember that this is very different than when someone exchanged monetary value and received faulty goods. This is an extremely personal decision that is made between an individual and their doctor and these are people's lives and this Bill is about the well-being of women and those who need access to comprehensive care in our state. So thank you very much for your time.

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

REP. ZUPKUS (89TH): Thank you. Thank you, Madam Chair. Thank you for coming today and I have to ask because I asked the lady before you, so there are already, you know, there are already laws on the books about deceptive advertising.

LIZ GUSTAFSON: There are but it is my understanding that this legislation would fill an existing gap in consumer protection law but I will also want to note

that I am not a lawyer and that [Laugh] I would want to refer to Attorney General Tong or Jordon Goldberg from the NRH who is also a lawyer who submitted testimony on line.

REP. ZUPKUS (89TH): You mentioned a gap, what's the gap?

LIZ GUSTAFSON: So the clinics that charge for their services are already covered by the Connecticut Unfair Trade Practices Act which and Attorney General Tong mentioned that in his testimony last year and so this specific form of limited service pregnancy centers reference in this Bill are currently not regulated.

REP. ZUPKUS (89TH): Do you feel that it should be across the board, if it is deceptive advertising for one group it should be deceptive advertising, so if somebody is being deceptive, and I don't believe people should be, but whoever it is should be held accountable.

LIZ GUSTAFSON: Yes and it is my understanding that family planning clinics that are licensed are already regulated. I just would refer to them and the providers who work there just because I'm not privy to that specific regulation that they already follow but they already have to follow a lot of policies that are in place.

REP. ZUPKUS (89TH): And I would think all would have to follow cause Connecticut has a lot of regulations which I am sure you are aware of. So I would think that they all do I just feel again that it should be broad, it shouldn't just be targeting one group. Thank you.

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

REP. CANDELORA (86TH): Thank you, Madam Chair and thank you for your testimony. So there was a question I think was a reference Representative Zupkus had mentioned that you know, why is this Bill here, should it be in General Law because of the advertising piece was actually Senator Somers, the advertising piece, you know, really is sort of more of the consumer protection type of issue. But the example you had given about somebody meeting with an individual and saying that there is no time limit, I think falls outside this Bill in the way the Bill is currently written and that's to be is sort of a separate issue of just, you know, potentially deception or, you know, malpractice and so should Public Health be trying to address this in a different way. A lot of times we have a licensing process and so individuals are giving out medical information, it their licenses that are called into question.

LIZ GUSTAFSON: Thank you very much. I just included that specific example because the pamphlets that she collected did not disclose whether or not they provide or refer for abortion and so I think including that anecdote of what she was told when she was there just highlights the fact that that although they offer services that are useful for folks that do want to carry their pregnancies to term, it is, I see it as a threat to public health when they are not able to receive that time sensitive care and I believe that is why it does belong here because there is a cutoff and it is past, it is 24 days and 6 or something around there but like it can truly impact not only someone's health but their economic status and so many other components. So does that answer your question?

REP. CANDELORA (86TH): It does and I think, you know, it's a touch issue but, cause looking at this Bill and listening to testimony it seems to be turning into a much bigger issue. Originally when this Bill was before us last year, we were addressing the sort of over advertising that pregnancy centers provide and now I am hearing different issues with sort of the standard of care and then we start getting value judgements placed on it. So I guess, you know, I think we're gonna have to have a lot more discussion because this Bill is just so open-ended right now where the Attorney General is just given this blanket authority. Somehow there has to be I think some sort of a restriction. I know these issues are certainly sensitive, there are plenty of other medical circumstances that are sensitive as well whether it is dealing with nursing home care, elder abuse things of that nature where people are put in a position, all of those situations require some sort of a reporting to the appropriate agency to trigger something and this Bill completely lacks that and so I'm just trying to figure out what the Bill is trying to accomplish cause now it doesn't sound to me like we're talking about advertising now we're talking about care and value judgements. So.

LIZ GUSTAFSON: Can I just reply to you? I do understand where you're coming from and as I mentioned it is clear that our increased amount of education and awareness and all of your awareness and attention brought to this issue has had a positive impact in that a lot of limited service pregnancy centers have updated their websites but that is not to say that other ones that open, you know, after this session ends, will do that. And I'm happy to see that these places are being

transparent and we would want to ensure that any new crisis pregnancy center that opens would follow this same guideline that we've seen others be able to do.

REP. CANDELORA (86TH): Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Representative Michel did you want? [Laughter] Return to your seat, reminding me of my teaching days.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you for testifying today. Would you say that a pregnant woman's health could be in jeopardy due to false advertising?

LIZ GUSTAFSON: Yes.

REP. MICHEL (146TH): Thank you. Thank you, Madam Chair.

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

REP. BETTS (78TH): Thank you, Madam Chair and thank you. I've heard from several speakers today, I must confess that I am really confused now. My understanding of this Bill, the purpose of the Bill is what Representative Candelora talked about before which was deceptive advertising. Is that not what the focus is?

LIZ GUSTAFSON: Correct.

REP. BETTS (78TH): We're not talking about abortion, not abortion but advertising practices?

LIZ GUSTAFSON: We're talking about advertising practices regarding women's reproductive healthcare which does include abortion.

REP. BETTS (78TH): No, I understand that point but there is a big distinction in my mind between advertising practices whatever it is and then the issue that you were talking about medical care and somehow I think we're mixing the two cause I've listened to everybody, I still don't understand what this Bill is doing before Public Health. It is my understanding and this was confirmed last year and also with the ruling of Attorney Kahn that this really belongs in the Department of Consumer Protection. Can you explain to me why it would not be? How is Public Health supposed to rectify, in your mind, deceptive advertising?

LIZ GUSTAFSON: So, I will say with all due respect, I am someone that needed time sensitive healthcare and I am someone that sought an abortion. And I am privileged and lucky to know exactly where I needed to go but the thought of involving a government agency such as DCP and having to explain my personal experiences and situation with them is unfathomable. I, that is not something that I could see happening and would not want to see happening and so I, it's really should not be up to DCP and up to the folks that have experienced, know that they have experienced it in the first place which I think Dr. Liles spoke really well to earlier and that I understand that there are some surveys and things that folks can fill out but then she is really told what that experience was like because people might have even have known and I think it is a public health issue when we can prevent any delay in receiving healthcare before it even happens and I hope that answers your question at least for the most part, but.

REP. BETTS (78TH): Yes, thank you. I appreciate that. For any kind of medical procedure or medical

help that we seek and it depends on the individual I'm sure but how do you go about for example, let's say you're seeking an abortion or you want to find out the pros and constituents of that. Can you explain to me the process for doing that because it seems, if it were me and a medical procedure I would want to have more than one opinion if I wanted to have the holistic approach and then I would make my decision? Do you think that is common or not common?

LIZ GUSTAFSON: Well I think that, you know, we all love to Google and so another important component of I think this legislation would address the deceptive language or advertising using Google searches and I also think that it is important for folks to understand and be able to know when they are doing that research that some places that are giving them information that are popping up do not provide those services and it just be clear to them so that when, you know, it would just, that would help address the issue of any delay in receiving care, yeah.

REP. BETTS (78TH): Okay, thank you very much.

REP. STEINBERG (136TH): Any other questions?
Senator Somers followed by Representative Zupkus.

SENATOR SOMERS (18TH): Yes, hi, thank you for testifying. You know, we had spoken before and I don't believe that anybody should be deceived or there should be any kind of deceptive practices or advertising especially when it comes to health. But I do have a question cause I think it is fair to say that has to be consistent for, you know, two different philosophies let's just say. So I heard you say that many of the limited service pregnancy centers that are in Connecticut are doing a better job since we have taken note of this and you are

happy to see that they maybe are doing things differently than they were before. I can't really say but you said that they were coming along and that in your opinion if there was new ones you would hope that they would be transparent. Then we also heard that NARAL has them all listed as "fake clinics." So if they are doing better and they are being transparent why would they still be listed as "fake clinics". So I think for this legislature or this Committee we're in a situation where a lot of this is he said, she said hearsay that we don't have actual data, you know, NARAL did their data collection but we don't have an ability to review how that data was collected. I remember last year we heard that somebody went in with fake pregnancy urine from someone else and got in, went in to see kind of undercover to see what was happening. To me that is deceptive. So I think we run into this. We're kind of in the middle of the two different organizations, one trying to from what they say, you know, help women in a time of crisis as a pregnancy crisis center the other wanting to ensure and rightfully so that women can have access to all the medical services that are available. And I think a lot of is as Representative Candelora has indicated is, comes down to either a moral judgement or a value judgement or a personal judgement as to what is deceptive and what is not, you know, what is concerned a clinic, what is considered a center and I think this Bill misses the mark. I think there has to be more definition of what is going to be considered deceptive versus nondeceptive that we all have to agree on. I also fell that right now checking with DCP there has been no complaints on anybody providing services or whether it is just support or guidance however you want to put it through a pregnancy crisis center. So it is

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difficult when they have helped, you know, 30 something thousand people in the State of Connecticut don't take a dime from us to be able to say that this is actually happening when we have no complaints. And if it is going to be difficult for a woman to go in front of DCP how will it be easier to go in front of the Attorney General and to be able to submit something? I think that the Attorney General has plenty of things to do, the last thing he should be doing is to be, you know, getting in the middle of this. That, you know, the way this is written there is no definition so basically in the way I see this is if the Attorney General decides it is deceptive, it's deceptive and I don't think that is right and I believe that maybe, you know, NARAL wouldn't thing that is right either because it is a judgement call, it's a decision based on whatever I personally feel or whoever is in that power position feels. So I would like to figure out a way to make this work in a more clear direct manner but I just don't think this Bill the way it is written does that and I think that we could, as Representative Candelora, come together so we are making sure people are not being deceptive, we have a criteria for what deception means. That DCP can handle it because that is what they are designed for and that people are being transparent and maybe we can, you know, end this sort of quagmire that we are in between what I think a pregnancy center is, what someone else thinks it is, what a clinic is versus non-clinic would really just information that's come to us that is third hand. So I just wanted to let you know where I am and it seems even just in the statements we've heard we think these pregnancy centers are doing better but then they are still listed as a "fake clinic" so is that deceptive for your organization to put out that these are all fake

clinics cause again that is a judgement call on what you think is a clinic and fake versus what other people think? So that's what I am struggling with and I just wanted to make that clear.

REP. STEINBERG (136TH): Senator if I recall the testimony of the Attorney General from last year, I believe that this would enable them to bring suit, they don't decide themselves whether or not, it a court of law that would make that decision but their argument is that would have to have sufficient cause to bring a suit so I just want to make that clear.

SENATOR SOMERS (18TH): That cause is their judgement based on a nondeified definition of deceptive, so that's where I struggle.

REP. STEINBERG (136TH): As I'm not a lawyer I don't know it for a fact but I do understand that in the profession they have to come to those kind of determinations all the time. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Thank you, actually this is for your Representative Steinberg because you were just talking with Senator Somers so it brings forth a suit, who pays for the attorneys on both sides. So there is a complaint filed, so to the Attorney General from a woman and then it is against these pregnancy centers, who pays for the attorneys in the case for the woman that files the complaint and who pays for the attorneys for the people being sued, I guess?

REP. STEINBERG (136TH): My understanding is it would not be a woman who filed the complaint it would be the Attorney General filed the complaint and then they have lawyers on staff to pursue such a suit. But obviously the defendant in this case would have to supply their own.

REP. ZUPKUS (89TH): The State would pay for one side and then the defendant would have to pay for the other.

REP. STEINBERG (136TH): It is my understating, again, I'm not a lawyer but makes sense. Representative Kennedy.

REP. KENNEDY (119TH): Thank you, Mr. Chairman. Thank you very much for your testimony. It sounds like a very personal, as you mentioned, that you found yourself in a situation and you talked about Googling but you said when you were in your situation you knew what you were going to do so I would think if someone were going to Google and I am trying to understand because we've talked about so much, if you know you're probably going to elect towards an abortion wouldn't you not Google abortion centers in the State of Connecticut versus pregnancy centers because I did it before and you come up with two completely different lists, so I guess that's why as Representative Zupkus, you know, it has to go both ways I would think. But is more of a comment not necessarily a question but you see what I'm saying. It's, so for me I'm just trying to understand the two. How would I know, am I going to a pregnancy center or am I going to an abortion clinic because two totally separate lists do come up.

LIZ GUSTAFSON: Well I would say and Thank you for highlighting that, that comprehensive reproductive healthcare clinics do offer all of the options so I think if someone was fully aware of there was one near them, they would just go there, that's what I did, I went to Planned Parenthood because they are who I go to for my regular gynecologic care but then if those two things popping up and people are

still, they still might be deciding what they want to do or finding the option that is best for them and so their life and future then I think there is myriad of reasons why they might go to one or the other, it could be their location or lack of transportation or items of that matter or so.

REP. KENNEDY (119TH): Thank you very much. I know it was very difficult for you so I do appreciate it. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions? If not, thank you for your time today. We really do appreciate it. Next is Adrienne Greto followed by Josephine Bittner.

ADRIENNE GRETO: Good Afternoon everyone. I know Liz is stepping out but I just wanted to publicly say thank you for sharing her story. I know that takes a lot of courage and bravery. So I'm, yeah. Thank you for letting me be here today, Representative Steinberg it's great to see you, Representative Michel, great to see you also. I'm still waiting on that visit. [Laughter] I've said several times that I'd love to have you visit, I know we're texting buddies, you text me anytime and I will make time to have you visit our centers so you can see what we do.

It is clear that I am in vehement opposition to Senate Bill Number 144. I also realized that I didn't introduce myself. So I am Adrienne Greto and I am the Executive Director of Hopeline Pregnancy Centers in Danbury, Bridgeport and Stamford and I am also the secretary on the Connecticut Pregnancy Care Coalition. I had a lot written that I know that had to be shared and has already been shared and I think that my time is better spent sharing factual

information and just discussing things that have been shared before.

So first I would like to address a comment that Representative Gilcrest had said, one of the things she mentioned is that Hopeline and Birthright are national organizations, so I just want to be clear Hopeline is not a national organization. We are specifically local. We are affiliated with a national organization but Hopeline itself is not, so I just wanted to clear up that misunderstanding. I also really want to address that there are activist groups and then there are people who are on the ground serving in facilities. So we know that NARAL is an activist and they are not Planned Parenthood. We know that pregnancy centers are, we offer medical care but we are not activists groups. So I just want to be mindful as we are searching and Googling that we're aware of what we're looking at. Last year Representative Cook had pulled up a website from the Connecticut Right to Life, they are an activist group, they are not a pregnancy center so I think it is really important that we're just very clear on what we're looking at and that you make sure you're looking at a pregnancy center's page not specifically an activist group.

I also just wanted to share to, Representative Betts you shared that in your opinion you would want multiple opinions if you were seeking medical care. So we recently had a client come to our Bridgeport location and she had said she had gone to Planned Parenthood right behind us and they had told her was miscarrying and she needed to take the abortion pill immediately and she left in tears, she was very fearful and she came to us for a second opinion and through our trained medical staff, our registered medical diagnostic stenographer that has been

cleared by our medical director, she found that there was a heartbeat and she in fact was carrying a healthy pregnancy. So just to your point of multiple opinions and good care and accurate information I just want to be clear that several points have been made to and I know Representative Sommers had shared that maybe across the board would be wiser if we're gonna push legislation like this. And I also just wanted to touch on another thing that Liz had just shared, you would want to go to comprehensive clinic like Planned Parenthood but I just want to be clear that there is no Planned Parenthood in the State of Connecticut that offers comprehensive care, they do not offer prenatal care, just like pregnancy centers, we are not an adoption agency, we are not a prenatal clinic and we are not an abortion provider. So just I want to be clear about that too.

REP. STEINBERG (136TH): I'm going to ask you to wrap it up.

ADRIENNE GRETO: Yes, lastly I just want to say that I am representing also the Connecticut Pregnancy Care Coalition and we have 11 centers so I and the coalition leaders can only speak to those 11 centers. I cannot speak, there are other centers that have been mentioned that we cannot speak for because they have not joined our coalition. We have a long list of standards that we abide by and so if you have any questions about what those are I am happy for you to ask me but yes, so in summary I am opposed to Senate Bill Number 144.

REP. STEINBERG (136TH): Thank you. Thank you for being here today. You made mention of the fact that it is always good to get more than one opinion. Are you aware of circumstances where somebody went to a

center like yours and were referred to a provider that provided more healthcare services than your center provides, so has it ever gone in the other direction where there has been a referral to somebody who might want to consider an abortion?

ADRIENNE GRETO: That someone has referred someone to us who is interested in an abortion?

REP. STEINBERG (136TH): The other way around is what I was talking about.

ADRIENNE GRETO: That we referred someone for an abortion? Okay, so no. And we do not refer, perform or recommend abortion in any of our centers and it is on all of our websites, it is for Hopeline.

REP. STEINBERG (136TH): So in terms of always looking for a second opinion you would never recommend somebody seek a second opinion if they were interested in an abortion so how is that consistent with you desire to always have a second opinion?

ADRIENNE GRETO: So I wouldn't recommend it, but I wouldn't prevent someone from choosing to go look at another opinion. I would never stop someone from saying, no, no I would never say you can't go there, you can't go to Planned Parenthood. It is there obligation where they go for care.

REP. STEINBERG (136TH): But we've heard some feel that they were socially intimidated and told they feel guilty and been told that they were sinning, you don't feel that would have some impact on people's ability to make an informed decision on their own if they are being pressured in that fashion.

ADRIENNE GRETO: I absolutely feel like that would make someone feel incredibly uncomfortable and I will be the first to say that I am really sorry if that happened to someone, that is not how we operate as Hopeline, that is not how members of the Connecticut Pregnancy Coalition operate and if there is someone that has said that, to be sure of their story, I would personally have a conversation with them, would love to get information about where they went because that is unacceptable behavior, absolutely unacceptable.

REP. STEINBERG (136TH): Well from what you've shared with us today and in the past it sounds like your centers and some of the other centers that you are affiliated with probably do not behave in the practices that we're concerned about in this Bill and since that would not affect you why do you continue to oppose it?

ADRIENNE GRETO: Yeah, I think part of it is exactly what Representative Somers was sharing that we feel like it is very targeted towards pregnancy centers specifically because we don't offer abortion and we think that it should be across the board. And I am aware that if this legislation passed, I'm confident that Hopeline would not be penalized, we strongly believe in truthful, ethical practice. I think my other, the other part of my concern is that it is not even across the board and specifically targeting religiously affiliated pregnancy centers. And that is really frustrating to feel part of a target.

REP. STEINBERG (136TH): I can understand that. Are there other questions or comments? Representative Genga followed by Representative Michel.

REP. GENGA (10TH): Thank you, Mr. Chair. Thank you for your testimony. You mentioned that it was an

error that you are part of a national organization but you are affiliated with a national organization.

ADRIENNE GRETO: Correct.

REP. GENGA (10TH): Could you explain the difference?

ADRIENNE GRETO: Yeah, so we have a mother organization called Peernet and they, we abide by their standards. So Hopeline is specifically in Fairfield County but our affiliate they help us with medical standards, they help us with training our board, with how to train staff, a wide range of things they help train us with, writing job descriptions, you know, for our specific needs in the Center so that is the reason why we have that affiliate. There are a couple across the country but they are specifically one of ours so Hopeline is just in Fairfield County and our affiliate is national.

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

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Adrienne for testifying today. I was wondering do you recall last year's Public Hearing at one point Hopeline was mentioned for some deceptive advertising online and I don't know if you recall but during the Public Hearing we found some things that seemed deceptive to us and I think it was a conversation where during the Public Hearing the website was changed, changed its wording, do you recall that.

ADRIENNE GRETO: I know what you are speaking of but it actually wasn't changed during the Public Hearing, it would not be possible because we have an organization or a company that runs our website, it

would take lots of time. What I do recall is that Sarah Croucher in her testimony took a snapshot and I actually addressed this in my public testimony last year. She took a snapshot of our website and failed to include the next paragraph down that shares the truth about what we do. So that is what I believe you are referring to. across all of our literature and website it says we do not refer.

REP. MICHEL (146TH): And do you recall the, I found myself a flier from Care Net.

ADRIENNE GRETO: Okay, I'm not the Care Net Center. We are affiliated with Care Net the national organization but we're Hopeline.

REP. MICHEL (146TH): Right, so well does again, just to repeat the good words of the Chair, this is only targeting centers who would not who would be doing deceptive, if you're not then you're obviously not a target for the Bill.

ADRIENNE GRETO: I think the concern is that we are not the target of the Bill but because there is no specificity the Attorney General could decide well I think this is deceptive today and, do you understand there is no clarification to what deception is. Also I would love to see the literature that you're referring to if you could show me that I would be happy to have a conversation and bring in the executive director of that center, yeah. I just can't speak to something that I don't see.

REP. MICHEL (146TH): Okay, just for the record, I'll just read the Hopeline thing from last year, "Someone experiencing an unplanned pregnancy has multiple options including abortion, adoption and parenting. If you are considering any of these three please schedule an appointment today to talk

with our accounting staff to get the information you need to make an informed decision.

ADRIENNE GRETO: Could you scroll down.

REP. MICHEL (146TH): I remember doing this last year but so do you.

ADRIENNE GRETO: I can show you, we can have an aside and I can show you exactly on the website where it specifies that we do not refer or perform abortions, I would be happy to do that for you.

REP. MICHEL (146TH): So then you have two conflicting texts on the same page, is that correct?

ADRIENNE GRETO: That is not conflicting, it says we will give you the information, it doesn't say we will provide you with an abortion, it doesn't say we will provide you with an adoption, it doesn't say it will provide you prenatal care. It says we will provide you with information.

REP. MICHEL (146TH): For the sake of time, I'll stop there. Thank you for testifying. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Are there Any other questions? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you for your testimony. I am trying to sort of unpeel this onion a little bit. For your centers, I am sure you have different levels of people that volunteer or work for your services. Are there certain standards of review when you hire, what is that process like?

ADRIENNE GRETO: Yes, so first of all speaking about medical professionals, we have an amazing medical director Dr. Fuay [Phonetic] and he has incredibly

high standards. For example, to do ultrasounds he only will allow registered diagnostic medical stenographers his standards are so high that he doesn't want a nurse who is trained in stenography, he specifically wants someone who has gone to school for years for ultrasound. So you have to, if you are hiring for medical you have to have an active license, I myself because I started working for Hopeline, I went to an accredited school to get my nursing assistant license so I have a license in the State of Connecticut to be a nursing assistant. So as far as medical standards our doctor has very high standards about who we hire, who even volunteers in our Center. We have a vetting process, we have an application, we call references, we have an interview so it is very detailed as far as who we let in our centers. We care about women and we want to make sure that they are getting good care and accurate information.

REP. CANDELORA (86TH): And I guess cause originally when this Bill again was brought before us, the discussion was around the deception of advertising. I am envisioning the sign on the door, information possibly on a website and there is this notion that people are going in there and then being provided with a particular type of service and it seems to be and I think where the opposition for this Bill comes into play aside from the fact that it gives the Attorney General a lot of discretion, the dialogue seems to be potentially that you would have an obligation to offer a service or provide a service that you don't necessarily agree with, an abortion. And then I start thinking about if I am going to a particular doctor, say I have this happen where I might need to see a dermatologist. Well the issue could also be handled by a podiatrist, so my doctor

had referred me to a dermatologist, I made the decision when I left there I am going to call a podiatrist to take care of the issue and that's the route I went. So it seems where this Bill is going and would you agree with this, if we're gonna mandate what you provider, I mean this is a discussion where we should be telling a doctor that I should be given all my options, I should be referred, offered, you know, a podiatrist and a dermatologist or an optometrist or an ophthalmologist and where would you fall on that, and you had to reconcile that?

ADRIENNE GRETO: Yeah I think, when I think about this legislation it's again clearly targeted towards centers who don't believe, who don't refer for abortion. We are prolife centers and so but no one is complaining that we are not offering prenatal care, they are just upset that we are not offering an abortion. No one is complaining that we're not an adoption agency and facility making adoptions, it is very clear, what this is very specific to and so although we know that this legislation isn't talking about abortion, we are not talking about overturning *Roe v. Wade* it is clear that that is the agenda behind this type of legislation.

REP. CANDELORA (86TH): So how does a patient typically find your center?

ADRIENNE GRETO: Yeah, so our biggest referral is word of mouth. Our biggest way people find us because we've had a client and they have shared with their family and friends. And so I think that is a beautiful testament to the way that we operate and the way that we serve. We do run statistics annually to see how people find us and so the number one way is word of mouth.

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

REP. STEINBERG (136TH): Any other questions? If not, again good to see you. Thank you for your time today. All right, I think we got the message on that one [Laughter]. We have Josephine Bittner and I am going to allow Mayor Bronin to testify after Josephine. I understand that the Mayor was tied up this morning if I can guess it was probably something very important and we are going to afford him that opportunity. Josephine.

JOSEPHINE BITTNER: I would like to say I am so thrilled at this time to be able to say, Good Afternoon committee members. [Laughter] You know what I'm talking about. My legal name is Josephine Bittner and nickname is Jo Ann. I am most vehemently opposed to Senate Bill 144, which has been labeled "AN ACT CONCERNING DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS." Now, just imagine for a moment that lies were told about you or any of your family members on social media, radio TV, and in newspapers. Now this is not true, but I'm sure that you would be upset and angry at this. Imagine how upset and angry I am at hearing for the third year in a row that pregnancy resource centers use deceptive advertising.

I have a question for the writers and proponents of this Bill, and to the Committee - where is the substantial evidence that clients seeking services at pregnancy resource centers are currently being lied to or deceived by their advertising? I can't find any complaints about this on the ABC Women's Center client reviews.

Second question - have you ever visited pregnancy resource center to see what information they hand out to the clients and how they do things? I have

volunteered at ABC for over 14 years, and I can tell you that I have never, ever deceived or lied to a client over the phone or when they come in for an appointment.

Also, have you ever visited their website or read any of their advertising? I have and just recently too. On the ABC website it states that it does not refer for abortions or do abortions. In the FAQ section there is a question, "Does ABC perform or refer for abortions?" The answer clearly states, "ABC does not perform or refer for abortions." So tell me, where are the lies and the deception? I have never, ever been told by a client, or have heard any complaints concerning a client being told lies or being deceived.

Now, this bill assumes that women with an unexpected pregnancy are not interested in other options or alternatives to abortion. They may feel that with an unplanned pregnancy they have to face the abortion decision alone, that there are NO options available to them. At ABC we want women to be educated on ALL their options so that they can make an informed decision regarding their next step. All the information and services offered are free to clients. There is NO taxpayer money involved. In closing, I hope you understand that there is NO deceptive advertising or practices at the pregnancy resource centers. I strongly urge you to vote against SB 144.

REP. STEINBERG (136TH): Thank you for your testimony. Questions? Thank you for your testimony. Next up is Mayor Bronin followed by Deanna Wallace.

MAYOR BRONIN: Good Afternoon, Senator Abrams, Representative Steinberg, Senator Somers,

Representative Petit and Members of the Public Health Committee. Thank you for the opportunity to submit testimony in support of SB 144 AN ACT CONCERNING DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS.

I am proud to be here again to push for statewide legislation that is similar to but narrower than an ordinance that we enacted in Hartford. This legislation is rooted in a very simple principle that women deserve to be told the truth especially when they are making decisions about their own health and wellbeing, specifically the Bill would protect clients from advertising that it deceptive, whether it is by statement or omission that a limited service pregnancy centers knows or reasonably should know to be deceptive.

In Hartford we passed an ordinance banning deceptive practices based on the concerns of young women who were trying to access reproductive health services at the Hartford GYN Center. The Hartford GYN Center has given women in Hartford access to a full range of reproductive services since 1978 and in 2017 a crisis pregnancy center opened in an adjacent office building just across. That alone is not a problem, the women's center that opened certainly has a right to provide the services it wants. However we heard a number of complaints about from women who felt that women's center tried to deceive them. We heard that as women walked in for appointments at the GYN Center they were led to believe that their appointments were in fact at the crisis pregnancy center. We also discovered that the women's center was touting the fact that is sought to this is word used by someone associated with the crisis pregnancy center "lure women" who were trying find the Hartford GYN Center. Regardless of your views on

abortion we should all agree that women deserve to know the truth, have access to accurate information and that deceptive conduct is wrong and this legislation before you today would prohibit the kind of deception that women in Hartford have been exposed to while doing nothing to infringe on First Amendment rights. And where there is no deception there is no reason to worry. Thank you very, very much for the opportunity to testify.

REP. STEINBERG (136TH): Thank you, Mayor Bronin. You only arrived here fairly recently but we've been hearing testimony about this issue now for at least an hour. A number of people have asserted that there have never really ever been any complaints registered here in the State of Connecticut yet you assert that you have heard any number of complaints, are those complaints you could share with us?

MAYOR BRONIN: Our ordinance did not spring from the minds of policymakers in city hall. It originated in complaints and concerns that were brought to us by women from their personal experiences seeking services.

REP. STEINBERG (136TH): To be clear, have you submitted testimony that substantiates the reason for the ordinance that you created?

MAYOR BRONIN: We have.

REP. STEINBERG (136TH): So we will look to that testimony because that seems to be a very important point that has been made here by a number of people that there have been no complaints, that this is not an issue, this is kind of made up and you actually have some substantive evidence?

MAYOR BRONIN: Mr. Chairman, and again the word that I use that the crisis pregnancy center sought to

"lure" women from the clinic that was, that offered the full range of reproductive health services is a word that was used by individuals affiliated with the crisis pregnancy center on social media describing their practices and their mission. It was to "lure women" away and the offices were located in such a way as to intentionally make that distinction unclear and again that alone would not be deceptive but then to take advantage of that location to make women think that their appointments are one place rather than another I think is a good example of deceptive practices.

REP. STEINBERG (136TH): Mr. Mayor, we are all aware that there is an ongoing legal suit with the City of Hartford regard to the ordinance you tried to pass yet you also testified that that the Bill that we are considering is not identical to the ordinance that Hartford passed. Can you help us understand the difference?

MAYOR BRONIN: Sure, so let me start by just distinguishing Hartford's ordinance from a California law that was struck down. It was a California law which I'm sure the Members of the Committee are familiar with that provided, required that centers refer for abortion and provide information about the full range of reproductive services available to a woman. That was struck down in California. Our ordinance does not do that. Our ordinance contains two elements, one element is an affirmative requirement that crisis pregnancy center disclose the fact that they do not have medical personnel on staff if they do not have medical personnel on staff. The second is a prohibition against deceptive advertising. So there are two elements of the City of Hartford's ordinance. The Bill before you, if I understand it correctly, is

narrower than that, it has only one of those elements which is the prohibition against deceptive advertising.

REP. STEINBERG (136TH): I will state that there are a number of legislators on this Committee who are concerned about an ongoing lawsuit which could have bearing on our own deliberations but I think you helped us understand that that fundamental difference may create a different path for our legislation and the ordinance that the City has entertained. Are there questions? I'm sorry, Representative Betts, you have a question?

REP. BETTS (78TH): Did you submit testimony, Mayor?

MAYOR BRONIN: I don't know whether or not it has been submitted yet, we intend to submit that testimony today so it should be in shortly.

REP. BETTS (78TH): The only reason I ask and thank you, Mr. Chairman, the only reason I asked you mentioned when I was listening to you, you had specific examples and I was just looking for it and you said it was included in the testimonies.

MAYOR BRONIN: So I submitted testimony on a similar Bill last year, if our testimony has not yet made it to the record I apologize but it will.

REP. STEINBERG (136TH): We will look forward to that today. Senator Somers.

SENATOR SOMERS (18TH): Yes, Good Afternoon, Mayor thank you for being here. I have a question on the complaint that you received. Did the women that made the complaint to the City of Hartford also make them to, did you encourage them to reach out to DCP, do you know if those were filed because DCP says they have no complaints?

MAYOR BRONIN: Well, I can't recall. I don't know.

SENATOR SOMERS (18TH): You can't recall or you're not sure?

MAYOR BRONIN: Well when we, yeah, I don't know. I mean there were first of all a few years ago. Second of all when we received those complaints our concern was whether they were something we could do from a policy perspective in local ordinance to address those concerns.

SENATOR SOMERS (18TH): Okay and I know you also have mentioned that your ordinance specifically talks about deceptive practices so can you tell us specifically what you considered the deceptive practices to be because it's not defined in this Bill.

MAYOR BRONIN: Sure. I'll give you an example. When personnel at a crisis pregnancy center wear white coats which is often taken to be an indication of someone who is a doctor when they are not in fact a doctor. That could be an example of a deceptive practice. I would personally consider that deceptive. Whether the Attorney General consider that deceptive would be something for the Attorney General to consider. That is one example. I think I gave another example already which is telling a woman who thinks that she is arriving for an appointment at in this case the Hartford GYN Center that, oh no you should come through this door, your appointment is over here when in fact it is not.

SENATOR SOMERS (18TH): Okay, so does it specifically say in your ordinance if you wear a white coat you have to be an M.D. or, I'm just curious because you go to an emergency room a phlebotomist is wearing a white coat, I know I had a manufacturing company we

all wore white coats so I, that again is sort of for me, and I'm not saying that is a judgement call.

MAYOR BRONIN: Sure there is a definition of a licensed medical. I may get words wrong on this one so please don't hold me to precision but I believe the definition of state stature of a licensed medical practitioner which is broader than M.D. and our ordinance speaks to a requirement that if there are not licensed medical practitioners on site that needs to be disclosed. Now in a facility that is designed to look like a doctor's office with examining tables with shelves stocked with supplies that you would normally see in a doctor's office and if the personnel there are wearing white coats I think it is not an unnatural conclusion to think that there are licensed medical practitioners on site. If that were the case and there were no disclosure I personally believe that would violate our ordinance and I believe a prohibition of that is not only legal but appropriate.

SENATOR SOMERS (18TH): Okay, just a follow up and I'm not trying to be a pain I'm really trying to get clarity because it is so vague in this particular Bill so, your ordinance says if you, you have to disclose if you have medically licensed practitioners on?

MAYOR BRONIN: You do not.

SENATOR SOMERS (18TH): Do not. Okay, so you couldn't have an organization that didn't have any licensed medical practitioner that was a pregnancy crisis center unless you disclose.

MAYOR BRONIN: True which again does not seem to be an unreasonable burden, you just have a sign saying

this center does not, is not staffed by licensed medical practitioners.

SENATOR SOMERS (18TH): Okay and you would also say the same thing for Planned Parenthood if they were wearing white coats that they would have?

MAYOR BRONIN: This would apply across the board although.

SENATOR SOMERS (18TH): That is one of the things that is tricky in this particular situation. Okay, thank you.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. Good Afternoon. Thank you for coming, Mayor. Senator Somers alluded to my question but so, I'll ask that question first. So do you believe that this legislation should apply across the board, whoever is having deceptive advertising, it should not be picking winners and losers?

MAYOR BRONIN: I am opposed to deception across the board particularly when it comes to anyone seeking medical care particularly when it comes to women seeking advice and care at a time when they are facing enormously consequential choices about their health, their life and their future.

REP. ZUPKUS (89TH): I agree with you. And so as far as this ordinance and so the group that is in the lawsuit, this pregnancy center, did they have white coats and tables and?

MAYOR BRONIN: I believe so.

REP. ZUPKUS (89TH): Did you ever go to a tour there, did you ever tour the facility?

MAYOR BRONIN: Nope.

REP. ZUPKUS (89TH): You did not. Okay.

MAYOR BRONIN: Nor do I, respectfully feel the need to. If they have all those things and they disclose there are no licensed practitioners on site then, no problem. If they don't have those things and there is no apparent attempt to deceive then no problem.

REP. ZUPKUS (89TH): Okay. I would just think of us in a lawsuit. I mean if it comes to that level somebody should go in [Cross-talk].

MAYOR BRONIN: I don't make a habit of doing house calls to those that are suing me but I understand your point.

REP. ZUPKUS (89TH): Okay and just as a comment that was made earlier, it is not that when complaints are being made I disregard them or don't believe that is true because people complain most of the time genuinely. My concern more is of is a written official complaint. So if there is 100 people complaining there's got to be one person out of those that would file a written official complaint, so there are, are there any official complaints or just what you gathered from [Cross-talk].

MAYOR BRONIN: I think that you can, I suspect that you can relate as a legislator you don't need to have, you know, something sent to you by certified mail or signed by an attorney for you to consider the policy implications of something that one of your constituents has raised. You hear concerns as you are in the grocery store as you're in town meetings and you consider whether there is a policy response that you might think appropriate and that's what we do as well.

REP. ZUPKUS (89TH): I do and I'm a big believer, I'm not saying you're not, I'm just saying as a

legislator I think it is important to hear both sides of the story.

MAYOR BRONIN: I think that is right. What I would say is that I think that's always important but I also think it is important to ask whether or not you are imposing a significant burden on anybody with the legislation or policy that you consider and, you know, my belief is that a prohibition against deceptive practices is common sense.

REP. ZUPKUS (89TH): And I agree, no one should be deceptive in their advertising. Thank you.

REP. STEINBERG (136TH): Any other questions?
Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you, Mayor for your testimony and your words. I just want to further go into a little bit of depth on this persistent ask of names, details of individuals who have actually complained. My understanding is that this is a very private and sensitive issue for some of the victims and when that happens they are using private ways to communicate their concerns. They are not necessarily write a testimony, write something with their names and details to be able to be there because they feel concerned because of the backlash because of their internal dimensions and challenges they may have had. Is that fair?

MAYOR BRONIN: Absolutely, sir.

SENATOR ANWAR (3RD): Okay, so and when you were looking at this policy were you're counting the number of people who were gonna complain or were you looking at the moral argument of deception?

MAYOR BRONIN: The later, Senator. I think that is a nice way to put it.

SENATOR ANWAR (3RD): Okay and if we are to persist and ask for names, details, addresses and information about individuals to hide behind confusions if you will, and move away from the straightforward Bill we are going to be allowing the deceptions to continue.

MAYOR BRONIN: I think you are certainly creating a, I think it creates intimidation and kills conversation about an important policy issue and I agree with you, I think protecting personal privacy is vital in any debate like this. And again when I say we are providing details I don't mean providing the names of women, I mean giving example of the type of conduct about which concerns were raised to us.

SENATOR ANWAR (3RD): And when they go to the real medical professionals and we have some and the American College of OB-GYN has the official testimony with states because of HIPAA laws they will not be able to provide us the names and details of those individuals but they have shared some stories. So we have the information but and that's there and the entire organization of OB-GYN and the State of Connecticut have taken a public position that the deceptive practices are wrong and should be stopped. And was it similar position for them as well for when you were addressing it in your town, in your city?

MAYOR BRONIN: Senator, I don't remember whether the OB-GYN Association took a formal position on our Bill, I can say that we consulted widely during the process of crafting our bill and again it was our belief that based on the concerns that had been

raised to us, based on our own view of the policy choices in front of us, that this was really a pretty straightforward way to try to ensure that women are not subjected to deceptive advertising or communications at a very vulnerable moment.

SENATOR ANWAR (3RD): So, that's one thing I've heard so I just wanted to demystify this confusion for anybody else who is listening that having the names, details of the victims is not a necessity and I'm bringing this conversation back even though we had this earlier but I want to make sure we keep addressing it. The second piece is that if somebody is not deceiving they have nothing to worry about. [Cross-talk].

MAYOR BRONIN: That's correct. Obviously there, prohibition against deceptive advertising is of concern to those who are engaged in or are contemplating engaging in deceptive advertising. You know, to your point about individual information and I suspect this Committee were considering a Bill that had an impact on whether or not insurers could refuse to insure because of preexisting conditions, you would not demand that patients reveal their condition or their medical history, you would be able to engage in a serious thoughtful policy discussion without that level of detail.

SENATOR ANWAR (3RD): And while everybody thinks this is confusing I think it is pretty straightforward, be honest, and then say what you are providing and if you're not don't say it, and make sure that you are accurate in your, in your marketing efforts. And that's all it's about, it's not confusing, it's pretty straightforward, it's I don't want people to hid behind confusion, this is a policy decision, there is no confusion about it, it

is about if somebody is prolife they have every right to be and they need to state it. If they are prochoice they have every right to be and they need to state it and that is the conversation and everything else is a drama right now. I'm sorry but I have to say it like it is.

MAYOR BRONIN: Senator, I couldn't agree with you more.

SENATOR ANWAR (3RD): Thank you so much.

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

SENATOR SOMERS (18TH): Yes, so your ordinance had deceptive practices defined, this does not. Our Bill in front of us does not. It is not defined, I don't think it is as simple my good colleague Senator Anwar believes because it's not defined, there is no definition of what deceptive is, it is up for a judgement. If we want to define it that would be something else but it is not defined in the language that we have in front of us in this Bill, so that's what I struggle with. And it may be simple for some but I don't think it is clear enough and enforceable as that because it is a judgement call as to what one considers deceptive and what someone else does not. I think we can all agree that we want to have women be able to have the choice to have an informed decision but I think that's where it is falling short.

MAYOR BRONIN: Senator if I could respond to that. In our ordinance our health department is responsible for enforcement of that ordinance and of course our health department is not normally implementing a statute against deceptive practices. In this case again, you will have to, there are

better legal minds than mine that you can ask but I think that the concept of a prohibition on deceptive practices is not a new one to Connecticut law. There is extensive law prohibiting deceptive practices and there is extensive case law on what constitutes deceptive practices so I actually don't think that it's all that complicated or should be all that concerning to you the deceptive practices is undefined in this specific statute because there is extensive law on that subject.

SENATOR SOMERS (18TH): Well I thank you for that. I do believe that should apply to all people providing women's services, you know, regardless, not just pregnancy crisis centers and I think that deceptive should be across the board and should also be regulated by the Attorney General if that is the way we are gonna go here to open him up to decide what kind of suits he wants to bring against whoever he decided he wants to bring it against cause that's what we're looking at. I do think though that we are not asking, there has been some sort of presumption that we're asking for dates and times, and people's names and their specific criteria, that is not what we're asking for but today until you have or you are able to provide specific situations we haven't heard that. We've heard third hand somebody that I talked to heard that when they went here, you know, they had a bad experience or we went here and somebody moved next to us, it's all sort of hearsay for us as legislators as to what's happening and I don't think we should legislate on hearsay. Yes, when we're out in the community we have direct contact with our constituents that tell us what the issues are or what their problems are or what their concerns about that we can act upon, this is difficult because we have not had that opportunity

to have even a culmination of 24 complaints, I'm just making this up, happened at this particular center for these reasons, we don't have that. We have the information that you can provide us, which I guess is not in the testimony yet, and we have what I remember from last year one case where an organization went in with fake pregnancy urine the week before Christmas, if I am remembering it correctly, and the person at the crisis center said you're gonna have to come back and that's what I remember, there could be more to the story but I felt that was deceptive so I think we all have our own idea of what deceptive is and if this is truly, this Bill is about deceptive advertising practices, it belongs in General Law, it does not belong here and they can decide what is considered deceptive or what is not considered deceptive so, you know, I appreciate that you're ordinance has more specific criteria but this to me is open-ended that's some of the reason's I'm having a really hard time with this particular Bill. Thank you.

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

REP. GENGA (10TH): Thank you, Mr. Chair. Thank you, Mayor. And thank you for clearing up some of the questions we had regarding the local case. One thing I find about this you mentioned the variety of deceptive advertising laws we already have. What you think the Attorney General is appropriate to enforce this, it seems exceptional to me?

MAYOR BRONIN: Again, Representative I would refer you to better lawyers than me but I think that the Attorney General is as the chief civil law authority in the State of Connecticut an appropriate place to

place responsibility for enforcement of this statute.

REP. GENGA (10TH): Saying there is more deceptive advertising that he is involved with that he is making cases for?

MAYOR BRONIN: Let me answer this way, Representative. As to where you place the enforcement authority, I don't have a strong view. I do think that the conduct should be prohibited and I feel strongly about that.

REP. STEINBERG (136TH): Any other questions? If not, thank you for your time today. We appreciate your coming by. We have next Deanna Wallace and I understand that Representative France is here and we're gonna slid him in as well.

DEANNA WALLACE: Thank you Committee for allowing me to testify today. My name is Deanna Wallace, I am an attorney specializing in Constitutional Law and I am here in opposition to SB 144. In my practice as an attorney I have had the honor of helping to represent the pregnancy centers and prolife medical professionals in litigation regarding their free speech rights at the Forth Circuit Court of Appeals and the Supreme Court.

In *NIFLA v Becerra* the California case, the Supreme Court made it clear that targeting the free speech of pregnancy centers would not be allowed. As a result the State of California had to pay these pregnancy centers over \$2 million dollars in legal fees. Similarly the City of Baltimore paid over \$1 million dollars after their antipregnancy center ordinance was overturned. Given the Supreme Court's clear ruling on the free speech rights of the

prolife pregnancy centers it is not only unconstitutional but it is fiscally irresponsible.

There are two main reasons that SB 144 is unconstitutional, first it impermissibly targets a single viewpoint. This Bill is undeniable content based viewpoint discrimination on its face. It is specifically limited only to centers that are prolife and will not and cannot do to their belief refer for abortion. By limiting the application of this Bill to only prolife centers the effect is to single out a particular viewpoint on abortion. This type of under inclusiveness was directly mentioned by Justices Roberts, Alito, Kennedy and Gorsuch in the NIFLA case as raising serious concerns of viewpoint discrimination. The language alone would likely be enough to trigger the Supreme Court strict scrutiny test but the testimony today guarantees it. Those speaking in favor of this Bill clearly meant the legislation is meant to target one viewpoint, the prolife viewpoint. In any court, which is likely if you pass this, that reviews this legislative testimony is going to have clear evidence that this is viewpoint discrimination.

Secondly it is permissively vague and overbroad. We've talked a lot about what is deception and because there is no clear definition that stifles and chills the speech of every single pregnancy center in this State because they don't know if what they believe is truthful is going to fall under the Attorney General's description of truthful. Whether or not a "Pregnant - Need Help" sign is going to be deceptive under this nonexistent standard. It's not the government's place to decide what counts under advertising, it is classified as deceptive in the context of a highly controversial, highly debatable subject as abortion. Reasonable people can and do

disagree on important matter like this and it would not be reasonable for the government to punish pregnancy centers for providing information simply because the government doesn't agree with it. I would be happy to address some of the legal questions, I know you all have been battling back and forth and I would welcome those questions cause I think there has been a lot of misconceptions about the cases going forward.

REP. STEINBERG (136TH): Thank you. Are there questions? Seeing none, thank you for your testimony. Next up is Representative France, followed by Elizabeth Wellburn.

REP. FRANCE (42ND): Thank you Chairs, Representative Steinberg, Senator Abrams, Ranking Member Senator Petit and distinguished Members of the Public Health Committee. I am State Representative Mike France of the 42nd District and with your indulgence I will defer my time to Kathryn Foster who is the President and CEO of Americans for Life.

KATHRYN FOSTER: Thank you. I am a mom, a lawyer and President and CEO of American United for Life, America's founding national prolife group.

REP. STEINBERG (136TH): Excuse me, just make sure you identify yourself please for the record.

KATHRYN FOSTER: Sure, Kathryn Lynn Foster, President and CEO of Americans United for Life. It is my opinion that SB 144 violates the First Amendment by singling out and targeting prolife pregnancy centers which would only harm the women of Connecticut. This Bill targets prolife pregnancy centers because of their prolife views. The statement of purpose declares, "The Act seeks to

prohibit deceptive advertising practices by limited service pregnancy centers." The Act's under inclusiveness reveals the purpose is to disfavor the prolife view point because the act does not prohibit deceptive statements by all pregnancy centers but only those that do not refer for abortions or emergency contraception. The Bill's statutory remedies open up prolife pregnancy centers to targeting and harassment. The Act provides that Connecticut's Attorney General may sue a prolife pregnancy center for allegedly violating the Act. Connecticut's unfettered ability to bring suit coupled with the expansive and undefined nature of the speech prohibited opens up a prolife pregnancy centers to targeting and harassment by an Attorney General who may not share or tolerate their views.

In addition pregnancy centers found in violation of the Act are subject to monetary penalties as well as attorney's fees and costs. These fines and fees would not only funnel money away from all the good work the pregnancy centers do to help Connecticut women who are pregnant but nearly one such lawsuit could financially cripple and shutdown the "offending" prolife pregnancy centers since most offer their service at low cost or free of charge are funded mainly by donations and are staffed by unpaid volunteers. Cutting off this valuable resource does not help the women of Connecticut. More than 2,500 pregnancy centers across America provide important care for expectant women who chose parenting or adoption for their children as well as those who openly choose or chose abortion. These centers are for a wide range of support such as ultrasounds, sonograms or pregnancy tests as well as counseling, referral for adoption and material assistance including much needed baby clothing and

diapers. This is done at low or no cost to the women with the goal of helping them to better care for themselves and their families. Women like me. When I was 19 years old I found myself unexpectedly pregnant. I tried to reach out to find life affirming information, support and resources. I was not connected with a pregnancy center in time. Working with pregnancy centers now over the last 15 years I know what type of support I would have found there, empowerment.

REP. STEINBERG (136TH): I am going to have to ask you to summarize please, you've had more than three minutes.

KATHRYN FOSTER: Sure, I would have found affirmation that I was enough but I did not find that in time and how I wish I had. SB 144 is an effort to silence prolife pregnancy centers, prolife view point and stifle their work. This Committee should reject this Bill.

REP. STEINBERG (136TH): Thank you for your testimony. Thank you, Representative. Questions? Comments? Thank you for being here, appreciate your testimony. Next up we have Elizabeth Welburn followed by Rev. Holloway.

ELIZABETH WELBURN: Good Afternoon. My name is Elizabeth Welburn and I am here to testify in strong opposition to SB 144. I have been volunteering at ABC Women's Center in Middletown since June of 2019. The reason I chose ABC is because I went on to their website and I saw that they do not refer for abortions or perform abortions. That was the basis for my choice to go to that particular center. I was lead there primarily for my heart for the unborn but it didn't take long and in fact it was the very first day there that I realized that the staff and

volunteers love for the women that go there, that is really the core of their work.

I am honestly quite shocked at the allegations in this Bill which from my experience have been completely contrary to the reality of what is happening at the center. Throughout my training and it was extensive, I learned that we are always to be honest to the women. ON the first day of my volunteer service there, I was asked to review an initial, the Center's form which is called the "Commitment of Care & Competence" form. This form states that "clients always receive honest and open answers" and "All of our advertising and communications are truthful and honest and accurately describe the services we offer". This form was issued in 2009. One of the very first forms that women review and sign when they come to the center for service is called the Limitation of Services form. This form notes boldly that we do not perform abortions or refer for abortion. Please understand that this form is given to every woman before any service she gets during her intake and it is given to her within the first ten-fifteen minutes that she is there. She reviews it, we review it with her, she understands we don't perform abortions or refer. If she chooses to stay then that is her choice. We are talking about time and the allegation that the center wastes time with the women is completely false.

I did write emails to all of you and I did receive some response and I did receive a response from Senator Michel who is on his way out and the information that he mentioned earlier about the deceptive information that was found, it was back in February 25th, so about two weeks. I'm sorry if I can just finish I'd appreciate it. He did indicate,

I asked him for evidence of that and so it's been two weeks, we knew we were coming here today, I would have liked to have seen some evidence.

Finally the centers are not deceptive and I am not antichoice as our opposition states. We do believe that women should make a choice. We just believe that they should be well-informed before making the choice. And I think just the term of antichoice by the way is all over NARLA's website and Facebook page.

REP. STEINBERG (136TH): I have to ask you to conclude cause we've gone past.

ELIZABETH WELBURN: Absolutely, is even itself deceptive. So I ask you to please not vote yes on this Bill without going to see the centers for yourself. To do so would be an injustice to the women this Bill claims to protect. Thank you.

REP. STEINBERG (136TH): Thank you. Thank you for your testimony. Questions? No, thank you for your time. Next up is Rev. Holloway followed by Sally Grossman.

REV. ERENSTINE HOLLOWAY: Good afternoon, my name is Rev. Ernestine Holloway, I am the Second Vice-President of CTRA. I am the founder and the pastor of Serenity House Ministry. I am part of Metro Ministry who has 200,000 children. We are the largest intercity sidewalk Sunday School and I am a community advocate, a domestic violence advocate, a children's advocate, you name it I do it.

I listened to everybody today and I'm kind of a little peed off that this is here for the third time. I have some questions of my one that I'd like to ask you guys, why is this Bill here, who is behind it? There is a lot of misinformation. I'm a

person that has boots on the ground. I'm in everybody's community and I said this last year, if both clinics saw a problem in Hartford and I say this to the Mayor, then why didn't you get rid of both of them? An ounce of prevention is worth a pound of cure. So you can't figure out who is doing what, tell 'em both they've got to go. What's good for the goose is good for the gander.

I listened to Representative Steinberg and Senator Anwar with their questions, what bothers me is you use the term victims. There is no victims, you can't prove that there are any victims. I am upset that you use that word so loosely. It is a serious term. Neither one of them has produced documents saying that this is the problem. These are the people. Stop thinking that women are dumb, this is not the 1940s. They know the difference between an abortion center and a pregnancy center. Let's keep it real. We are not dumb. A 7-year-old, 8-year-old can get on a computer and tell you what they find.

First of all pregnancy centers don't own Google. I didn't even know they had that much money to own Google. When I do a Google search everything comes up, I can be looking for tools and all kinds of stuff comes up that may have tools in it. They don't control that, let's keep that real. Second of all I want to know who is getting some money behind this cause this is really crazy? I want to know NARAL first of all who gives them the right to say that a pregnancy center is fake? What are they getting out of it. You didn't ask them who is paying them. They are the biggest lobbyist group that has been here on this. So who is paying them. Now I also did some background search on everybody on this Board and as a doctor I'm kinda shocked that you would say that victims so loosely. I'm a victim

of things so when you use that term so loosely I want to see paperwork.

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

REV. ERENSTINE HOLLOWAY: I'm almost finished. I want to see the paperwork and I also want to know why is Lesser had not been excused because his wife works for NARAL. That is my problem. Is this a political Bill going after pregnancy centers? Are we being, justice is supposed to be like this, scales even. So if this is inappropriate just for the pregnancy center then it is wrong. Why not include Planned Parenthood cause they deceptive also. They say they do stuff, I don't see anybody in Planned Parenthood saying we takin care of babies. All I hear them saying is we will give you a Pap smear and we will kill your baby.

REP. STEINBERG (136TH): Reverend I have to ask you to conclude now because you are well beyond the three minutes here.

REV. ERENSTINE HOLLOWAY: So was the other people you let talk up here, they went seven and eight, nine and ten minutes and you didn't open your mouth.

REP. STEINBERG (136TH): I would like you to substantiate that and I will also say that I will look at the record because I don't believe I ever used the word victim here or anywhere else so I ask you to be careful about allegation you make. So let's be clear about [Cross-talk].

REV. ERENSTINE HOLLOWAY: We can't be clear about it. I think you unfair. I think that you are in collusion.

REP. STEINBERG (136TH): You have had your opportunity for your testimony. Reverend thank you for your testimony we will open this up for questions.

REV. ERENSTINE HOLLOWAY: I think you are rude, I think you're a bully and I think you've got something do to with this Bill and you're gaining something for it for political gain.

REP. STEINBERG (136TH): I'd say that your allegations ma'am are insulting and [Cross-talk].

REV. ERENSTINE HOLLOWAY: And I think you are insulting.

REP. STEINBERG (136TH): We will move on from here. Any other questions? It not, thank you for your time. Next up Sally Grossman followed by it looks like Christina Bennett.

SALLY GROSSMAN: Hi, my name is Sally Grossman. I am from Windsor. I am here to provide testimony in favor of S.B. 144.

I am a volunteer clinic escort at the Hartford GYN Center in Hartford. It is a women's reproductive healthcare clinic that provides a range of services, including abortions. I've been a volunteer there for almost 3 years, spending most Saturday mornings walking patients past the protesters who position themselves right outside the clinic walkway.

In the spring of 2017, a Crisis Pregnancy Center, opened 10 feet away from the clinic's entrance, with their stated purpose of luring abortion minded women away from their scheduled appointments. This CPC is part of Center Gerard's Center for Life, which is a faith based organization aimed at preventing women from terminating a pregnancy. St. Gerard's Center

for Life changed its name to Hartford Women's Center, a move that seemed designed to confuse patients attempting to find the Hartford GYN Center. Most of the patients who visit Hartford GYN Center for abortion related services have never been there before and part of my job as a clinic escort is to make sure that they enter the right facility. The signs for both places are identical, with the same lettering and coloring, another move that seems designed to deceive patients.

Both facilities share a walkway and patients of the clinic must walk past the door to the CPC in order to enter the clinic. When the CPC first opened, they would have volunteers position themselves in the walkway, telling patients of the clinic that their appointment was actually with them. Sometimes these volunteers would wear scrubs or lab coats, despite the fact that the only medical services they offer are limited obstetrical ultrasounds and pregnancy testing.

Shortly after I first started as a clinic volunteer, a young woman, accompanied by her mother, came up to myself and other volunteers looking for Hartford GYN Center where they had a scheduled appointment. I told them where to go and saw them head down the walkway. Unbeknownst to me, Hartford Women's Center was open, with a volunteer inside. The young woman and her mother, thinking Hartford Women's Center was the medical clinic, entered the CPC. The volunteer of the CPC, who was on the phone, told the person on the other end that she had to go because her patient was there. After some time, it became clear to the mother that the CPC was not the place they wanted to be. When they asked the volunteer where the abortion clinic was, the volunteer said there was no such place nearby. I came into contact with the

patient and her mother shortly after they exited the CPC. They were visibly upset it was something that I still remember to this day.

Because of stories such as this one, the city of Hartford passed an ordinance in the winter of 2017, preventing deceptive advertising practices and forcing the CPC to state whether or not medical staff is on the premises. Since the ordinance went into effect, I have not seen the CPC open while I have been there on Saturday mornings. There still are women who attempt to enter the center, thinking it is the medical clinic, but the door is locked. They still have signs in their windows advertising abortion pill reversals, despite the fact that they are not a proven medical intervention. I'm just finishing.

The ordinance seems to have had a positive impact on limiting deception on the part of Hartford Women's Center. But there are 25 CPCs in the state of Connecticut. Many are positioned right next to the 18 licensed family planning clinics in the state.

REP. STEINBERG (136TH): I ask you to finish up please.

SALLY GROSSMAN: I'm good. [Laughter]

REP. STEINBERG (136TH): Sorry to interrupt.

SALLY GROSSMAN: No, were good.

REP. STEINBERG (136TH): We are trying to be as fair minded as possible here despite allegations. Are there any other, yes, Senator Anwar.

SENATOR ANWAR (3RD): Thank you, for your testimony. Would you be, so you're sharing a story of an actual individual?

SALLY GROSSMAN: Yes, someone that I talked to

SENATOR ANWAR (3RD): You personally talked to. And that person would be uncomfortable coming here to satisfy the needs of some people but at least you are able to translate the information directly?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): And this individual was impacted significantly by that or?

SALLY GROSSMAN: Yes they were visibly upset and her mother came out and started screaming where do I go to get an abortion because she couldn't find the place. She was walking around the building and we had no idea that when Hartford Women Center was open at that time.

SENATOR ANWAR (3RD): Okay and this is a very direct story that you were immediately part of. Are there more than that?

SALLY GROSSMAN: After the ordinance passed in 2017 this CPC hasn't been open so that's you know, over two years, hasn't been open when I've been there. I think they are only open through appointments now so since, you know, the winter of 2017 we haven't had anybody, any patients come in contact with them but the ordinance had passed. But prior to that there would be volunteers of the CPC who would stand outside and when I would walk patients to the Hartford GYN Center the volunteers of the CPC would tell the women when I was with them that this is where their appointment was at the CPC. So people would be standing in the walkway, volunteers of the CPC would be standing in the walkway telling patients that I was escorting that their appointment was with them.

SENATOR ANWAR (3RD): Wait, I want to clarify this. So I want to get the names right. The OB-GYN.

SALLY GROSSMAN: There is Hartford GYN Center which is the medical clinic.

SENATOR ANWAR (3RD): There is a medical clinic and then right across from it or next to it is another facility.

SALLY GROSSMAN: Yes, ten feet away.

SENATOR ANWAR (3RD): Okay and as a patient walking in there are people who are saying your appointment is with us.

SALLY GROSSMAN: Yes. Absolutely.

SENATOR ANWAR (3RD): And they are actually talking to the individuals. You have witnesses?

SALLY GROSSMAN: I have witnesses, they have said it while I was escorting patients.

SENATOR ANWAR (3RD): Okay, so its firsthand information directly which you have witnessed?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): Okay, I just want to make, I want to make sure people, and I'm sure I'm gonna hear that we have no information and no data directly on any of that but I want to make sure that I have you repeat it again because I don't want to be confused in the future. So you are personally aware of many situations when individuals were stopped and asked to go to another facility when they were going to a medical facility?

SALLY GROSSMAN: Three separate occasions I witnessed that.

SENATOR ANWAR (3RD): And that is outside of this individual case which actually ended up in the wrong place?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): So there are four?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): That you know directly.

SALLY GROSSMAN: Yes, there were three where I was escorting women back when volunteers with the CPC who told the patients that their appointment was actually in the CPC. And then there was that one patient where I saw them afterwards where her and her mother had gone into the wrong facility.

SENATOR ANWAR (3RD): Now most of the, the healthcare facilities do not have an escort. Tell me in this situation why do we need an escort?

SALLY GROSSMAN: You mean at this clinic?

SENATOR ANWAR (3RD): Your position as an escort, why do you need?

SALLY GROSSMAN: Because there are protestors outside every Saturday morning and I am there most Saturday mornings from about seven in the morning till nine or ten in the morning so there is a line of protestors that sit out there, sometimes they wear vests to mimic cause that is what we wear as clinic escorts. They tell patients that we are actually the protestors, not them. So they will chase down women, they will stop them. I had to call the police once to prevent because the protestor was preventing women from entering the clinic, so this is why we're there to make sure that

women can just find their way to their scheduled appointment.

SENATOR ANWAR (3RD): Do you personally at times feel threatened by them?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): And have any of the, I don't want to use the word victims again, but have you actually felt any individuals were feeling more threatened because of their presence and because of their actions?

SALLY GROSSMAN: The reason I go every Saturday morning and wake-up early is because every time I'm there is a least one women who is crying hysterically after I bring them in asking how they can be allowed to do that. So there are times when they will follow patients from blocks away. They see people driving in their cars and they will go walk and meet them, you know, a couple of blocks away from the clinic entrance and walk the whole way down with them.

SENATOR ANWAR (3RD): Would it be fair to call these women who are being impacted by the situation victims?

SALLY GROSSMAN: I absolutely think they are, yes.

SENATOR ANWAR (3RD): Okay I just wanted to clarify because that is what I heard when I learned about some of this and I know the Reverend felt otherwise. So let me, so we have direct evidence of that, interactions of the individuals, you have seen the situation, you have seen people being harassed?

SALLY GROSSMAN: Yes.

SENATOR ANWAR (3RD): And I actually did not realize it was so complicated with respect to the directive that I thought it was more web based and otherwise. But this helps me realize that's why many of the advocates have been asking to have a better solution for this. So thank you for your testimony and thank you for doing what you do.

REP. STEINBERG (136TH): Senator Abrams followed by Senator Sommers.

SENATOR ABRAMS (13TH): Hi, I just wondered do you work for any organization like for NARAL or are you a?

SALLY GROSSMAN: No, I work in construction.

SENATOR ABRAMS (13TH): Okay, thank you very much.

REP. STEINBERG (136TH): Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony today and it's good to hear from somebody who has had, you know, personal experience with what has happened in Hartford. I just want to be clear on a few things. So you had indicated that some of these things were happening in 2017 is that correct?

SALLY GROSSMAN: Yes.

SENATOR SOMERS (18TH): So we're in 2020 now, have you seen the same type of incident occurring now that Hartford has passed this ordinance?

SALLY GROSSMAN: No, since they passed the ordinance the CPC hasn't been open, they no longer prop their door open, they no longer have people waiting in the courtyard so, no not since the ordinance has passed which is why I think a bill like this is important. I provides protection for women statewide not just in Hartford.

SENATOR SOMERS (18TH): Do you think that we should be very clear in what we describe as deceptive so that we are all on the same page, do you think that is an important aspect because it could be possibly a judgement call?

SALLY GROSSMAN: Yeah I mean I think that is something there are, there needs to be more discussion cause there is some confusion among everybody, you know, deception entails so I absolutely, you know, I don't envy your guys position but I think that is something that, you know, you have to figure out.

SENATOR SOMERS (18TH): Another question, just so I am clear on the protesters. I did not hear you say that those protesters were from the?

SALLY GROSSMAN: They are from the St. Gerard Center for Life. They handout pamphlets with St. Gerard Center.

SENATOR SOMERS (18TH): I'm sorry.

SALLY GROSSMAN: I'm sorry, finish the question. I interrupted you.

SENATOR SOMERS (18TH): Are they protesters from the crisis pregnancy center?

SALLY GROSSMAN: Yes.

SENATOR SOMERS (18TH): And how do you know that do they wear the same outfit or something or?

SALLY GROSSMAN: So they hand out bags, they have little gift bags in them sometimes there will be a loofa, or a nail file and then there's pamphlets and those pamphlets are from St. Gerard Center for Life which is the Women's Center.

SENATOR SOMERS (18TH): So when you talk about these protesters that were following the women down the road, you are saying that they were from that [Cross-talk].

SALLY GROSSMAN: St. Gerard [Cross talk] Yes.

SENATOR SOMERS (18TH): Okay, and St. Gerard's is the crisis pregnancy center.

SALLY GROSSMAN: Yes.

SENATOR SOMERS (18TH): Okay and you knew that because of what they were handing out?

SALLY GROSSMAN: Yes, cause they hand out gift bags and patients actually take 'em and a lot of times they just hand 'em back to us once they get into the clinic so that we can see what's in there.

SENATOR SOMERS (18TH): Okay and that was also in 2017 or [cross-talk].

SALLY GROSSMAN: It still goes on now, they still handout bags.

SENATOR SOMERS (18TH): Okay, so when a woman is looking for an alternative service other than maybe what the crisis pregnancy center provides, you are saying that there's.

SALLY GROSSMAN: It's tough because you can't protect, prevent. [Cross-talk].

SENATOR SOMERS (18TH): I'm sorry people from protesting, that is your right. Yeah, no [Cross-talk] your ability to deal with protesters though.

SALLY GROSSMAN: I'm sorry.

SENATOR SOMERS (18TH): I don't think this Bill pertains to protesters. No, I just wanted to be clear that, you know, this Bill is not about, you

can protest anything that you want. That is your legal right. So that is not something that is covered by this Bill at all. But I just want to be clear because you were talking about protesters and I was asked a question about protesters.

SALLY GROSSMAN: Oh you were, I didn't.

SENATOR SOMERS (18TH): Okay and then, so currently this pregnancy center is not open on the days that you volunteer?

SALLY GROSSMAN: It's still open by appointment only from what their website is, I mean I don't know I just went on to their website and it said that appointments are, they are open but by appointment only.

SENATOR SOMERS (18TH): Okay, so I just want to be clear if it is by appointment only and let's say a woman is coming to you for services that, I'm getting confused as to the name of the place. What's the place that you volunteer at?

SALLY GROSSMAN: Hartford GYN. The Hartford GYN.

SENATOR SOMERS (18TH): If there's protesters there, that has nothing to do with the clinic?

SALLY GROSSMAN: With Hartford GYN Center?

SENATOR SOMERS (18TH): No with the other clinic.

SALLY GROSSMAN: Well they are a part of that clinic.

SENATOR SOMERS (18TH): Well they may be, maybe not.

SALLY GROSSMAN: No they are. So part of the reason that the CPC opened in the same facility, the same area as the actual medical clinic was then because it allowed them then access to the shared walkway

and so their protesters, the same protesters I was telling you about who use that walkway and the only reason they can is because they are part of the CPC otherwise they would be breaking the law.

SENATOR SOMERS (18TH): Okay you can only use that walkway if you are part [cross-talk].

SALLY GROSSMAN: If you're protesting you cannot enter the walkway but since you're a part of the CPC you can. So only people who are associated with the CPC are allowed to enter into the walkway.

SENATOR SOMERS (18TH): I see. Now how is that different from people protesting outside of Planned Parenthood if you are going in for an abortion?

SALLY GROSSMAN: I only volunteer at Hartford GYN Center so I can't speak to what happens at other clinics.

SENATOR SOMERS (18TH): Okay, now so currently that is still going on and how frequently have you seen that happen.

SALLY GROSSMAN: See what happen, I'm sorry.

SENATOR SOMERS (18TH): The protesting.

SALLY GROSSMAN: Every Saturday.

SENATOR SOMERS (18TH): Every Saturday. You said you didn't work Saturday's any more.

SALLY GROSSMAN: I do, I volunteer almost every Saturday.

SENATOR SOMERS (18TH): Okay, I'm getting confused.

SALLY GROSSMAN: It's confusing.

SENATOR SOMERS (18TH): So you don't work Saturday, I'm sorry you work Saturday but the pregnancy center is not open Saturday?

SALLY GROSSMAN: From what I can tell.

SENATOR SOMERS (18TH): Got ya. Okay, thank you.

SENATOR ABRAMS (13TH): Representative Betts.

REP. BETTS (78TH): Thank you and thank you for your testimony. I have just one question, if this has been going on for a while and I don't know if you've been listening to the testimony earlier on, but deceptive practices fall under the State Department of Consumer Protection and I'm wondering has anybody since this has been carrying on as we speak has anybody approached them or made them aware of this?

SALLY GROSSMAN: Made who aware of what?

REP. BETTS (78TH): The Department of Consumer Protection.

SALLY GROSSMAN: That is not my area of expertise. I'm sorry I would have no knowledge if anybody has been.

REP. BETTS (78TH): Okay but now that you do and you were there let's say it happened next week and you knew that was the State agency that handled deceptive practices would you file a written complaint about it?

SALLY GROSSMAN: Would I personally?

REP. BETTS (78TH): Yeah or anybody that was affected by this?

SALLY GROSSMAN: I was not listening to testimony earlier because I was at work but maybe you can

share a little bit more about what you mean and I could better answer your question.

REP. BETTS (78TH): Well in a nutshell if somebody feels like they have been deceived they have the opportunity to go before the State Agency of Department of Consumer Protection, write a complaint explaining why or how they were deceived and the Agency would investigate.

SALLY GROSSMAN: Okay, so I find it hard to imagine any woman who is going to have an abortion would want to file a complaint with any agency because of it. As I am sure you are aware abortion is a taboo topic so I cannot say that I can't imagine a scenario where a woman would feel comfortable doing that. If someone allowed me to make a complaint on their behalf anonymously I would be willing to do that but I don't even know if that is allowed. I know nothing about that agency.

REP. BETTS (78TH): Okay, fair enough. Thank you.

SENATOR ABRAMS (13TH): Representative Kennedy.

REP. KENNEDY (119TH): Thank you, Madam Chair. And thank you for your testimony. This is obviously a very sensitive topic as you said, abortion but just clarify a couple of things if you can answer but you had mentioned that you volunteer.

SALLY GROSSMAN: Yes.

REP. KENNEDY (119TH): Thank you for doing that. So and you're saying that when the women come in and there's people chanting but have you ever been involved with say protests of sort that you call it?

SALLY GROSSMAN: So that to me, I'm liking it to that.

REP. KENNEDY (119TH): So you're saying the women are actually being attacked but really sometimes it's like your constitutional amendment people are out because they protest. Is that fair to say?

SALLY GROSSMAN: When you're. Yes, protesting is permissible under the 1st Amendment. You're asking me.

REP. KENNEDY (119TH): Yes, protesting. You also mentioned something about they tend to be in scrubs and like they are giving a false impression?

SALLY GROSSMAN: This was in 2017 but like they haven't been open [Cross-talk].

REP. KENNEDY (119TH): The reason I'm bringing that up and I apologize, thank you, Madam Chair, I am a volunteer at Connecticut Hospice and I'm a patient care volunteer and I actually wear scrubs and I'm not a nurse or anything else but it's just because I am in contact with parents, patients it's easier, so and just because that analogy you brought up I just happen to mention that so. I really appreciate your testimony, I know how sensitive it was. Thank you so much. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Sure, any other questions or comments? Thank you very much for your testimony. Next is Christina Bennett. Welcome.

CHRISTINA BENNETT. My name is Christina Bennett and I am the Communications Director for the Family Institute of Connecticut and I am testifying in opposition to raised bill SB 144. I also just want to mention in regards to the last testimony that if you look up the address of NARAL Prochoice Connecticut it is listed as One Main Street, Hartford. If you look up the abortion clinic Hartford GYN it is One Main Street Hartford, that's

because NARAL through the last few years have operated inside of the abortion clinic. They work together so if you are a clinic escort at Hartford GYN you are also very well connected to NARAL as they shared the same building for years.

That being said, I think that we have to look at this legislation in light of what is happening across the country and the fact that we are very divided in regards to abortion. I was just in Missouri. In the State of Missouri they have a tax credit for pregnancy resource centers. If you donate money to a Pregnancy Resource Center you get money back in your taxes. Now why would the Centers in Missouri have a tax credit and the centers here they have this Bill that attacks them? Well I think it has something to do with the elected officials and whether you live in a state where there are a majority of prolife elected officials or there are majority of prochoice elected officials.

A couple of point that I want to make today, the Bill will only impact the bad actors and the bad centers. Well we have had three public hearings and we don't yet know who the bad actors are and we also haven't heard who the good centers are. According to NARAL we know this every center is a bad actor, every center is a fake clinic. This is very clear. This is what they say. In addition women are told or we're told women are too terrified to testify. I understand being afraid. My mother scheduled to abort me at Hartford, Connecticut, the abortion doctor yelled at her and told her she couldn't leave the room and she ran out. So I understand being afraid. But yet she was able to tell me that story and it's hard to believe that in 30 years, I don't even know, 40,000 how many thousands of women that they are all terrified when we are in the midst of a

COMMITTEE PUBLIC HEARING

Me Too, Movement and we are in the midst of, yesterday was International Women's Day. Women are empowered to share their stories but we are supposed to believe that all of them are afraid, I think that is insulting personally to women.

Should I finish, I want to be polite. Okay, lastly I want to say this, the idea that if pregnancy centers are doing nothing wrong they shouldn't be afraid, they shouldn't worry, that is insulting that is the same logic behind well if black people, if you're just obeying the police, then you shouldn't have to worry about police brutality just as long as you are doing what's right you shouldn't have to worry about police brutality. You have to worry about police brutality as an African-American person if you are targeted by people who see you with a bias. And in the State of Connecticut which is primarily a proabortion state the pregnancy centers are targeted by people who see them with the bias, who think that they are fake clinics. So therefore they do have to worry because if Attorney General Tong who is endorsed by NARAL who is proabortion, every time he has an opportunity to do a press conference on abortion stands up and supports NARAL which is the group that calls them all fake clinics they shouldn't be worried that he is going to be in charge of deciding what language is deceptive or not. I think Planned Parenthood is worried that Trump and Pence are in charge and they should be worried that Trump and Pence are in charge because they hold prolife views. So if we would tell Planned Parenthood oh don't be worried that Trump and Pence are in charge because nothing they do is going to affect you because a everything is just, you know, right and fair then maybe prolife centers shouldn't be worried about proabortion attorney general

deciding what language is correct and after that being able to financially punish them because he might not agree with "Pregnant - Need Help?" he might think that is just deceptive when it's not. This is a political battle.

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

CHRISTINA BENNETT: Thanks for letting me say a lot more.

SENATOR ABRAMS: (13TH): Any questions or comments from the Committee? Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony. Do you happen to know, this is maybe I came in a little late so I might not have gotten this. Do you know how many women in the State of Connecticut pregnancy crisis centers have any contact with each other, how many they have helped through the last five years?

CHRISTINA BENNETT: Are you asking the question how many pregnancy centers are in touch with each other?

SENATOR SOMERS (18TH): No how many women in Connecticut have they helped?

CHRISTINA BENNETT: Oh, I mean thousands. I worked, full disclosure, I worked for the ABC Women's Center for four years as a client service manager and I just got a little graphic. In 2019 there was 266,000 pregnancy tests, over 300,060 women were assisted with material resources and in 2019 alone over a million women were helped with educational classes and over 600,000 had ultrasounds. So a lot of people. And I personally when I worked with ABC Women's Center as a client service manager I oversaw every woman who came to that center. I talked with

them, had very close contact and so that is why this is personally so frustrating because we do such great work.

SENATOR SOMERS (18TH): That was total, that just wasn't Connecticut right?

CHRISTINA BENNETT: No, this is Connecticut stats.

SENATOR SOMERS (18TH): So 2019 we helped over a million people.

CHRISTINA BENNETT: That's correct. Oh sorry, that's dollars, a million dollars' worth.

SENATOR SOMERS (18TH): We don't have that many people here so.

CHRISTINA BENNETT: Yeah I thought that was pretty remarkable but [Laughter]. I'm sorry these are dollars. So over a million dollars was given in educational classes and over a million dollars' worth of pregnancy tests. But I would imagine, I mean I would say what, tens of thousands, I mean do the math. I'm not great at math so I'll put that out there. If my husband were here he's better at it but they have existed for close to 30 years and I think it is probably important for people to understand why they even exist so like I mentioned before with my mom walking out of her abortion appointment. Pregnancy centers exist to offer an alternative to abortion so 1973 *Roe v. Wade* and *Dole v. Bolton* made abortion legal until the ninth month and so therefore there's been groups of people that, you know, leave pregnancy centers that said, okay so now we have abortion as the legal law of the land and so women know they can go to an abortion clinic and legally have an abortion but perhaps they may need somewhere else they can go for an alternative to abortion. My own mom who was pressured to get an

abortion didn't have anywhere to go. She went to her church and her mentor told her you're sinning, you had sex outside of marriage don't come back to this church. So she then went to get an abortion at Mt. Sinai Hospital in 1981 and thankfully a janitor saw her crying in the hallway and like do you want to have your baby and my mom said yes and he said God will give you the strength. It shouldn't have been the janitor. My mom, if she knew about a Pregnancy Resource Center she could have went there because again they offer alternative to abortion. That is why it is so important that, you know, these centers are able to offer an alternative to the many abortion clinics that we have in Connecticut. We have very, very strong abortion laws in Connecticut, some of the strongest in the entire country.

SENATOR SOMERS (18TH): Well for me this Bill is about, is not about whether you are proabortion or against abortion it's about what the Bill is titled deceptive advertising practices. So do you, in your opinion with your experience do you believe that if this Bill goes forward that we need to really define what the term deceptive means and that would apply, for me, it will need to apply for everyone involved?

CHRISTINA BENNETT: I would say other words as well, like bad actor, so what does that mean. There's multiple words, fake clinic, bad actor, those things would have to be defined because I know that ABC Women's Center, Representative Liz Linehan in the previous year's Public Hearing testimony when I asked her who are the bad actors she said, "well I know of one in Middletown" well that the one I worked for. So what makes it a bad actor? So yeah, those things have to be defined. I would say that the only thing that is deceptive is, this is just my personal opinion is that the center does not let

people know that they don't perform or refer for abortions. And so if a pregnancy center has a disclaimer on their website or if you call them on the phone, or if you walk into a center and they say we do not perform or refer for abortion, then that is clear advertising.

SENATOR SOMERS (18TH): And they do that, they let, you know, we use that term bad actor a lot here in the legislature. We say just because there is one bad actor doesn't mean that we should legislate, you know, a solution around one bad actor.

CHRISTINA BENNETT: Yeah I'd really only heard of it over the last couple of years with these meetings. But I think that it is confusing because again the Attorney General is endorsed and supported by NARAL. He's very publicly come out in support of this group as champion of this legislation so if he does think that something in these centers say is deceptive, then they are going to have to fight, you know, legal battles and remember they are not only getting any money but they are also raising all of their support by individual donors and that is a difficult burden on the pregnancy resource centers and I could be wrong. I don't know about this but I'd even heard that the legislation, if they even were to win, they couldn't recoup their costs.

SENATOR SOMERS (18TH): So you've been, I'm sure, taken from your answer that you do feel that if we pass something that says deceptive, deceptive needs to be very clearly defined?

CHRISTINA BENNETT: It does. I'd also just say that we've had a lot of conversation about this applying to both places, like okay if this applies to the pregnancy centers then it should also apply to Planned Parenthood. And while that is true, you

still have to remember that this is a strong proabortion State, not that is argument is about abortion but in a strong proabortion state, not only would you have to make sure that this is being applied to Planned Parenthood but you would also have to make sure it's really, they are really being held accountable by elected officials that may favor Planned Parenthood. So it wouldn't be enough just to say that okay, let's create legislation that says, for instance, Planned Parenthood in Connecticut is only inspected I think once every three years. In other states Planned Parenthood is inspected a lot more often. So depending on a state's viewpoint, political leaders that are in power, depending on the way they see the prolife issue, they can hold Planned Parenthood more accountable or not and just in regards to abortion. There are many southern states that have bans on abortion and there's many southern states that require the teenagers have to tell their parents if they want to have an abortion. Connecticut doesn't require any of those things. We don't have a parental notification ban, we don't have parental consent.

SENATOR SOMERS (18TH): Okay.

CHRISTINA BENNETT: I just mentioned that because in order for it to be truly fair you would have to have elected officials that would be willing to truly hold Planned Parenthood accountable as accountable as they would want to hold the Pregnancy Resource Centers.

SENATOR SOMERS (18TH): Okay and I don't want to pit like my, my purpose here is not to pit Planned Parenthood against the pregnancy crisis centers so that is not my intent. I am talking about the

intent of the Bill only and the language of the Bill and I would agree that it is not easy to look at something as deceptive because we all have our own opinion on what that is but I was interested in what you had to say about the clinic in Hartford. Does it share office space with NARAL or can you, cause that hasn't been [Cross-talk]?

CHRISTINA BENNETT: Yes, so there's two buildings. One building is, and you can go take a look, it's actually walking distance from here, it's not too far. So you can see One Main Street, and there's two buildings. There is one building that is the abortion clinic which is Hartford GYN, they're actually the only independent abortion clinic in the State of Connecticut that is not a Planned Parenthood and then right next to that is Hartford Women's Center which is the Pregnancy Resource Center which has we know opened up recently in the last couple of years. So for the last few years NARAL and the abortion clinic have been located in the same building. So NARAL which is the proabortion activist group, they moved inside of this same building as the abortion clinic and previous staff members shared responsibilities. So one of the women who worked for NARAL Prochoice Connecticut, her name was Erica, she was also a clinic counselor, a sidewalk counselor. And they also I think share social medial and other things and so they are in the same building. I think that did recently move out of that building but if you go on their website, go to NARAL Prochoice Connecticut's website and you look for their address you will see One Main Street, if you go look up the address of the abortion clinic you will see One Main Street which shows that they were located in the same building for the last couple of year working

together because that's what they do. NARAL is the proabortion rights group so they work very closely with the abortion industry and particularly protecting that clinic, it is very important to them to protect it because it is the last independent abortion clinic.

SENATOR SOMERS (18TH): Okay.

CHRISTINA BENNETT: And that's why they feel threatened from the pregnancy center next door, in my personal opinion.

SENATOR SOMERS (18TH): Again, we can't control who sets up where. That is not our venue. We can't say you can't have an office within this location, that's not something we can do.

CHRISTINA BENNETT: Which is good because I think that you should be able to put places next to each other, that's what happens to the fast food restaurants, you see *Burger King*, you see *McDonald's*, you see other places and you can decide as a consumer which one you want to go to. So I think it's great that a pregnancy center can be next to an abortion clinic and then women can decide which one they would like to visit.

SENATOR SOMERS (18TH): Thank you for your testimony.

SENATOR ABRAMS (13TH): Just a minute please. Ms. Bennett, just a minute please. Any other questions or comments? I'm sorry, I didn't mean to make you come back but I had to ask if anybody else had anything else. Thank you very much. Next is Katie Geece. Welcome.

KATIE GEECE: Good afternoon, my name is Katie Geece. I am the coordinator at Care Net Pregnancy

Resource Center in New London and I reading testimony on behalf of my colleague who was unable to be present today. Her name is Susan Baker, she is a registered nurse and she is the Nurse Manager at Care Net. She says:

After reading this Bill you may have come to the conclusion that there must be a terrible problem with Pregnancy Resource Centers but it turns out as others have pointed out there has never been a complaint made about a PRC, no woman has ever been harmed at the PRC, the clients who have utilized our services have given them a high satisfaction rating. PRCs do not accept any tax money and in fact they save the taxpayers millions of dollars every year.

Then why has this Bill been proposed since this legislation only pertains to a facility that does not directly provide or provide referrals for abortions or emergency contraception. The only conclusion we can come to is that places that do provide these services want to silence those who don't promote those services. This Bill has nothing to do with protecting the health and safety of women because if it did it would have been written so that it pertained to every facility that provides any and all aspects of reproductive healthcare.

I have heard from woman after woman that she was lied to and deceived when she went to Planned Parenthood and was told the only option she had was to have an abortion, was never told what to expect when she had an abortion. They have told us that when they came to us we gave them all the facts they needed to make an informed decision without any pressure and we were supportive of them no matter the decision they made.

Several people have talked about the time sensitive nature of abortion information and yet Planned Parenthood does not perform abortions on the same day they initially see the patient and in fact it is usually several days between when they are first seen and when they have their abortion.

Representative Gilchrest claims that because PRCs don't fall under HIPAA then there is no assurance that patients can expect that their privacy would be protected. The bill was implemented in 1996 and governs what information can be given to help insurance companies. Every medical professional on this Committee knows that patient privacy existed long before HIPAA and if HIPAA went away today that would not change the incredible diligence we all exercise in maintaining the privacy of our patient.

This is a bad bill for so many reasons.

Implementation of this legislation is not triggered by someone making a complaint but gives absolute power to the state Attorney General to decide what he thinks is deceptive. Nowhere in this bill is there any recourse allowed for the center to contest what the Attorney General has decided they have to say and do. The Bill does not define deceptive advertising and every other state and city that has tried to implement similar legislation has lost and has had to pay millions in attorney fees.

Please vote no on SB-144.

SENATOR ABRAMS (13TH): Thank you very much. You can't answer questions since you were reading testimony. Thank you. She was reading somebody's testimony. Lisa Maloney. Welcome.

LISA MALONEY: Thank you. Good Afternoon or almost evening actually but thankfully not as late as last year. Senator Abrams and the Public Health

Committee, thank you for this opportunity to testify today. My name is Lisa Maloney. I am the Executive Director of Care Net Pregnancy Resource Center in New London, Connecticut and the President of the Connecticut Pregnancy Care Coalition. I had written out a statement before today but sitting here listening to all kinds of things I felt that I needed to put that aside and to address some issues that were brought up.

I wanted to define what the pregnancy centers in our coalition are. We have three types of pregnancy centers in our coalition. We have one pregnancy centers which is mine which is a licensed outpatient clinic and under the services we are allowed to provide it is listed primary care and family planning. Under other centers who offer medical services they operate as an extension of their doctor, medical director's practice. So they are also licensed to do what they are doing. And then we have the third set and that is the set that offer a lot of wonderful material assistance and support to women who are facing an unplanned pregnancy.

I also thought it interesting that on March 4th, the Attorney General spoke at a press conference and he stated and I quote cause is recorded it, "Access to affordable and safe abortion is severely restricted in many states across this country but this is not true in Connecticut." If it is not true in Connecticut where pregnancy centers have been operating for more than 30 years across this state then why do we need this Bill, why are we targeting pregnancy centers if we are not restricting access to those women who are looking for abortion.

We are talking about the deceptive advertising practices, well most of this is based off the 2017

NARAL report. Let me talk to you about deceptive advertising in that 2018 NARAL report. They took a screen shot of my website and they screen shot the top half of my website leaving off the bottom half where you click the button to make an appointment, it states "This center does not refer or perform abortions" but yet NARAL called my site deceptive advertising. So when we talk about good actors and bad actors and we've said it several times, NARAL lumps us all together regardless of what are services are. I just wanted to bring up again that Senator Abrams had asked about services and I snuck up here and handed something and threw Christina off, so [Laughter] so every year the pregnancy center coalition puts together a fact sheet, I have copies for everyone and the pregnancy centers in the coalition we have served 2,500 women. We have done 970 pregnancy tests, 1,034 ultrasounds, 23 STI testing and almost 6,000 classes - educational classes and we have provided in the tune of services free of charge, not charging the state, not charging the client \$2,458,375 dollars so that is the collective number. So there's your numbers.

SENATOR ABRAMS (13TH): Thank you very much and just to correct the record that was Senator Somers that was asking about that.

LISA MALONEY: Sorry. I also have that I am willing to hand over and that is 2019 exit surveys from every one of our clients, names have been taken off but we asked them how we did.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): I feel like I'm doing all the questioning today, but I think it is really important that we get the details from everybody. So

you said that you are a licensed clinic and so do you take insurance if somebody has insurance?

LISA MALONEY: No we don't. We offer all our service free.

SENATOR SOMERS (18TH): Okay and if you're a licensed clinic are you inspected by the DPH?

LISA MALONEY: Yes, we are every two to three years.

SENATOR SOMERS (18TH): Just like every couple of years, okay. How about the second level of the licensed clinic that is associated with the doctor?

LISA MALONEY: The would be treated the same way as the doctor's office so whatever the statues are for a doctor's office.

SENATOR SOMERS (18TH): Okay and then when you're talking about the NARAL report first you said 2017 and then you said 2018.

LISA MALONEY: I'm sorry, it was 2018.

SENATOR SOMERS (18TH): It was 18?

LISA MALONEY: Yes.

SENATOR SOMERS (18TH): And I do remember that personally because we were all here and you could see that only the first part of the website and if your scrolled down you could see the disclaimer there. Not to be jerked but I would consider that deceptive. So I think we all have our take on what's deceptive and what's not, so. So in Connecticut the 2,500 is that on a yearly basis that you see and is that just our organization or collectively?

LISA MALONEY: That is collectively the 11 pregnancy centers in the coalition.

SENATOR SOMERS (18TH): In the coalition, okay. And that's a lot of people you care for so I thank you for your work and I can't think of any other questions right now. But do people in your office that are not clinicians wear white coats?

LISA MALONEY: No, as a matter of fact I am a licensed therapist and I don't wear a lab coat unless I am asked to assist the nurse in the exam room where they are handling urine and/or other samples for the STI testing. So really it is about protecting our clothing, it's not about putting on, you know, putting on a front. We are licensed outpatient clinic. We handle bodily fluids so sometimes scrubs and lab coats are necessary.

SENATOR SOMERS (18TH): Okay, thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony. Next we have Sherrill Betterini. Welcome.

SHERRILL BETTERINI: Thank you. Good afternoon Madam Chair and Mr. Chairman and Members of the Committee. I am Sherrill Betterini and I oppose this Bill and the reason being is because this Act is really, should be called an Act Lying Against the Adverting Practices of Pregnancy Centers because that is what it does. It is really, it presents a fake façade of something that truly does not exist.

I've been a volunteer at ABC Women's Center for, I'm in my 21st year. I'm there on a weekly basis and it just keeps getting better and better and I'm telling you something, we've never lied and all of us pregnancy centers, our motto could be Nothing But the Truth so help us God. That's the truth and so I was kinda upset when this happened, this has happened here. And I got an interest in politics as

a result of it in the past year. So I've been watching what's going on.

But anyways I feel that ABC, these crisis pregnancy centers do wonderful work and that actually they are cutting into the bottom line of your Planned Parenthood and GYN because women do chose to give birth. I mean yes some do leave, I know, I've counseled them, they do leave and get abortions. That's their option and there is never any repercussions given to them as a result of that. But I do believe that there has been a brilliant idea here that has come up that, to get this kind of legislation passed and Representative Gilchrest was the executive director of NARLA Prochoice prior to becoming a Representative and shortly after she became a Representative you get this legislation, this Bill presented which I really feel is part of this. Anyways the thing of it is the elephant in the room is actually the little baby that was here today. Her mother was an OB-GYN, cuddling, encouraging this little baby, fussing, fussing, fussing this baby was squawked but this really all about abortion. Abortion is the killing of unborn children, it is as simple as that. It is horrific. And yet we are haggling over how we present advertisement. In crisis pregnancy center we offer an option for women who do not want abortions but sometimes feel pressured into it and that's all I can say about it. I just feel it is a terrible Bill, terrible Bill and I oppose it.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you very much for your testimony. Next is, I don't know what the first name is, Regis. Oh, I'm sorry, can't read the writing. The one next to it I could have read. Welcome. Thank you.

MICKEVE REGIS: Thank you. Okay, so hello all the Members of the Public Health Committee. My name is Mickeve Regis and I am testifying in opposition to S.B. 144. I serve as the Client Service Manager at ABC Women's Center in Middletown, overseeing the client services department. I earned a Master's degree in Human Development and I have served in my position for the last three years.

So with that said, I am very privileged to work for an organization that stands for nothing less than hope, compassion and integrity. So it is with great confidence, that I report how ABC has had a major impact from the community it serves as our clientele continues to grow year after year. This is the third year that we have had to leave our centers and the communities we serve to testify against a Bill that accuses PRCs of deceptive advertisement in which no PRCs have had substantial evidence presented against them.

Earlier Senator Abrams quoted content from ABC's website that we don't refer out or perform abortions. So that is clear and not deceptive. We all witnessed that today. So I want to say this, yet on January 22, the Mayor of Middletown and State Director of NARAL recoded a video on Facebook and referred to "a center in Middletown as a bad actor and/or fake clinic." ABC is the only PRC in Middletown. So our annual visits and positive feedback on client exit surveys speak loudly to the integral work that we do. So it is unfortunate that our local elected official has already discounted our efficacy and integrity by publicly defaming our center without any attempts to reach out or to visit.

So this Bill impacts all PRCs. Members of the Committee we are unfairly being accused of false advertising and publicly being labeled as bad or fake without any substantial evidence. That is why we ask for legal complaints. I know today that has come up a lot. So none has come forward until this date. The Bill fails to specify what this deceptive and false advertisement practices entails. Our clients are loved, highly respected and valued. We take time to encourage them on their journeys which all are very unique. We partner with local businesses, organizations and groups to ensure proper and holistic care of women and men who visit our center.

I can attest to the fact that we are direct and clear in our advertisement of printed materials or via our website. We provide community members with the truth of what we provide as a center. So lastly I will just say this, every individual has the right to accurate detailed information when making decisions and we pride ourselves on providing that information to all our clients. Thank you.

SENATOR ABRAMS (13TH): Thank you. Any questions or comments? Thank you very much for your testimony. Next we have Nicole Sanclemente. Is Nicole here? Welcome.

NICOLE SANCLEMENTE: Thank you. Good Afternoon Senator Abrams, Representative Steinberg and Members of the Public Health Committee. My name is Nicole San Clemente and I am the Policy and Program Associate for the Connecticut Women's Educational Legal Fund also known as CWEALF. So CWEALF is a statewide nonprofit that advocates for and empowers women and girls in our state especially those that are underserved or marginalized. So for 46-years

CWEALF has fought for women's right here in Connecticut. So this includes ensuring that all women in our State have access to comprehensive reproductive healthcare and control over their own bodies. So I am here to support Senate Bill Number 144 AN ACT CONCERNING DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS.

Access to comprehensive and legitimate and time sensitive healthcare is critical to the economic security of women in Connecticut. Women in our State already face barriers to achieving economic security and currently earn 84 cents to every dollar paid to men a gap that is significantly wider for women of color. Crisis pregnancy centers also known as CPCs often falsely represent themselves as comprehensive reproductive healthcare clinics while refusing to provide or refer patients to abortion care, emergency contraception or birth control. When a women seeks medical care in an antiabortion CPC she is often met with misinformation and shame rather than comprehensive accurate healthcare information she needs and deserves.

Research indicates the women who are denied access to abortion face economic hardship in the years following. The ability to control the timing and size of one's family significantly impacts whether a woman is able to attend and complete college and become financially secure. The ability to control ones reproductive life is a critical component to women's economic security and economy. Without reproductive choice women face yet another barrier to attaining equal pay or opportunity in the workforce.

Senate Bill 144 protects Connecticut women from deception and fraud and does not attack the First

Amendment right of the crisis pregnancy centers. SB 144 will prohibit the use of false, misleading deceptive advertising and will not affect the centers rights of freedom of speech. All women in our state deserve access to honest and transparent healthcare free from deception or shame and no one should be deceived or mislead as they seek critical care for services. We urge the Committee to support this important piece of legislation in this year. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you very much for your testimony. Next Jennifer Park. Welcome.

JENNIFER PARK: Good Afternoon, Senator Abrams, Representative Steinberg and distinguished Members of the Public Health Committee. My name is Jennifer Park and I live in Glastonbury, Connecticut, a UConn forth year medical student and future OB-GYN. I speak for myself and not on behalf of my institution. I testify in strong support of SB 144.

I come here to speak before you again today because I am deeply concerned about how crisis pregnancy centers are damaging to the community that I love and serve. Misinformation is a threat to public health in our State when people are being deceived, delayed or blocked in finding the reproductive healthcare that they are seeking. An unwanted pregnancy is an incredibly stressful time for these patients to make time sensitive decisions about their bodies and their lives. They deserve unbiased evidence based information on the options of parenting, adoption and abortion. Guilt, shame and misinformation are powerful tools and common tactics used by CPCs which are often funded by religious

groups. They pressure women into keeping unwanted pregnancies. Under the guise of healthcare clinics CPCs can function without regulations or upholding standards. As an example below the screenshot that I have in my written testimony from the CPC that promotes the idea that a medication abortion can be reversed. This poses when it is not. According to the American Congress of OB-GYNs claims regarding abortion reversal treatment are not based on science and do not meet clinical standards. Furthermore this implies that women regret their abortions. However a published study from the University of California San Francisco showed that approximately 99 percent who have had abortions felt that it was the right decision when interviewed five years post abortion. As a young doctor in training I want my patients to be empowered to make important informed decisions. We currently live in a time where emotions and fake news often trump facts and evidence based medicine.

It is my professional goal to combat misinformation in order to improve health outcomes in my community. No matter where you stand on the prolife versus prochoice debate I hope that you can agree that passing this Bill is important because healthcare should be honest and transparent. I support SB 144. Thank you very much for your time.

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

REP. ZUPKUS (89TH): Thank you, Madam Chair. Hi, thanks for coming and your testimony. Well I guess I can't speak for everyone on this Committee but I would think that we are all here, no matter how you feel about abortion or not, that we don't agree with

deceptive advertising. And being that there are a laws already in place for deceptive advertising this seems like another layer. Do you feel that this should be, this Bill should cover every agency and every place that has to do with women's health because you were talking about the integrity of your patients and you want what is best for them. Do you feel that this should be, that every place that has women healthcare at hand needs to be covered under this legislation?

JENNIFER PARK: Sure, personally I'm not a policy wonk. I go to medical school and this is my medical professional opinion but to my understanding clinics that offer comprehensive health care are not in danger of falling out of lines to the standards that are already in place. I don't think anyone for example has ever said Planned Parenthood has offering deceptive services.

REP. ZUPKUS (89TH): But everybody should be covered or are you just saying cause [Cross-talk-.

JENNIFER PARK: What I'm saying is that true healthcare clinics already uphold to a higher standard.

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

SENATOR ABRAMS (13TH): Are there Any other questions or comments? Thank you very much for your testimony. Jenna Blinkhurst. Is there a Jenna Blinkhurst, I could be absolutely destroying your last name but? If it sounds anything familiar. Okay we will move on then, Carolyn Bennett. Welcome.

CAROLYN BENNETT: Members of the Public Health Committee my name is Carolyn Bennett and I am here to ask you to vote no on SB 144.

Proponents of this Bill have claimed "deception" and "intimidation" to women in need of pregnancy related services. I am a super nonconfrontational person, like if I get the wrong sandwich at *McDonald's* I eat the wrong sandwich. But I was thinking like if I got deceived and I was too overwhelmed and intimidated to contact the Department of Consumer Protection there is no way that I would ever think of contacting the Attorney General because that's in my opinion much more intimidating. So if there is actually women being deceived there is no real way for the Attorney General to actually find out if the women are intimidated enough not to contact an agency.

But if you ask the actual clients of Pregnancy Resource Centers what their opinion is they are overwhelmingly positive, their reviews. Care Net is one of the largest networks of pregnancy resource centers in North America with more than 1,100 affiliates and 30,000 volunteers. In 2019 report they stated that the client satisfaction ratings from 2013, 2014 and 2015 went between 97 percent satisfied, 98 percent satisfied and 99 percent satisfied. This is actual data. These are satisfied clients and critics of pregnancy centers have depicted them as unregulated and unprofessional. But Care Net-affiliated centers adhere to high standards that produce consistent, quality services. And other affiliation networks have similar policies.

Care Net's report adds this, "In rare cases, unaffiliated or noncompliant centers may engage in practices that organizations like Care Net publicly condemn." However, to use that minority as an example of how most pregnancy centers operate is false and misleading. Thank you.

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

REP. ZUPKUS (89TH): Thank you, Madam Chair. I just have a comment, thank you for testifying and coming up today. You brought up a good point about if people are uncomfortable saying or coming forward with their complaints how would they go to the Attorney General and so I've been sittin here thinking about that and how would the Attorney General find out about these complaints and all of the research they would have to do to see if it is a formal complaint and all of that kind of stuff. So thank you for bringing that point up because I've been trying to work that through in my head as I have been sitting here. Thank you.

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

JULIANNA BENNETT: Thank you. My name is Julianna Bennett, I am currently the office assistant at Hope Pregnancy Center in Cheshire, and I am here in opposition to SB 144.

Ninety percent of the clients who come to Hope already know they are pregnant, and they have already decided to carry their child to term. Most of Hope's clients are actually referred to us by 211, and their primary request is for material items for their baby. Our former client services director always told our clients and we've carried this along as well, "We are pro-life, but if you choose to have an abortion, we will still love and care for your life, we're here for you." And that is one thing that I've learned working at Hope is the emphasis there is truly about the woman and we hope that saving the baby is the byproduct of what we do but

the most important thing is reaching this woman and her needs although we make it very clear that we don't refer or perform abortions.

I would like to point out that the women we serve are not as dumb or not stupid, they are really smart, they are very brave. They are thrown into these challenging situations and a lot of them have responded to their life situations with admiral bravery. So for a woman to be researching their options and things like that, we really are able to figure it out.

When women call us asking about abortion we have always been very clear stating that we don't perform or refer, but that we exist to provide information, accurate information and resources for pregnant women. And we have never had anyone express frustration that we don't refer for an abortion.

We do not, and never have, represented our center as anything other than exactly what we are. And I remember last year Representative Liz Linehan praised us for the work that we do and she also made the statement that we are not deceptive at all and she has donated to us in the past. But our concern has been mentioned before that NARAL this year they boarded out on Twitter and on Facebook maps of "fake" clinics in Connecticut and our center on their map. And so that is our real concern that nothing has really changed in the past three years of discussing this legislation and that we would be subject to viewpoints that are very different from ours. Thank you.

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

DANIEL BENNETT: Good Afternoon, Senator Abrams and Members of the Public Health Committee. My name is Daniel Bennett and I oppose SB 144. I feel that there is a key issue at the core of all this that is kinda being skirted, and I'd like to address it.

The Bill starts with it, so I'd like to start with it too. The Bill states that "Abortion means the termination of a pregnancy for purposes other than producing a live birth. Abortion includes, but is not limited to, a termination of a pregnancy using pharmacological agents." Abortion is at the core of this Bill. It is at the core of what is motivating those who support the Bill, and those who oppose it. I think some people don't want to actually say that, but I think that's what this is really all about. We have to understand where we all are coming from. Many of those who support this bill believe that abortion is simply the termination of a pregnancy, and that abortion is not a deliberate act of ending a human life. Therefore, they believe that access to abortion is acceptable and even imperative. They believe that access to abortion serves and supports women. Yes, that is what they believe. Many of those who oppose this Bill believe that life begins at conception, and that abortion is a deliberate act of ending a human life. Therefore, they believe that access to abortion is not a human right, but a denial of a human right. They believe that abortion terminates a baby and is harmful to women. This is what they believe.

I hope everyone here can respect where everyone else is coming from. We all want to help and empower women. I believe that is true. When I see where the pregnancy care centers are coming from, what they actually believe, I can understand why they cannot perform or refer for abortions. I can also

understand why they respectfully tell their clients where they are coming from.

It is also important to understand that being against abortion does not mean being against abortion minded people. The goal of a pregnancy resource center is to preserve and value life, and that includes valuing not just the unborn child's life, but the mother's life as well.

Pregnancy care centers are serving men and women in Connecticut and helping them understand all of their options so they can make an informed decision. These centers truly care about the women they serve and have nothing to gain by being deceptive. They are not engaging in any type of deceptive behavior, therefore there is no valid reason for this Bill, and I ask you to please oppose SB 144. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you very much for your testimony. Next is Lydia Bennett. Welcome.

LYDIA BENNETT: Members of the Public Health Committee, my name is Lydia Bennett and I am here in strong opposition to SB 144.

This Bill unfairly targets pregnancy resource centers and condemns them as guilty without evidence. This Bill is not really about deceptive advertising. It is about people and organizations who have fundamentally opposite values to pregnancy resource centers who want to do anything they can to undermine or limit the good work of these centers.

For instance, last year when this Bill came before this committee, I read NARAL's report on their "investigation" of pregnancy resource centers in Connecticut. They visited only 5 centers, each only

once. They claimed that "the findings do not seek to make blanket statements about all non-profit pregnancy-related centers in Connecticut..." But in fact, their report does exactly that. Their example of "lack [of] transparency in advertising" was an ad from Birthright that says, "Pregnant? Need help?" "Birthright since 1972" "Free and confidential" and gives Birthright's phone number. That's "deceptive". Birthright's website clearly states the services they provide, and states that they do not perform or refer for abortions. So NARAL is implying that "help" isn't "help" unless it means providing abortions. I also take issue with the phrase in Section 2 of the Bill regarding any statement that is deceptive "whether by statement or omission". You cannot list every single service that you offer and that you don't offer on every single piece of advertisement. This is both unrealistic and unreasonable. But according to this bill, a center would have to do so, or risk legal consequences.

This standard could equally apply to Planned Parenthood, for example. Planned Parenthood offers pregnancy-related services. Labor & delivery, and providing material supplies, such as diapers and baby equipment, are pregnancy-related services. Yet Planned Parenthood does not advertise that they do not provide these services. This Bill would classify that omission as being deceptive. Therefore, the standard in this state is very different for organizations like Planned Parenthood than for pregnancy resource centers. Let's be honest. There are people and organizations who strongly oppose pregnancy resource centers, and this bill would easily allow legal accusations of deceptive advertising. No one can say it won't happen. The

very fact we are discussing this Bill is proof that it will. Once again, I urge you to reject this Bill.

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

REP. ZUPKUS (89TH): Thank you, Madam Chair. So like Senator Somers now. Thank you for coming up and your testimony. I think you made a valid point on you what people have to say they do or don't do on both sides and again just as all the more reason for me that this should be across the board to every women's health center not just certain ones. So thank you for brining that out.

SENATOR ABRAMS (13TH): All set? Okay, I wasn't sure if you were done. Any other questions or comments? Thank you very much for your testimony. Next we have Dr. Daniel O'Neill. Welcome.

DR. DANIEL O'NEILL: Thank you. Thank you Representative Steinberg and Senator Abrams. I am Daniel O'Neill, the Medical Director of the ABC Women's Center in Middletown and the Women's Center of Eastern Connecticut which mobilizes a mobile unit throughout the State of Connecticut. I am licensed to practice medicine in the State of Connecticut. I am an Assistant Professor at the University of Connecticut and trained in obstetrical ultrasounds and I taught obstetrical ultrasounds and delivered babies, plenty of them.

I am writing in opposition to S.B. No. 144 because I think it is severely prejudiced and is a deliberate effort to suppress freedom of speech. It contains false suppositions starting with the title of the Bill which categorically assumes that limited

service pregnancy centers practice deceptive advertising.

It also unfairly seeks to set a definition of "limited services" which basically by definition because of those who don't refer for abortion. So the Bill should be rejected because of its prejudiced and discriminatory content. I'll try to address some of the definitions that are put forth in the Bill. So there is no reason really to pass this other than to succumb to the manipulations of proabortion advocates who want to limit free speech of citizens and licensed professionals who wish to speak a different narrative than the abortion solution to women and men facing pregnancy related issues

The services provided by pregnancy service centers provide a valuable service for the public health and we've heard that it doesn't tax the citizens of the State of Connecticut or cost them anything. It's timely referrals for prenatal care and social services providing evidence-based education, and practical support throughout. So these services do not limit or delay choices but seek to give full disclosure of options. So I urge you to reject it.

Now regard to the time blocks which were mentioned earlier in some testimony from NARAL representative and what are described as hard stops to access what is described as comprehensive reproductive health services, there were no examples in these in the State to my knowledge. Elective abortion is almost never an emergency and a few hours in a CPC will not stop someone from accessing timely services elsewhere should they chose to do that by their free choice. The ten week cut-off for medical abortion mentioned in some of the testimonies is only a

matter of convenience or type of procedure but not access to abortion services. And a 24 week cut-off mentioned in the testimonies for surgical abortion is only an arbitrary cut-off which abortion providers generally follow but there is no legal limit on the age of the fetus for elective termination of pregnancy in this State, that should be noted.

As for the question of compelled speech, the Bill does indeed give the Attorney General power to compel speech by creating definitions which I will get into. In OB-GYN we use a terminology like missed abortion to describe an asymptomatic miscarriage or an evident or threatened abortion to describe miscarriages that are not induced. We at times discover in our centers a nonviable pregnancy so we do deal with abortions, we just don't induce or perform abortions because of our right of conscience and free speech, that is it is not a moral good and we would be complicit if we do refer. However we refer the threatened or missed abortions as well as suspected ectopic pregnancies.

SENATOR ABRAMS (13TH): I'm gonna have to ask you to summarize please.

DR. DANIEL O'NEILL: So in summary I would say that the definitions within the Bill are, try to rewrite medical definitions in terms of prenatal care, in terms of abortion, in terms of what is described as limited service pregnancy centers so what the Bill does it tries to go against common medical definitions of various different things in the Bill and therefore I think it should be rejected because of the, it's basically trying to rewrite medical dictionaries essentially.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you for your testimony, sir. Next up we have Lauren Noce. Welcome.

LAUREN NOCE: Hello. Thank you. Thank you so much for your time. To all the Members of the Public Health Committee I wanted to take this time to tell you my name is Lauren Noce and I am also opposed to Senate Bill Number 144.

This past September I began working at Carolyn's Place which is a Pregnancy Care center. If you haven't heard about how we began I will quickly mention our story quickly because I think it is pretty incredible! On November 4, 1991 Father Robert Rousseau, a Pastor of St. John the Evangelist Church in Watertown, Connecticut found a baby girl that was only three hours old. This baby girl was wrapped up in a blue t-shirt and she was left in a cardboard box at the doorway of the church. As a result, a group of parishioner's came together and one year later, formed Carolyn's Place with the goal that "no woman should ever have to face pregnancy alone."

I am testifying in opposition of this Bill because it is accusing all Connecticut Pregnancy Centers of false advertising. The Bill however does not clearly state what they determine as false advertising, except that Pregnancy Care Centers don't provide abortions in their pregnancy support services. I felt strongly about testifying and to tell you all about Carolyn's Place because, you know, I work there and it's taught me how much mothers and fathers in our community need support.

Just last week a mother left and she thanked us repeatedly for all the help we provided her family over the past 20 years!

During our 27 years we have been open, we've seen 1,528 babies be born to mothers regardless of how they were conceived. We've provided material and emotional support to mothers and fathers. We have an education outreach program that teaches children, teens, and young adults about overcoming obstacles, sexual risk avoidance, the dignity of human life, and making responsible decisions about their relationships. We have amazing feedback for all of our services, and we do not engage in false advertising. So for all of this I would strongly urge you to oppose this Bill and thank you so much for your time.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Next is Brian Hall. Welcome.

BRIAN HALL: Thank you. I am Brian Hall. Planned Parenthood and NARAL are lobbying this Committee to pass Bill 144 so they can continue their political attacks on Pregnancy Resource Centers labeling them as deceptive as if that was their purpose, this is a lie. These centers care deeply for the women and their unborn children. PRCs purpose is to reduce the need for abortion in Connecticut by meeting needs. According to Guttmacher the top reasons contributing to a woman's decision to have an abortion are a baby would interfere with their education, would interfere with their career or they can't afford. PRCs provides services, material and emotional support so women do not have to choose between sacrificing motherhood and their dreams. Pierces are not deceptive, they are compassionately

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meeting needs. By attacking charities that support women Planned Parenthood is increasing the need for abortion in Connecticut by forcing women to have to choose between sacrificing motherhood and their dreams.

With attacks like this I question whether Planned Parenthood cares for women at all. They attack, they actively deceive women and they certainly do not care about unborn babies. On their website they claim that abortion is very safe. The top three causes of death in Connecticut according to the CDC and Guttmacher are cancer at 6,600 per year, heart disease at 7,000 per year and the number one at close to 12,000 per year is abortion. For America it is around 600,000 per year for cancer, about 650,000 per year for heart disease and over 862,000 per year for abortion. Telling women abortion is very safe while being the number one cause of death in Connecticut and America is highly deceptive. Shouldn't Connecticut care about women and their unborn babies? Shouldn't Planned Parenthood tell women the truth? Shouldn't the Public Health Committee be helping to reduce the need for abortions in Connecticut. This is not only bad policy it is unconstitutional because it infringes on the freedom of speech. This Bill is set up so that it only applies to PRCs and excludes Planned Parenthood and other abortion providers. This is unconstitutional since it is trying to promote one political view over another. In 2018 a Colorado law was used to attack a Christian baker and was found unconstitutional because he was not applied equally. This law was written to be applied unequally. The Public Health Committee should be helping to reduce the need for abortion in Connecticut by promoting PRCs and should start by voting against this Bill

which is unconstitutional and bad policy. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Any questions? If not again, thank you for your time. Next up is Deidra Hall followed by Connor Hall.

DEIDRA HALL: Good Afternoon. Honorable Senators and Representatives I am Deidra Hall and I am standing in opposition of SB 144. In 1865 slavery was outlawed. In 1870 African-Americans were given the right to vote. In 1920 women received the right to vote. America has always been the land of the free but, well we have not been the perfect nation we have always taken steps in the right direction. However today we are again being asked to take a step-backwards, to become more discriminatory not less.

Bill 144 has two important flaws. First, let's look at the definition of limited service pregnancy centers. This is defined as pregnancy services centers that does not provide referrals to clients for abortions or emergency contraception. This definition is saying that these services are limited unless they provide referrals to abortion facilities. Just because some organizations don't provide certain services doesn't mean that must give their clients referrals to organizations that they don't believe in. The final problem with this Bill and arguably the most egregious is the proposed Bill is not content neutral which is required by Supreme Court precedence. This Bill applies to only one select group of organizations. For centuries women were marginalized, looked down upon, not allowed to have a say in the process of government. Now that we have a voice instead of using it for common good

we decide to use it to marginalize others. This Bill is discriminating against these Pregnancy Resource Centers simply because they have different beliefs.

These centers are attempting to help women and if we implement this Bill we are becoming what we hate. We are becoming the one with the discriminatory practices. Since we already have a Bill in place that is content neutral, deal with organizations that may use deceptive practices, why do we feel like we need this Bill. The only reason is because there are those that don't agree with these centers. They don't want them to succeed. But Committee Members we cannot discriminate against these Pregnancy Resource Centers. We cannot become what we hate. If we allow this Bill to pass we will become the people we inevitably trying to stop. The people who feel like they have to manipulate others to get their own way. Not only this, but this Bill is implying that women aren't smart enough to realize discrimination or even brave enough to report that deception after the fact. This is completely untrue. Women, especially mothers, are some of the smartest and bravest people that I know. They do not need other silencing those offering free services or any services for that matter. Women have the ability to make a fully informed decision based on all information. Women do not need organizations silenced because others believe these women need to be told to get an abortion.

Committee Members let us use our laws that are already in place to keep women and men from being manipulated. Let's say "No" to this Bill so we may never allow ourselves to believe it is justifiable to manipulate and stifle other's freedoms with our laws. I come to testify numerous times however

there are times I've never been asked any questions. This Bill presented claiming to protect woman and girls like me. But at every hearing no one has asked me a single question. If you won't protect me and give me a choice then don't silence those you disagree with. Ask me how you can help. Ask me what you can do to help me achieve my dreams. If you really want to give me a choice then ask me.

REP. STEINBERG (136TH): Thank you very much. Any other questions for her. Thank you for your testimony. Next up is Connor Hall.

CONNOR HALL: Hello, Distinguished Members of the Public Health Committee. My name is Connor Hall. I'd like to just start out with a first of all how thankful I am for your attention and also how thankful I am that I am doing this significantly earlier than I did last year. [Laughter]

Before I get into the arguments that I have against the Bill I'd just like to clarify a few things. First off we are not here to talk about prochoice versus prolife. We are here to talk specifically about this Bill and that's what I'm going to do. Secondly we can all agree in this room that deceptive advertising is bad, something that should not be done and it would be atrocious for this to be done against anyone. Finally if there are bad actors and if people are proven to be bad actors beyond a reasonable doubt these bad actors have to be innocent until proven guilty. So with that out of the way let's just move into some arguments.

So first and foremost we are going to talk about how CUTPA applies in these particular scenarios. Secondly we are going to look at what is deceptive and thirdly we are going to look at what is not deceptive and finally we are going to look at how

limited services is essentially a double standard and how it is not generally applicable like CUTPA.

So first of all looking at how CUTPA applies. So the first reason why CUTPA applies is if you look at the specific phrasing of CUTPA and if you look at the juris prudence around CUTPA, CUTPA applies to both goods and services. And because Pregnancy Resource Centers offer services CUTPA applies to them. Secondly last year we heard testimony that the writer of CUTPA himself said that CUTPA applies in these kinds of scenarios. Thirdly under CUTPA the Attorney General isn't the only person who is able to file suit against specific organizations. Individual people can as well. So if a woman is scared of filing a lawsuit underneath the State or underneath the Attorney General she can do this herself under CUTPA and it is going to be significantly less emotionally traumatizing for her to go to her own personal lawyer than for her to go to the State. And finally CUTPA is more clear in it's based in decades of legal precedence that we can look to for the definition of deceptive.

That moves on to my second point. What is deceptive? So first of all there's definitions in this Bill but not one says the word deceptive defined. So deceptive is defined by juris prudence and CUTPA so why don't we just use that. So there was been some discussion around bad actors but when we were talking about, when we were interviewing, this panel last year was interviewing the Attorney General Tong he was unable to clearly answer questions concerning what he thought to be deceptive. So he really doesn't have a reasonable way of enforcing this Bill.

The third point I would like to talk about is what is not deceptive. So essentially this point as long as you are clear on what services you provide that is not deceptive. We can all agree to this. And all of the Pregnancy Resource Centers that have come up today have testified to this point. They have testified that these are clearly the services that we do provide and these are clearly the services that we don't provide.

Finally we were going to look at how limited services is a double standard and how it's not generally applicable like CUPTA. Time willing, if you would like me to continue.

REP. STEINBERG (136TH): Conclude your remarks now?

CONNOR HALL: Okay, sure. So limited services is a double standard simply because you say, the opposing side says that we don't provide abortion that makes us limited services but the other side also doesn't provide services that we provide like material and financial support. And just to wrap things up, it is not generally applicable like CUPTA because it just singles out specifically places that don't provider or provide referrals for abortion. Thanks.

REP. STEINBERG (136TH): Thank you. Any questions? Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for your testifying. I just, I had a conversation outside with some people from Care Net who said that those centers have higher standards than other centers would have and that it was confirmed that they might be doing or they are doing some deceptive practices. How would you address it and the second question, I'll give both of them to you now, sorry. And then the other question if

CUPTA is not covering let's say was not actually covering those centers then how would we remedy to the deceptive practices?

CONNOR HALL: Okay, so to the first question. It was specifically how Care Net, there's allegations against Care Net that they are doing deceptive advertising. I would go through CUPTA and then to the second point of CUPTA which is what if CUPTA doesn't apply quite clearly, let me just recap what I said under my first point as why CUTPA applies, if we look at juris prudence in the text of CUTPA itself it applies to both goods and services. So Pregnancy Resource Center they provide services so CUTPA would apply to them and last year I'd just like to reiterate this point, last year we heard testimony that the writer of CUPTA himself said that it applies to scenarios such as these.

REP. MICHEL (146TH): Back to the first question. I was not saying Care Net was doing deceptive advertising but they are confirming that there are centers that are doing deceptive advertising just as a remark.

CONNOR HALL: Okay, sure if there are centers that are doing deceptive advertising of course they are innocent until proven guilty and we should go through CUPTA to see. I'm not advocating for places that do deceptive advertising, something that is bad, I just think that we can use CUPTA in order to fight deceptive advertising.

REP. MICHEL (146TH): Thank you for your testifying. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Any other comments, questions? If not thank you for your testimony. Ah, I did not see Representative Genga. Please.

REP. GENGA (10TH): Thank you, Mr. Chairman. Thank you for your very considerate, well-organized testimony.

REP. STEINBERG (136TH): Speak into the microphone Representative.

REP. GENGA (10TH): Thank you for your very considerate, well-organized testimony. It was easy to follow, very concise and right to the point.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions? If not thank you, Connor for your testimony. Next up is Cyndy DeCosta followed by Lauren Marazzi.

CYNDY DECOSTA: Good Afternoon Senators and Representatives. I am Cyndy DeCosta and my desire in testifying regarding the S.B. 144 is to share some experiences that I've had while working at a Pregnancy Resource Center for almost ten years.

The center which is located in New London has been open 26 years serving families that means women and men as well in multiple ways. Yes, we provide pregnancy tests, yes if the test result is positive we offer an ultrasound. Yes we refer to other agencies for services or information the center doesn't provide. Are any of the clients told they must have an ultrasound or a pregnancy test? Are they restricted in any way to leaving the office of course not. As ridiculous as those statements may sound prochoice entities insist that PRCs are implying that they don't have a right to choose an abortion or that PRCs don't clearly inform them that abortions are not provided or referred for.

The advertising on the internet clearly states that we do not provide or refer for abortions. One client stands out in particular to me and she can

hoping to have an abortion. I explained to her that we don't provide abortions. She did not ask where she could go for one but she did want to know how far along she was so she could decide what type of abortion to have. An appointment was schedule for an ultrasound. She did return for the ultrasound very nervous and scared. She explained that she was here on a work visa and had no family to help here. After the ultrasound she left. I had already informed her if she had any questions she was welcome to call. No forced decision making went on, just an explanation of our services. Several weeks passed and she came back in, still pregnant and wanting our help. This woman is a wonderful mother and hard worker. Her daughter and now son did not deter her from continuing to work and then returning to college to get a nursing degree. She never cost this country a dime. She paid all her own medical expenses. No state aid was provided whatsoever. It was an honor to assist her materially with supplies for her child and provide her with the resources of hope and trust.

Because the abortion industry has chosen to target small self-sustaining centers in Connecticut wouldn't the better solution be to call out abortion clinics for not promoting the same free ultrasounds, material assistance program, educational services, referral services. PRCs are accused of lying about the risk involved in abortion. The medical information that is provided about abortion has been compiled from many resources, i.e. the AMA, America College of Obstetrics, Guttmacher Institute, National Institutes of Health just to name a few. So there are many agencies that we refer clients to and there are also many local agencies including doctor's offices and hospitals who send their

clients and patients to PRCs. Abortion clinics are the only ones who accuse us of deceptive advertising practices.

REP. STEINBERG (136TH): I'm going to have to ask you to wrap it up please.

CYNDY DECOSTA: Sure. PRCs are in the business of providing accurate and current medical information, explaining the choices that these women are facing and then walking with them through whatever decision that they chose.

REP. STEINBERG (136TH): Thank you. Are there questions? None, thank you very much for your testimony. Next up is Lauren Marazzi followed by Sandra Cloutier.

LAUREN MARAZZI: Hello, Good Evening, Afternoon. Representative Steinberg, and distinguished members of the Public Health Committee, my name is Lauren Marazzi and I am a fourth year MD/PhD student living in Farmington. I am here to testify in strong support of S.B. 144.

I am encouraged that our advocacy efforts over the past year or so have changed some of the deceptive advertising practices of some of the limited service pregnancy centers in the State such as no longer paying for ads at the top of Google searches which ceased to occur when you search for abortion in Connecticut. However I want to reiterate that language used in advertising by crisis pregnancy centers. I am encouraged that our advocacy efforts have changed some of the deceptive advertising practices in regarding to pregnancy options, counseling is detrimental to both pregnant persons and healthcare providers, and the state should be

active in preventing the occurrence of these deceptive advertising practices.

Some of colleagues mentioned earlier and will mention that abortions are a time sensitive procedure and there are many citizens in Connecticut who due to their job, accessibility to transportation, or other life responsibilities, will have limited time to make a decision with a healthcare professional regarding an unplanned pregnancy or further to undergo an abortion if they so choose. In the stress and fear that may come along with an unwanted pregnancy, a pregnant person may not realize that a crisis pregnancy center does not refer or provide abortions, especially when at the top of the webpage is a link that says "considering abortion?" and you have to scroll to the bottom to see that to see that they do not actually provide or refer for abortion. You know, again, if a person initially attended a CPC where they did not receive abortion counseling or care, then eventually identify a place where they can receive that care it is possible that weeks have gone by in their pregnancy and they will no longer be eligible for an abortion they may have wanted.

In medical school, we are extensively trained and tested on how to communicate with patients to effectively build a strong patient-provider relationship and enter into an informed decision making paradigm. Our training goal, and eventual goal as providers, is to accurately explain all options of treatment for any medical condition, including pregnancy so that our patients feel empowered to make the decision that is best for their health and their lives. Performing this action requires education, trust, empathy, and honesty. I simply do not see how informed decision

making by a pregnant person can be achieved via counseling with volunteers at centers whose websites display medically unsound information regarding abortions which I have included in my written testimony examples of. The interception of the physician-patient relationship and informed decision making on the patient's behalf is unethical and places an undue burden on patients seeking comprehensive reproductive healthcare. This SB 144 Connecticut has the opportunity to protect its citizens from being misleading and deceived when it comes to their own bodies, they own healthcare, and their own informed choices. So I strongly urge the committee to move forward with S.B. 144. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Are there questions? Seeing none, thank you for taking the time. Next up is Sandra Cloutier followed by Lorri Vall, thank you.

SANDRA CLOUTIER: Thank you. My name is Sandra Cloutier. I am from Hanover, Connecticut. I am not affiliated with any clinic any center. I'm just a resident with concerns.

So Dear Members of the Public Health Committee thank you for allowing me to speak in opposition of SB 144. After the failure of two previous attempts to pass this Bill this issue should not have even seen the light of day taking up valuable time and resources in such as short session year. I am asking you to vote No on this Bill because it is dangerous to free speech. It unfairly targets Pregnancy Resource Centers that provide valuable options to women and their babies.

The first problem with this Bill that it is dangerously vague. The terminology which is deemed effective if not defined or what is meant by

omission. Who is making the determination, which words are fleeing or what words need to be included? There is no objective standard which makes any kind of judgement against. Currently Connecticut's Consumer Protection Laws are in place to process and handle deceptive advertising. Have any documented complaints ever been filed against any of the Pregnancy Resource Centers?

Secondly the pregnancy care centers do need to be regulated by the State of Connecticut so why not hold abortion clinics accountable to the same regulation. Abortion clinics participate in advertising services that are far from what they offer. On the website of Planned Parenthood of Southern New England adoption referral is one of the services offered, has anyone challenged that or truly believe that this is what they are in business to do? And all the women I've spoken with over many years about their abortions at said clinics not one of them has ever said that they were counseled about adoption but plenty have said that Planned Parenthood strongly persuaded them abortion was their only option. Furthermore on Planned Parenthood's website one can see that the abortion giant offers prenatal care and goes on to define different aspects of prenatal care with a large box on the same page that says book an appointment. Yet the majority of Planned Parenthood Clinics do not offer prenatal care and the few that do offer it in a very limited manner. In fact women are not even allowed to see the ultrasounds that are taken of their babies.

Lastly just this past year there was an advertising campaign, perhaps some of you saw it on local billboards and bus stop shelters that lead one to believe that Planned Parenthood offers mammograms.

According to the FDA's website not one Planned Parenthood is licensed to offer mammograms. So to summarize please oppose SB 144, that has been defeated twice in past years and unnecessarily and unfairly targets vital Pregnancy Resource Centers and threatens free speech. Thank you.

REP. STEINBERG (136TH): Thank you. Are there questions? Seeing none thank you very much for your testimony. Next up is Lorri who knows who she is followed by Ruth Brigantti.

Lorri Vellia: Good Afternoon, Representatives. My name is Lorri Vellia and I am a registered nurse licensed in several states with good standing for more than 20 years, trained in limited obstetric ultrasounds, OB-GYN, midwifery, high risk pediatrics, neonatal intensive care as well as emergency room services, home care, maternal child health nursing and pediatric bereavement.

I am the nurse that they have addressed on the mobile van. Those three women that came on our mobile van on that day when we were parked behind South Church, had no appointment. I had an appointment for a woman that was due on my van and yet they came in and because I closed the van doors that withheld services from a woman who should have gotten care by our van. But I will tell you that every time I open the van that rooms belongs to that woman and her support group and her family or anybody else she wants to invite on that van because women need support. We know that by studies. Women who receive support networks get five times better results than those who go in alone. So that young lady actually wasn't the patient. They were three people who were doing a fact finding mission who were trying to withhold services from a patient that

would have been normally on my van who would have gotten all of her information and all of her services before we had to leave. So I just want to let you know that they were not patients, they did not fill out informative information, they asked about that we are friends of a 16-year-old girl who is pregnant. So they were the ones who deceptively professed that they were seeking information. I gave them all the information, we have several magazines with information that are called *Before You Decide* which goes through everything from the abortion pill to all the AB services which means surgical or pharmaceutical. We gave them all the information on abortion recovery and the advocate that was on the van with me received several abortions herself so could speak personally about that experience and each time after time and the recovery process which she now is an advocate for women who do receive those post-abortion recovery services from our center and from our van.

So I just want to let you know that the deceptive practices are when people show up as fake patients on my van or in my center or call our line and ask for information holding up our lines so no other young lady can be seen. So deceptive practices goes both ways and this Bill is really very persecutory in the way that it goes out to seek to punish us when actually they can't define in any words through this legislation what that is. And as for my doctor, Dr. O'Neill who is sitting there, my Administrator Director is right behind me, I am a licensed nurse, we have professionals. I am the only one that wears scrubs. My doctor in his area and within 24 hours he sees a scan that I've done. I have personally performed 157 scans this past year. So not all of those women have decided to do

what they do but when they get off the van I have no responsibility nor accountability for what they decide when they leave the van. I give them their information, they have all that they need and they just get off the van.

REP. STEINBERG (136TH): Thank you. Are there any questions? Thank you for your testimonies today. Next up is Ruth Brigantti followed by Ron Cadette it looks like.

RUTH BRIGANTTI: Hello, my name is Ruth Brigantti. I am a retired police officer here in the great City of Hartford. I am a mother of six children and a wife. I am currently the Development Director at ABC Women's Center, a Pregnancy Resource Center in Middletown, Connecticut. I am asking that you guys oppose SB 144.

First I want to say thank you for allowing me to speak today. I started by career as a Development Director in December of 2019. My primary role and responsibilities are fund raisings since we are a nonprofit organization, administration, public relations and social media. After retirement in law enforcement I knew I wanted to find another career path that I could continue to serve my community in the capacity of educating my community in their choices.

Growing up in the projects of Hartford we had very little access to resources. We came across many of life challenges and hardships to include but not limited to poverty, affordable housing, access to quality education and medical resources. This made us susceptible to making one-sided decisions in life most of which were doing with minimum or no resources or options available to us. Many of us made decisions that we cannot go back and change.

Today many of us include myself live with regrets, embarrassment, defeat and enslaved to our choices with limited resources.

I am an advocate for educating individuals on all options so they grasp the total picture and not just bits and pieces. They can make a sound decision that they will be able to live with and own. At ABC, our clients have full control of their visit. Any woman or man who enters our doors is guaranteed to be unconditionally received with gentleness as everyone's situation is unique. We help our clients throughout the process so they understand what their options are so they are empowered to make an informed choice. When these individuals arrive at ABC I am confident to share there is no deceptive advertising or nothing keeping those individuals who enter ABC Center from leaving our doors when they please. If anything, the vast majority are satisfied with the level of services that are provided and stay. There is no door that shuts behind them and keeps them from leaving as many against us have claimed. Being faith based we pray they make a decision to choose life but know that is always the case. That will not hurt the relationship with that woman or man. Our doors are still open to them no matter what their decisions are in the end. This is real level of service we provide.

Please consider ceasing Bill No SB 144 once and for all. It is a total waste of time and discriminatory against faith based pregnancy resource centers who are just trying to do what they love to do and are passionate about that is serving our community. Without these pregnancy resource centers we would have no access to resources with options that would

help us empower us to make an informed choice.
Thank you.

REP. STEINBERG (136TH): Thank you. Are there any questions. Thank you very much for your testimony. Next is Ron Cadett followed by Don Montanari.

REP. STEINBERG (136TH): Thank you. Any questions? Not? Thank you for your testimony, sir. Next up is Don Montanari followed by Candice Quarella.

RON CADETT: And this is the picture.

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

RON CADETT: I just want to make sure you guys look at what you're standing for.

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

DON MONTANARI: Good Afternoon Ladies and Gentlemen of the combined Public Health Committee. My name is Don Montanari. I reside in Newington and as an aside I am also the President of the Board of Directors at ABC Women's Center in Middletown, Connecticut. I came here today fully prepared to review in detail my written testimony. Testimony that I sent to the Committee at Large last week and to each one of you individually.

Sitting here for the past five hours I've heard most every point in my written testimony already discussed, countless times so instead I am goin to look at something a little different.

I do not believe this Bill has anything to do with deceptive advertising. This Bill is nothing more than an attempt to stifle the voices of prolife pregnancy resource centers. One of the things that we heard a number of times already today was, if you do not practice deceptive advertising you have

nothing to fear by this Bill. This is false. By promoting a Bill such as 144 you will be opening the floodgates to unsubstantiated allegations of wrongdoing against prolife pregnancy resource centers. And what does that involve? What does that end up with? We are going to tie up countless state resources investigating unsubstantiated claims, finding no proof and at the same time that the resources of these nonprofit public service organizations tie up their time and tie up their money in an effort to ultimately force them to shut their doors.

Now why is it that we want to shut the doors of these community service organizations? Because they promote life? No. It's because by promoting life they are trying to help prevent the murder of innocent children. And by every woman who chooses to keep her baby to full term we are in effect taking money out of the pockets of those people who make their living aborting babies. That is what this Bill is all about. It is about revenue for abortion clinics and abortionists and is being supported by national lobbying groups like NARAL. Oh, NARAL. When NARAL was founded, you know what the name stood for? NARAL, the National Association for the Repeal of Abortion Laws. They are all about promoting abortion without regard to the age of the pregnant woman and without regard to the term of the pregnancy even up to full-term birth. This is what we're talking about ladies and gentlemen. It's about shutting down the voice of people who want to support life, not death. Thank you for your time.

REP. STEINBERG (136TH): Thank you for your time. Any questions? No, thank you. Next is Candace Querella followed by. Oh, I'm sorry. Okay. Go ahead, Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Thank you for coming up and testifying. Just out of curiosity I'd heard before that the pregnancy centers do not charge.

DON MONTANARI: The prolife pregnancy centers in Connecticut do not charge for the services.

REP. ZUPKUS (89TH): Free service. Do, if you go to the other clinics for an abortion or healthcare or whatever you're goin for, is there a fee?

DON MONTANARI: Sure. You think they're nonprofits? Do you think the abortion clinic on Main Street in Hartford does this for free?

REP. ZUPKUS (89TH): You pay to go there and you do not pay to go to [Cross-talk].

DON MONTANARI: You pay nothing to go to the PRCs. You can come for two years for free support, free goods, food, clothing you name it.

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

REP. STEINBERG (136TH): Thank you, Representative. Any other questions? None. Thank you for your testimony. Next up is Candace Querella followed by it looks like Shiran [Phonetic] Tang or something like that, I'm sorry.

CANDACE QUERELLA: Senator Abrams, Representative Steinberg and distinguished Members of the Public Health Committee my name is Candace Querella and I am a third year UConn medical student and future OB-GYN from South Windsor. I speak behalf of myself and not of my institution. I testify in strong support of Senate Bill 144.

I would like to specifically highlight the reasons why the deceptive practices of women's services

pregnancy centers can be incredibly detrimental to women seeking abortion care specifically because of the time sensitive care in pregnancy. By the time a woman realizes she has missed period typically one of the first signs of pregnancy she is already five to six weeks pregnant and there are numerous medical and social reasons why a woman might find out she is pregnant much later than that. While the majority of abortions do occur before eight weeks gestation it is not uncommon for physicians to diagnose pregnancy at eight, nine, ten weeks gestation and sometimes even far past the first trimester mark.

So why is this Bill important? In Connecticut, the law prohibits abortion beyond the date of viability which is typically regarded as 24 weeks. This is not the only time constraint for abortion care. A woman who desires a medication abortion, one where she can take pills in the comfort of her own home is only able to do so before she reaches ten weeks gestation. Once a patient surpasses the ten week mark the only options require more invasive medical procedures. Each week that goes by also increases the cost of these medical procedures and consequently may restrict access for many women. Any deception that a woman encounters from a limited service pregnancy center could prevent her from accessing safe abortion care altogether.

As part of my clinical rotation for medical school this past year I spent a month working in the clinics providing abortion care to women. I met one woman, a law student, who found out she was pregnant at 21 weeks. She was taking a medication that interfered with the birth control and was not aware of that side-effect. One woman came in at nine week, she had been raped and decided to terminate the pregnancy. Another was struggling with her

addiction to IV drugs and know that abortion was the right choice for her because she wouldn't have been able to provide a stable nurturing healthy environment to raise a child and there are countless other women who simply knew it wasn't the right time to continue a pregnancy cause they didn't have the necessary financial resources or social support. If any of these women had been deceived by the false advertising of a limited service pregnancy center they certainly would have been delayed in accessing the medical care that they desired and as a consequence may have been prohibited from accessing an abortion altogether.

I urge you to consider how this could impact a woman's life, her education, her career, her family and her mental health. Women undeniably deserve the opportunity to make fully informed choices of their own health, pregnancies and futures. We must not allow limited service pregnancy centers to restrict this. Thank you.

REP. STEINBERG (136TH): Thank you very much for your testimony. Are there questions? Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for testifying today. Again I would like to see if you could expand upon what you consider to be deceptive because that is what I keep struggling with in this particular Bill because it is not defined? You as a clinician, what do you consider to be deceptive practice?

CANDACE QUERELLA: Absolutely. So I think the limited service pregnancy centers, as one of my colleagues eluded to earlier, have a long track record of when you search their webpages online. For example, I know a lot of them have change their,

their searches but previously a year ago when we heard the same Bill, when you searched pregnancy Connecticut a list of these crisis pregnancy centers would pop up before even Planned Parenthood. When you search abortion Connecticut that's what would pop up. And then when you clicked onto those web pages it was not, it was deceptive. You click on those web pages and thinking about somebody who might be scared and time constraint it's very easy to think when they say considering abortion, and we can help, that is deceptive. And I think that there is a long track record of this occurring, and since a year ago some of these pregnancy centers have changed those things. And we appreciate that, that's what we want but at this point this Bill doesn't go through, there's nothing to ensure that doesn't happen again and that they don't continue to deceive people.

SENATOR SOMERS (18TH): So you're saying that you consider the advertising on the internet the deceptive part?

CANDACE QUERELLA: That's an example.

SENATOR SOMERS (18TH): Okay. We have heard some conflicting information about those pregnancy centers and their websites from last year versus this year and I have been told that during our hearing last time somebody had looked up a particular site and actually on the very bottom it did say that they did not provide, I think, termination services and the only change is that it has been moved from the bottom to the middle of the page, so I think, you know, I honestly don't know how people search. How Planned Parenthood doesn't pop up above a pregnancy center but that again is an advertising issue that I believe you should be

handled in General Law because it's advertising practices it's not about, you know, a Public Health issue with the way this Bill is written and is there anything else you find deceptive besides the, you know, the former or what you consider the former advertising on the internet.

CANDACE QUERELLA: Yeah, I mean there are still deceptive. We were looking at the web pages yesterday, there is still deceptive things on the internet that say that there's an abortion reversal pill that my colleague was talking about, that's just not true and there is no reason that these centers who are saying that they are licensed medical centers that can provide all of the care, in relevance to a pregnancy should be offering an abortion reversal pill that's not FDA approve, that's not researched, that's not regarded by the medical community as a effective treatment. So these are just a few examples but again not all, not all limited service pregnancy centers are doing these things but I don't think it's fair for women to be misled the way that they are.

SENATOR SOMERS (18TH): Okay, so just follow up. So we heard today, unless I'm not understanding it correctly that some of the limited pregnancy centers are licensed and some are not because some provide clinical services and some provide support but not necessarily clinical services. Are you saying that there are licensed so inspected by the Department of Public Health pregnancy centers that are offering things that are cleared by the FDA? And if so can you give me their name cause that would be something that the Department of Public Health could certainly look into?

CANDACE QUERELLA: So I'm a medical student, I can't answer that question unfortunately and I don't think that I mean pregnant women who are looking for medical care and abortion services would be able to know which centers are licensed and which are not either, so.

SENATOR SOMERS (18TH): I only asking cause you just said in your remarks that licensed pregnancy centers were doing things like an abortion reversal pill so that is why I want to be clear as far as it appears there's categories. So if there was a licensed facility, that is inspected by the Department of Public Health I would find that absolutely outrageous that they would be providing things that were not cleared by the FDA, that's why I want to make a distinction between like what you said in your testimony probably not, you know, pursuing it as much as I am, I just want to be clear. I don't want people to think that licensed pregnancy centers that are providing clinical, free clinical services that are inspected by the Department of Public Health be doing that, that's why I asked that question?

CANDACE QUERELLA: Sure, I can't speak to that exact answer right now but I could get back to you.

SENATOR SOMERS (18TH): Okay, thank you. I appreciate that.

REP. STEINBERG (136TH): Thank you, Senator. Any other questions? Not. Thank you for your time today we appreciate you taking time away from your regular duties. Next up is it looks like Erin Tong followed by Anna Montalvo. Okay, we are going straight then to Anna Montalvo followed by Rachael Bertels.

ANNA MONTALVO: Good afternoon. Hi everyone, my name is Anna Montalvo, and I serve as the Executive Director of ABC Women's Center. I am here in opposition of S.B. 144.

I am chiefly responsible for all the written materials on our marketing advertising so if there is any questions please feel free to direct them to me, not to someone who has no control over what we are and what we advertise in our materials.

As I said before, and I want to repeat is again only because I want you guys to understand the importance of this Bill not being specific on what the language is considered deceptive. Yet it forces it forces pregnancy centers to pay for corrective advertising if their ads are deemed deceptive. Representative Michel a little while ago, he stated that if we go to court that we will be reimbursed our money back. That is what he said. I thought he was here so that he can talk about it, but nowhere in the Bill does it state that. It doesn't say that we are going to be reimbursed to get our money back. We are nonprofit, we are not government supported. If we go to court we still have to pay for our legal expenses.

Now with that said, this puts the liberal democratic legislators in charge of deciding what is acceptable advertising for religious, life affirming Centers and also it give him control on what is deceptive and what's not. But yet in here, in this room, multiple times, multiple people have said what they have deemed deceptive. For example, nurses wearing white coats. I have been a nurse for over ten years and I have worked for other medical offices and I wear a white coat and the nursing agencies allow us to wear this, that is not

deceptive but yet Mayor Bronin said that he considered that to be deceptive. Michel, at our last hearing that there are things that came up that you guys on the Committee have deemed deceptive but yet it is not specific on what you guys, you guys have never directly said specifically what you consider to be deceptive to fix this Bill. The only thing I ask, if this Bill does go through, obviously I am asking to vote no, but if this Bill does go through, let's generalize it. Let's put every single person on this Bill not just life affirming centers. It's prejudiced against us and we have said up multiple times and we are asking you, if you truly care about women, about women's health, we are standing here, and I agree with you, if women are being deceived that needs to be fixed. But it's not just on our side, it's not just life confirming pregnancy centers. And this Bill specifically says, limited services. Limited services are not the only, if you feel that women, limited services are being deceptive then let's have every single person in that Bill, not just us. Sorry.

REP. STEINBERG (136TH): Are you essentially done?

ANNA MONTALVO: Well I just wanted to add one more thing if I may.

REP. STEINBERG (136TH): Quickly please. S

ANNA MONTALVO: Yes, the lady earlier here from St. Francis, she had testified she's the OB-GYN but even where she works at she didn't perform abortions there neither, so places like that, and this Bill as well, and it's not just life affirming pregnancy centers that are not performing abortions, every other place as well, just put them all in the same category and not just us.

REP. STEINBERG (136TH): Thank you. Are there questions? Senator Lesser.

SENATOR LESSER (9TH): Yes, thank you, Mr. Chairman and thank you for your testimony. Did I hear you correctly that you are the person I should ask questions about, we should ask questions about the ABC Women's Shelter website?

ANNA MONTALVO: Yes.

SENATOR LESSER (9TH): Thank you. So on the website it says, "If you have taken the first pill of RU-486, it may not be too late to continue your pregnancy. For more information on abortion pill reversal, visit abortionpillreversal.com." Is that do you consider that to be a misleading statement.

ANNA MONTALVO: Why would that be misleading? I want to make sure that I am clear and understanding on what you're, where you're going with the question.

SENATOR LESSER (9TH): Well I think that certainly the implication in that testimony or in that statement on the website, is that RU-486, the medical abortion medication is reversable and there has been a series of attempts to investigate whether that is the case. In fact a University of California Davis study into the effects of so-called abortion reversal was stopped early last year due to safety concerns after three patients were rushed to the hospital with severe bleeding according to a report on NPR. Is that are you asserting to your clients that the medication abortion is reversable?

ANNA MONTALVO: We have not talked about that with our clients that come in. On our website it is all information. Now.

SENATOR LESSER (9TH): Well that's what I'm asking you. You said, I am not asking about what you say in your center, I am asking you what's on your website today.

ANNA MONTALVO: Yes.

SENATOR LESSER (9TH): So on your website it indicates that RU-486 a drug used in medication abortion is reversable, is that accurate or non-accurate.

ANNA MONTALVO: It is information. That's what we've giving. It's been used, people bring that up when they come into our center, we give them information. How are we being deceptive with that?

SENATOR LESSER (9TH): Is, are you saying that information that is on your website is not accurate?

ANNA MONTALVO: Why are you saying that?

SENATOR LESSER (9TH): It says under abortion, it says, "what if I change my mind?" And it says, "If you have taken the first pill of RU-486 it may not be too late to continue your pregnancy. For more information on abortion pill reversal." Are medication abortion pills reversable?

ANNA MONTALVO: Okay, I know what you're saying. Sorry, I just have to read it. So you are asking if what we have in here with RU-486 is that deceptive, correct?

SENATOR LESSER (9TH): Correct.

ANNA MONTALVO: Okay, so if you take the first pill of RU-486, it has been proved that women that have taken this pill can still have a full pregnancy that is not false.

SENATOR LESSER (9TH): Are you aware of the University of California Davis study that I referenced?

ANNA MONTALVO: I am not aware, I will have to look that up.

SENATOR LESSER (9TH): Thank you

REP. STEINBERG (136TH): Thank you, Senator. Any other questions? Thank you for your time. Next up is Rachael Bertels followed by Molly Hurtado.

RACHAEL BERTELS: Good Evening, Mr. Chairman and Members of the Committee, my name is Rachael Bertels, I am from New London and I am speaking in opposition of SB 144.

I am trying to quickly look through this to make sure that I'm not beating a dead horse but I used to work for Care Net of South Eastern Connecticut and on the paperwork the client signs in bold capital letters it was like unavoidably clear that we did not perform abortions or refer for abortions. There was no way of wiggling out of that. Everybody understood it and they still returned for services. I had an abortion myself. I wish Care Net was a step in the past that I took before having an abortion. You know, when I worked there we provided information that like in the booklet, *Before you Decide*" there were many studies referenced, you know, in the footnotes in the back of the book. Some of them had, you know, just large numbers so some of this medical information, you know, that they are providing for all of it is, you know, referenced with studies, peer reviewed articles. They are not inventing this information. In fact a lot of the risks that were associated with an abortion at Planned Parenthood coincided with the

same risks that were in the information that was given out. So it's not a big secret.

I wanted to say quickly that I think it is accusatory to say that if we are against this Bill it is because we motives to deceive. It's just that we don't want to put one person with carte blanche over a certain demographic of people's ability to advertise. It's kind of putting the horse before the cart to say that one group will be deceptive so let's have the Attorney General be ready to squash this group certain perception.

CUTPA is the proper channel for victims of deception and yes, I used the word victim. People who are deceived are victims and so therefore they should take the appropriate channels that we have and if people are wondering if CUTPA is an appropriate channel and somebody mentions that it was a debated topic why don't we look at CUTPA and make it, you know, unavoidably clear that this a channel that applies to every single business, Care Net and all the other Pregnancy Resource Centers are businesses, I mean just ask the OMP, they get those tariffs, they are businesses and CUTPA does apply to them. You know, we mentioned Maryland where there was \$1.1 million dollars paid to the pregnancy there. We can't afford this you guys. I mean we were just listening to testimony with all these schools and they are busted up, you know, air systems and everything. They need money. We can't afford to pay the pregnancy centers the money for legal fees. You know this is view point discrimination and it is a First Amendment issue. And you know, when I was chatting with the other people that involved with the PRCs many of them said t necessary as CUTPA protects consumers against that they are wondering if they should change their website in regards to,

you know, just updating the website because now somebody is gonna take credit for valiantly crusading saying, Oh we've suddenly corrected this error with this person's website.

REP. STEINBERG (136TH): Can I ask you to please conclude your remarks?

RACHAEL BERTELS: Yes, sir. I'm trying to read my horrible handwriting. Oh a location, if you want to ask me about my time at Care Net I am happy to testify, there's no strings attached. We moved the center from Groton to New London in 2011 to help ladies who couldn't afford a bus ticket over the bridge to get diapers and, you know, pregnancy tests. It's not that we were trying to, you know, invade Planned Parenthood. And, let me.

REP. STEINBERG (136TH): I'm going to be looking for.

RACHAEL BERTELS: Okay, yes. Yes, I'm sorry. I have really bad handwriting, that's not your fault.

REP. STEINBERG (136TH): Your not alone in that, I've been trying to read people's name all day.
[Laughter].

RACHAEL BERTELS: So if anyone has any questions, I am happy to answer them. And I hope you understood that even though it was a little convoluted.

REP. STEINBERG (136TH): Thank you. Are there questions? None. Thank you again for your time.

RACHAEL BERTELS: All right you guys, thank you for hanging in there.

REP. STEINBERG (136TH): Next up is Molly Hurtado followed by Valerie Garcia.

MOLLY HURTADO: Good Evening. My name is Molly Hurtado. I am the former executive director of ABC

Women's Center for over five years. I am speaking in opposition of SB 144.

I have been present and testified at all three of the Hearings on this Bill and I have given explicit testimony on our website of which I was the sole creator. So thank you, Anna so much for representing the website but I actually created the website so Representative Lesser I would be happy to answer any of your questions that you have or any of the representatives. Since I wrote the content for the website I feel it relevant to address any questions regarding the language used on our site.

Senator Mary Abrams isn't here unfortunately. Oh there she is. Hi! You are our Senator from Middletown, thank you for serving our community so well. You actually brought up a point last year at the Hearing that you noticed that our clause, "We don't perform or refer for abortions" you felt it was too low on our page and perhaps ought to be brought up. And so in good faith, I took that recommendation and, yeah not two days later, I did actually move it up in addition to three other places where it's stated on our website. So unfortunately this action has been used against me and our Center on multiple occasions in order to paint a fictitious picture of my intention behind that action. So I just wanted to clear that up that is was done in good faith.

In addition, I would like to make mention that during one of the previous hearings, again in 2018, there was an anonymous client testimony, there were a handful that were brought forth by staff members of NARAL. Allegedly there was a 19-year-old girl who visited our center in 2015 where the client was given a pregnancy test, then shamed for her sexual

activity and lectured about birth control. We have since looked up every single client file in that year, of that age, and that service rendered and there is no known client who fits that description. I bring that up because I feel that it is relevant that when we have anonymous client testimonies that are brought up against specific centers that we be very specific with language, very specific with ensuring that the services that are allegedly being made were actually rendered and not perhaps they weren't plants by organizations that think differently than our Centers. So at this time I would love to answer any questions that you all might have regarding ABC Women's Center, our website or anything that you find relevant. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Are there questions? Not. Thank you for your testimony today. Next up is Valerie Garcia followed by Anne Boers.

VALERIE GARCIA: Good Evening Senators and Members of the Committee. My name is Valerie Garcia and I am a client advocate at Care Net Pregnancy Resource Center in New London and I am opposing SB 144.

I would like for consideration to read one of my client's written testimony with her permission on her experience at our center. And it reads as follows:

"My name is Elizabeth Choinsky [Phonetic] and I am 25 years old. I currently reside in the Sober House. I am in recovery from drug addiction and I will be one year clean and sober this month on March 12th. In December of 2019 I found out that I was pregnant with less than a year clean, I was scared and didn't know what to do. I don't live near any family and have few friends in my city. I didn't know where to

turn and I started to some Google searches. That is when I found Care Net. I was a little leery about going there because I saw that they were a faith based organization but since Planned Parenthood had no available appointments I gave Care Net a call."

"I went for my first appointment and I was pleasantly surprised by the loving compassion I was shown. At Care Net they did the test and they offered an ultrasound to confirm if the pregnancy was viable and it was. Then we sat in an office and they let me ask any questions I had. I asked about all of my options including abortion. Not once was I looked down on for asking about it. They didn't make me feel bad for considering abortion at all and they gave me all the information that I asked for and more. They also told me if I decided to go forward with the abortion that they would still be there for me to help with the emotional aftermath. See, I had an abortion before and even when it is 100 percent what you want, it still is a very emotionally painful choice."

"I decided I didn't want to go down that path this time and maybe, just maybe, I was meant to have this baby after everything I've been through with past pregnancies. I went for the follow up and they told me," excuse me, "and told them I wanted to keep the baby and they have been there for me ever step of the way. They have been the biggest support I've had during the past 19 weeks. The women at Care Net have been there every moment and show nothing but grace when it comes to talking about my past. They know I've had an abortion and they know I've considered one for this pregnancy as well. All they have ever said was that whatever choice I made it would be the right one for me and they will be there to support me through it. If Care Net is shut down

it would be a horrible loss for the community. This world can be a dark, mean, scary place but the women at Care Net have helped by faith in humanity. I am not religious but these women truly encompass what God's love is supposed to look like. So I ask you to try to put yourself in my shoes if only for a minute. Imagine if Care Net did not exist where would I have turned to, who would I really have right now in my corner helping me? Who would be standing beside me to help me find a place, a safe place for my baby and I to live? Who would be fighting to help me succeed and to be the best mother that I can be despite the obstacles in my past? Probably no one, that is who. Thank you for your time."

And she signs it Elizabeth Choinsky with further contact information.

REP. STEINBERG (136TH): Thank you. Are there questions? If not, thank you for your time. Next up is Anne Boers followed by Robert Hale.

ANNE BOERS: Good Afternoon. Thank you, Mr. Chair and Committee Members for hearing my testimony today. My name is Anne Boers and I am a resident of Connecticut and I work for the Archdioceses of Hartford and their Respect Life Ministry. I am here today in opposition of Bill SB 144. I personally support pregnancy care centers in our State and have witnessed the compassionate and lifesaving care they can provide. Most recently I became aware of how one center has aided a local family and I would like to share this story with you.

A single mother with three other children contact a pregnancy care center on learning via ultrasound that one of the twins she was carrying had a birth defect that would require surgery after birth. The

only help the hospital offered to this woman was to abort this child. Not wanting to do this, the woman reached out to the center and was immediately helped in numerous ways. They followed her safely through her pregnancy, put her in contact with clergy who were able to offer spiritual support, and they helped her prepare for the birth of her twins. They provided a layette and much needed other items for the newborn. They also provided material support in the form of some financial assistance and help with things like bus tickets since this mother did not have a driver's license nor a car. When the babies arrived the one needing surgery was treated at the NICU at CCMS here in Hartford. This poor infant was to live for less than a month. Following his death, this center helped the family with funeral arrangements for the child and lovingly provide a luncheon for the family following the services. They continue to be there for this family offering any moral and material support that they can. More importantly do to the unselfish generosity of this mother, she was able to give her fragile child a chance at life and have the opportunity to hold him in her arms as he took his last breath. He was able to experience his mother's arms and know her love.

With work like this going on in our community and State I fail to think why any of our elected officials would want to cooperate with the attempt to censor and possibly shutdown these centers who are providing this type of care. Who but these centers is willing to do this kind of work for our fellow citizens men, women and children? Without these centers who will vulnerable women like this one go to when they are in need? What do we really want for the children of Connecticut? I ask you to please consider these questions when you are

deciding upon this Bill. Pregnancy care centers are not in the business of deceiving women but in truly helping them. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Next up is Anne Boers. Oh, that was. Okay well Robert Hale. I'm sorry about that Mrs. Boers. Is Robert Hale here? [Laughter] It doesn't work that way. Gabriela Crespo. Welcome.

GABRIELA CRESPO: Hello. Thank you. My name is Gabriela Crespo and I work at Carolyn's Place Pregnancy Care Center in Waterbury and this testimony is in opposition of the SB 144 Bill.

We are a nonprofit 501(c)(3) and we are one of many pregnancy care centers that provide critical needs to mothers and mothers-to-be. Our center provides things like Earn While You Learn class which is a trial prep in parenting class that allows first time moms to ear brand-new baby items such as cribs, car seats, diapers, wipes, food and clothing up to 2T. We also offer ultrasounds, information, pregnancy tests and emotional support to our clients. All programs and services and personal needs items are free and also clearly stated within our website, brochures and by staff.

It is also clearly stated what we don't provide like abortions or that we are not a medical facility. We want to ensure that we will not be targeted as many women's needs will fall short. Where will these women go for all of their options if we close? It is my hope that you will opposed SB 144 Bill. Thank you.

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

Thank you very much. Robin Brown. What is your name, sir? Okay, I'll get you in a sec. Go ahead. Welcome.

ROBIN BROWN: Thank you very much. Good Afternoon Members of the Public Health Committee. Thank you for the honor and the opportunity to come before you today. My name is Robin Brown B.S.N. R.N and I am blessed to serve as the Medical Service Manager of ABC Women's Center in Middletown, Connecticut for almost four years now. I am a graduate of University of Connecticut and when I graduated just to give a little humor to it all, I was a student nurse, I was given a white coat [Laughs] so this debate about wearing a white coat and whether or not that makes you a valid healthcare provider, I mean somebody actually even brought up the fact that you go to a nail salon today [Laughter]. I mean it's so true. They are wearing white coats, so make a definition based on a white coat I think is really immature but I am proud to wear a white coat. And I wear a white coat with my UConn pin on it and my badge who defines, tells people who I am. So I just wanted to let you know that.

So my testimony this year is again in opposition to the same bill raised the last two years namely AN ACT CONCERNING DECEPTIVE ADVERTISING PRACTICES OF LIMITED SERVICES PREGNANCY CENTERS. This year it is numbered S.B.144. This bill is a third attempt to silence what we do as a faith based Pregnancy Resource Center by the political opposition. This is essentially a yearly attack on our first amendment rights. It also gives dangerous power to the Attorney General to define and decide what is deceptive advertising and what is not, and also to potentially monetarily punish us.

Compassionate Honest Care. The very heart of what we do as a faith-based ministry is to provide women and men experiencing an unexpected pregnancy love and support in their journey. We empower women who are the very givers of life and very intelligent. We offer to walk the path that they choose. We give free pregnancy tests which are early pregnancy tests that let clients and patients know seven to ten days after conception. We also give free limited ultrasounds and launch women and families into prenatal care with the doctor of their choice if that is their choice. We offer Options Counseling. All our Options Counseling is done by nurses and all the options are discussed based on the permission of the client. If they would like to discuss adoption, we ask them would you like to talk about adoption and if they say yes, we will proceed. If they don't we don't. So letting you know all the referrals are based on family and friends of our organization. They just refer their friends, that's our number one way of referring people to us.

So we have been in existence in ABC for 30 years. We are having our anniversary this very, very soon and so if we are falsely advertising why would we be in, have an organization that has been here for 30 years and is well thought of and we have a 99.7 percent approval rating. So we have a high standard of care. Our limited medical operations are overseen by our Medical Director Dr. O'Neill and all our nurses and Sonographers have state licenses. All our Medical policies and procedures uphold the highest standard of care.

SENATOR SOMERS (18TH): I am going to have to ask you to wrap up okay?

ROBIN BROWN: Sure. I will. And state unashamedly what services we perform and what service we don't. As a faith based Christian Center we have the highest standards to uphold. Thank you very much for this opportunity.

SENATOR SOMERS (18TH): Thank you are there any questions, comments from the Committee? Thank you very much for your testimony. So Robert Hale.

ROBERT HALE: Thank you.

SENATOR SOMERS (18TH): You're welcome. Welcome.

ROBERT HALE: Good Afternoon. I am Attorney Robert Hale from Glastonbury. First of all I wanted to thank the Members of this Committee for a very fair and objective hearing. I testified last Thursday before the Human Services Committee on the Bill in opposition to funding Planned Parenthood and I was, we were not give a fair hearing and I am very pleased that you are willing to listen to both sides. Thank you.

I am an attorney. I am a practicing attorney. I do litigation. I am very familiar with the Connecticut Unfair Trade Practices Act. I have brought cases under it. I've done a fair amount of research. It was discussed in law school. I'd be happy to answer any questions on it. I came in, in the middle of Mayor Bronin's testimony. I heard him in answer to a question say there was a very large body of law relating to what is deceptive. I did not hear the beginning of his testimony or the question that was asked. But there is a very large body of law on the Unfair Trade Practices Act. It's been in existence since 1973. There is many, many cases just to outline it without reading to you from the law. A complaint can be brought by the Commissioner of

Consumer Protection. It can be brought by an individual, a private lawsuit or a competitor. It can be brought by a consumer or a competitor. Someone who is in the same business or a different business who feels that they have been disadvantaged by someone's unfair trade practices or deception.

I do want to read you the first paragraph of the *Legislative Intent Section 42-110(b) Subsection (a)*. "No person shall engage in unfair methods of competition and unfair or deceptive acts or practices in the conduct of any trade or commerce." We are talking about trade and commerce here. This is all under the *Commerce Clause* of the U.S. Constitution. It has been very well tested. The Act also provides injunctive relief and punitive damages if brought by a private party and they win, the court can award punitive damages to the deceptive or unfair practitioner. So there is a very large body of law there and there is no need for additional law tailored just to target prolife pregnancy centers.

I'd like to hit just a few more major points if you don't mind.

SENATOR ABRAMS (13TH): I can give you one more minute.

ROBERT HALE: I thank you. What really bothers me about this Law is the attempt to change the language. Marketing, advertising. What is the difference between marketing and advertising? What is the difference between public relations and propaganda? I don't know where advertising begins and marketing leaves off or public relations begins and propaganda leaves off. But the language controls the debate. I heard previously testimony today about comprehensive medical services provided

by abortion practitioners. They are not, they are not comprehensive. They are not directed toward life. They have one mission which is prevention of pregnancy or termination of pregnancy. They provide a few ancillary services, sexually transmitted disease testing, etc. but they are not comprehensive medical services. That's deceptive right there. That statement is beset.

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

ROBERT HALE: All right, thank you very much, appreciate it.

SENATOR ABRAMS (13TH): Are there any questions or comments from the Committee? Thank you very much for your testimony, sir. Next is Joseph Moore? I can't read the writing. Joseph Mo something. Okay, that's it. That's probably you. So you win.

JOSEPH MOLLER: So we've already established that my name is Joseph Moller of Meriden, Connecticut. A citizen of Connecticut.

SENATOR ABRAMS (13TH): Welcome.

JOSEPH MOLLER: Thank you. And thank you for the opportunity to speak with you today. I've taken time out of a busy schedule today to be here. It's been both an informative process in regard to the legislative process and to the content. I'm truly grateful to you all for caring enough to stand here in my place representing me and my interests as you work this interestedly for our common good. So thank you. I have been listening to testimony with interest today and I hope with some objectivity. I guess I don't have any skin in this game. I'm not an abortion provider or counselor or anything like

that. I'm simply a concerned citizen trying to sort all of this out.

But abortion has been a part of my life. In 1998 one of my daughters became pregnant. She was away at college and not married. She decided to bring her baby to term and put him up for adoption. Three years later she married the child's father and they are raising two children. In 1967 one of my sisters had an abortion. It has just become legal I believe. My parents never knew. I don't know how they would have reacted. It was only years later that my sister confided in me and told me of her decision and it took here several years beyond that to come to terms with her decision. I do not judge either decision. Only to say now, sorry I've lost my place, only to say now that readily accessible counseling was not available to either of these family members and that was perhaps tragic.

I support a woman's right to choose and firmly believe that all women should have easy, direct even immediate access to women's health services especially pregnant women. Women absolutely have the right to be fully informed about the full range of reproductive human health services available to them. All pregnancy centers both so-called limited and full-service centers should stop all deceptive advertising and practices. Deceptive practices are illegal. It is my understanding however that there is already much law and many consumer protections are already in place to prevent deceptive advertising. So my question is why is this law necessary and will it even be helpful? As a layperson this law as it is written, as I read it today, seems vague in that it does not specific what would constitute deceptive practice for a pregnancy clinic. Listening to hours of testimony here today,

I haven't heard a single instance of deceptive advertising. In my opinion.

SENATOR ABRAMS (13TH): I'm sorry, sir I am going to ask you to wrap-up. Maybe a minute okay?

JOSEPH MOLLER: Great. I'm sorry that I am taking so long. So let that stand cause that I have not heard an instance of deceptive advertising. The mention of abortion reversal pill.

SENATOR ABRAMS (13TH): I'm sorry, I'm really going to have to stop you there okay. Sorry. Are there any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Yes I want to thank you for sitting here all day as a concerned citizen to voice your opinion on this and to tell your story. It is very much appreciated and could you say a little bit more about what you heard today as far as the lack of definition of deceptive?

JOSEPH MOLLER: Well I think that the law, if there is to be such a law, it needs to be much clearer and I found the language vague and unclear. And so I wonder why we are passing a law that will rather than clarify an issue will only lead to more unclarity. I guess that's what I would like to end with. Thank you very much for your time.

SENATOR SOMERS (18TH): And can I ask you just one more thing. As a just concerned citizen with no interest in either side of this particular Bill so to speak, it is your understanding that this could be handled if there was complaints through our current system of DCP the Consumer Protection, as you stated there's laws that are for false advertising.

JOSEPH MOLLER: That would seem to be the case to me. That would seem to be the case.

SENATOR SOMERS (18TH): Thank you for that.

JOSEPH MOLLER: Thank you very much.

SENATOR ABRAMS (13TH): Just one moment, sir. Are there any other questions or comments? Thank you very much for your testimony. Paul Knag. Welcome.

PAUL KNAG: Thank you. My name is Attorney Paul Knag and I am here to oppose the SB 144 which singles out organization that seek to provide help to women who are considering keeping their babies rather than having an abortion.

The first reason for my opposition to this Bill is that if the Bill becomes law it would result in a massive loss to the State of Connecticut under the provisions of the *Weldon Amendment* and the second reason is that the Bill is unnecessary in view of the scope of CUTPA. The *Weldon Amendment* passed in every HHS Appropriations Bill since 2005. It prohibits federal funds from going to states that discriminate against any healthcare entity which does not pay for or provide coverage for abortions and your Bill provides that the definitions are such that it specifically excludes anyone who provides or refers for abortions. Therefore it triggers the *Weldon Amendment* because it only applies to entities which should not perform abortions and does not apply to entities which do perform abortions. And it is very important to note that on January 24, 2020 for the first time the Federal Government took action to enforce the *Weldon Amendment* and they advised the State of California that they would lose it's HHS appropriations based on violations of the *Weldon Amendment* provided that the state was given

the opportunity to correct its violations. So I don't know if this is something that anyone in your team has considered but it would be a very bad decision for the State to give up a lot of federal money just so that it could pass a Bill that targets only pregnancy centers and doesn't target abortion providers.

And the second reason which is related to my opposition is that it is a totally unnecessary Bill. If there were any folks at the pregnancy centers that were engaged in deceptive advertising those problems could be addressed through the *Connecticut Unfair Trade Practices Act* and that Unfair Trade Practices Act applies broadly. There is nothing in there that doesn't apply to not for profit organizations and I think it is reasonably clear that it does apply to not for profit organizations. And so we don't really need this new, this new Bill. And so just let me conclude by saying that my wife ran a birth right for a number of years. We were very proud to have a girl that lived in our house for a while who needed a home, to provide cribs, to provide diapers, to provide support. It's something that doesn't hurt anyone and it's a service that is not provided anymore by anyone else. It used to be provided by the homes for unwed mothers and they are more or less a thing of the past. So I would like to ask you not to target these wonderful organization and instead to deny and vote against this Bill.

SENATOR ABRAMS (13TH): Thank you. Hold on one second please. Are there any questions or comments? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. I'm sorry, sir will you give me Civics 101. The Weldon Amendment it's an amendment, I'm not sure what.

PAUL KNAG: It's as I pointed out, it is a part of the Continuing Resolutions that have been passed each year since 2005, it doesn't have a USC cite but it is part of the Continuing Resolutions and if you Google *Weldon Amendment* you will see what the cite is to the Continuing Resolution and can't provide it all offhand but it is part of the Continuing Resolution. As I say, the Federal Government has for the first time sought to enforce it against California.

REP. PETIT (22ND): And it's W-E-L-D-O-N?

PAUL KNAG: Right.

REP. PETIT (22ND): And the implication is that we would lose funding?

PAUL KNAG: From the HHS Funding, yes.

REP. PETIT (22ND): And second we've got testimony on several occasions on CUTPA, can you I guess this is asking a hypotheses do you, can you understand why someone wouldn't have gone forward with it if they thought there was unfair practice going on why they wouldn't have pursued a remedy through CUPTA?

PAUL KNAG: No, that's why, one of the things I've been sitting her for hours and I haven't heard anyone actually say I went to one of these places and they deceived me and if there were any cases where they were busy deceiving people then of course then there could be a claim brought under CUTPA by that person or by the Consumer Protection Department, the Attorney General and there have never been any such case brought and I suspect that

it because there is no basis for it. But if there were a basis for it, we don't need a new statute. You could bring the case under CUTPA and under various other theories fraud and other possible theories.

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

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you, sir for your time. Next is Margaret O'Neill.

MARGARET O'NEILL: Senator Abrams, Representative Steinberg and distinguished Members of the Public Health Committee, my name is Margaret O'Neill. I am a medical student and an aspiring OB-GYN. I live in West Hartford. I grew up in Hamden and I provide care for patients in the Greater Hartford Region. I write to you in strong support of SB 144.

Today I would like to discuss with you why this Bill is so important to me and to my community. This Bill seeks to limit the ability of crisis pregnancy centers to put forth deceptive, misleading and inaccurate advertising. This is a Public Health issue because unregulated health information on the internet which is where the majority of my patients first seek their health information has the capacity to misguide patients who are seeking time sensitive care, results in undue fear and worry and in the most severe cases as I will discuss further, can steer patients towards non FDA regulated health practices and impact their health decision making.

I would like to direct you to several examples of crisis pregnancy centers that have deceptive advertising. You have heard from several of these centers so far today. The Crisis Pregnancy Center

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of Connecticut in Unionville has a webpage detailing the false medical condition post abortion syndrome citing symptoms such as guilt, anger, depression, suicidal thoughts, sexual dysfunction, eating disorders, drug abuse and psychological reactions. Post abortion syndrome is not a diagnosis supported by the medical community or listed in the DSM-5 which is the Diagnostic Statistical Manual used by psychiatrists across the country and the Center goes further to offer counseling without detailing the credentials of the counselor that they offer or the proven methodology of their counseling. Patients experiencing any type of mental health condition deserve adequate evaluation and care from a licensed mental health professionals.

Women's Center of Eastern Connecticut in Willimantic details the types of abortion care significantly overstating the complications associated to intentionally invoke fear. All forms of abortion care, which in Connecticut can be performed up to 24 weeks, are safer than childbirth. A woman is 14 times more likely to die from childbirth than from an abortion. This information or this example is important to me because today, earlier today, in my clinic I took care of a woman who was coming in to discuss her options for an early pregnancy. I sat down across from her and asked her, "How can I help you today" and she said I've decided to go forward with having a baby because I don't want to die on the table from an abortion and I don't want to be able not to have babies anymore. I was utterly shocked by her response to me and I felt so sorry for her that her sources of information were so incorrect and led her to be afraid of discussing all of her options today.

ABC Women's Center as we have already discussed in Middletown provides false information about abortion reversal which is a process that has been denounced by the American College of Obstetricians and Gynecologists and research shows it is a grossly unsafe practice.

I understand that many in opposition of this Bill argue that their organizations or practices do not mislead women. For that I am thankful and I congratulate those organizations on being positive influences and sources of truth around a wrought with catastrophizing and misinformation. For those organizations and individuals this Bill has little effect but to reinforce important practices already in place. The purpose of this Bill is to limit those crisis pregnancy center who do circulate deceptive information. I would like to draw the parallel to road safety laws. Most individuals who drive do so in a safe, thoughtful and law abiding manner. This does not negate the necessity of road safety laws because they provide a structure that upholds the safety of our community. This Bill seeks to put in place a structure to uphold the integrity of information being shared by crisis pregnancy centers. In medical school we learned to practice the shared decision making model of the doctor/patient relationship. This type of relationship is based on patient autonomy and respect.

SENATOR ABRAMS (13TH): I have to [Cross talking]

MARGARET O'NEILL: {Cross talk} that I hope to practice, to put forth in my work as an OB-GYN. In conclusion I strongly support this Bill and I hope I can count on this Committee to support it as well.

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

REP. ZUPKUS (89TH): Thank you, Madam Chair. Hi there, thanks for coming and your testimony. Just a quick question and I don't know if you said it or not, have you been in any of these Pregnancy Resource Centers.

MARGARET O'NEILL: I personally have not, no. But I have done significant research on the advertising on their websites and I provided screen shots and example of how to get to each of those places of deceptive advertising practices in my testimony which was submitted.

REP. ZUPKUS (89TH): You've never been in one?

MARGARET O'NEILL: Personally, I have never personally been in one. But as I stated earlier my biggest concern is that information that is available unregulated on the internet which impacts the way my patients make their health decisions.

REP. ZUPKUS (89TH): Well I agree and as I said earlier during the day I don't think any of us think deceptive advertising is right. I believe it should be with any center that deals with women's health or anything quite honestly.

MARGARET O'NEILL: Absolutely.

REP. ZUPKUS (89TH): This law should apply, to which it does not, but I was just curious if you had ever been in there.

SENATOR ABRAMS (13TH): I have a question. Can you tell me more about the post-abortion syndrome and how that impacts women.

MARGARET O'NEILL: Sure.

SENATOR ABRAMS (13TH): The notion that [cross-talk].

MARGARET O'NEILL: Yeah, absolutely. That is an excellent question. My trouble with that advertisement, so again that was Crisis Pregnancy Center of Connecticut in Unionville, they have a page detailing post-abortion syndrome and then citing different symptoms that women may experience from it detailing how it can impact their live and then going on to offer counseling services. And I want to be clear that I am not discounting that women may have reactions, negative reactions from having abortions in the past and may need mental health counseling as any of us have reactions to life-experiences and may need mental health counseling. But my problem with the post-abortion syndrome website is that the counseling is not offered by certified licensed mental health counselors and the post-abortion syndrome is talked about in such a way it makes it sound like a validated medical condition when in fact it's not. And I think that it steers patients away from seeking or from being able to obtain healthcare that is actually going to help the symptoms that they have or the conditions that they have.

SENATOR ABRAMS (13TH): Okay and the other, can you talk a little bit about the reversal, I forgot what you called it, [cross talk] you know what I mean, thank you.

MARGARET O'NEILL: Yeah, absolutely. So the abortion reversal is, has been, has a presence online for the last several years as after taking misoprostol which is one of the medications used for medical abortion which is progesterone antagonist for any of those science nerds out there like me, {Laugh} that is one of two steps to cause a medical

abortion. And there is false information on the internet and there are websites dedicated to this abortion reversal that cite that abortion reversal is possible when the American College of Obstetricians and Gynecologists, the FDS denounced this practice and there have been recent studies as were discussed that it is grossly unsafe and possible causes danger to the mother and the potential baby.

SENATOR ABRAMS (13TH): Thank you. Are there other questions or comments? I guess I just have one more. So if I see on a website where they talk about either of these that would be misleading to women because it wouldn't be accurate medical information.

MARGARET O'NEILL: Correct.

SENATOR ABRAMS (13TH): [Cross-talk] that's correct you say?

MARGARET O'NEILL: Correct, it is inaccurate medical information and women who come to health centers trying to seek these, this type of healthcare may be either disappointed, they often times, you know, have done research on their own and then find out it's not true and they feel like they are being spoken down to or lectured or when in fact we are trying to share accurate information that is going to benefit their health and they can be disappointed or it can be hard to talk to women about how decisions that they may have made because of inaccurate information on the internet may actually be endangering their health.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony. Bill O'Brien. Welcome.

BILL O'BRIEN: Thank you. Members of the Public Health Committee my name is Bill O'Brien I am Vice-President of Connecticut Right to Life. I am testifying against SB 144.

How many millions of dollars does the State of Connecticut expect to receive from the Federal Government this year from HHS and Labor Department funding bills?

This discriminatory Bill, S.B. 144, could place Connecticut in danger of losing those millions of dollars of federal funds from HHS and Labor appropriations.

Since pregnancy care centers provide limited medical services, such as limited ultrasounds, they are health care entities that are protected by a federal law called, someone else just mentioned it, *The Weldon Amendment*. *The Weldon Amendment* says that if a State subjects any health care entity to discrimination because the health care entity "does not provide, pay for, provide coverage of, or refer for abortions," the federal government could withhold Labor and HHS appropriations from that State.

The simple fact is that pregnancy centers honestly advertise what services they provide. By not applying the same scrutiny to advertising by abortion clinics, the state would be discriminating against pro-life pregnancy care centers because they do not provide, pay for, provide coverage of, or refer for abortions.

Last year, HHS's Office for Civil Rights (OCR) determined that a California law violated the Weldon Amendment by targeting pro-life pregnancy care centers. The OCR took similar action last year

against Hawaii. Since both states agreed to not enforce their discriminatory laws, they did not lose federal funds. However, Hawaii and California were required to pay \$60,000 dollars and \$399,000 dollars respectively to cover the legal costs of pro-life pregnancy care centers. California has again received a Notice of Violation this January from HHS OCR for violation of the Weldon Amendment. Federal action is pending.

By simply letting this Bill die, this Committee can avoid the huge loss of federal funds or paying the legal bills of pregnancy care centers. Please vote 'NO' on S.B. 144 or simply let it die. Thank you.

SENATOR ABRAMS (13TH): Thank you, sir. Are there questions or comments from the Committee? Thank you for your testimony. Jane Cadett. Welcome.

JANE CADETT: Thank you. I'm Jane Cadett. I am on the I am a on the Board of Directors for Caring Families Pregnancy Services, I am also an R.N.

I just want to bring up, I did give written testimony but I also wanted just bring one point that was brought up by Mayor Ronin because we are in a Federal Lawsuit right now with the City of Hartford over their ordinance. Their ordinance is identical to this Bill, at least in the aspect of deceptive advertising. We did hear testimony from the Mayor today that they have documented complaints and while this case is ongoing and but the City has been disposed and they were not able to bring any actual complaints at the time of the deposition. So those complaints have not been brought forward and because of this ongoing suit I would suggest that this Bill probably wait until that lawsuit gets resolved.

SENATOR ABRAMS (13TH): Very succinct. Thank you very much. Any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Yes, I just had a question because unless I'm not recalling this correctly which it could be because we've heard a lot of testimony tonight. I thought I heard the Mayor say that they had documented cases, specific cases that they could document and get to us and you are telling me that they have not be able to provide that under a deposition.

JANE CADETT: That's correct.

SENATOR SOMERS (18TH): Okay, that seems a little contrary to me that. So his testimony was not on-line yet as far as what he had submitted, he was going to submit these documented cases?

JANE CADETT: Right.

SENATOR SOMERS (18TH): So okay, I just wanted to make sure I heard that correctly cause that's not what we were told earlier so thank you for your information.

SENATOR ABRAMS (13TH): Thank you, Any other questions or comments? I am just wondering how are you aware of whether or not they were able to submit testimony?

JANE CADETT: I am on the Board of Directors so it is reported to us during our board meetings how the depositions are going.

SENATOR ABRAMS (13TH): And who reports that?

JANE CADETT: The Director, the Executive Director.

SENATOR ABRAMS (13TH): The Executive Director of what, I'm sorry.

JANE CADETT: The Executive Director of Caring Families.

SENATOR ABRAMS (13TH): Caring Families reported to you.

JANE CADETT: Reports these things to the Board.

SENATOR ABRAMS (13TH): So the Executive Director of Caring Families reported to you as a member of the board that there was no documentation in the depositions?

JANE CADETT: Right.

SENATOR ABRAMS (13TH): Okay. Thank you. I'm sorry, can I ask another question cause I'm not super familiar with depositions and all that kind of stuff. So just to be clear, were they asked to submit it?

JANE CADETT: Yes.

SENATOR ABRAMS (13TH): So it's not like they just didn't submit it because no one asked them, I want to make sure that's clear. So they were asked to provide the documentation on these incidents and did not do that, is that correct?

JANE CADETT: Yes, correct.

SENATOR ABRAMS (13TH): And that's what you are being reported by your I guess your representation?

JANE CADETT: Right, our legal representation.

SENATOR ABRAMS (13TH): Got it, just wanted to make sure I'm clear. Thank you. Can I just ask what the name of the person that, who it was that reported that to you?

JANE CADETT: To me? Jeremy Bradley.

SENATOR ABRAMS (13TH): Jeremy, I'm sorry what?

JANE CADETT: Bradley. Okay, good. Thank you.
Thank you very much. Chalaine Kilduff.

CHALAIN KILDUFF: Hello. I had a whole thing written and I decided to kind of just wing it. So I just wrote this in a few minutes, so bear with me. I am Chalaine Kilduff and I am here on behalf of ABC Women's Center as a Board Member but also as someone who has been a writer in advertising for ten years. And something that I've heard all day that has really stuck with me that Senator Somers keeps asking the constant question what justifies something as being deceptive. Again as a writer who has written for National Brands and even small little prolife pregnancy centers, I beg the same question.

I draft these pieces, I write everything that you can think of in advertising from social medial ads to billboards to radio and in everything that I write we always have boundaries on what we are allowed to say. Across different industries from medical health care to financial to insurance there are certain things that we are allowed to say and not allowed to say. And the one thing that keeps coming up in this Bill is that there are really no boundaries. There are certain words that I know that I can say and cannot say when I am writing for certain brands or writing for certain industries and I would urge that a Bill like this were to pass, that it would not be so broad that we wouldn't be at the mercy of one person versus another person's idea of what is considered deceptive.

Although there are many reasons I oppose this Bill and deem it extremely targeted and unjustified, fortunately my many other passionate pro-lifers have

brought those things to light. So I just wanted to come up here and speak as somebody who works in advertising to say that if this is a Bill that were to be passed I would expect that we would have better boundaries that would give us guidance as we proceed to write these things.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you very much for your testimony. That's it right? I think that's the end. We are on to Bill, House Bill 5288 and Louis Rosado Burch.

LOUIS BURCH: Good Evening Senator Abrams, Representative Steinberg, Honorable Vice-Chairs, Ranking Members and distinguished rank and file Members of the Public Health Committee. My name is Louis Rosado Burch. I am the Connecticut Program Director for Citizens Campaign for the Environment. I am here today to testify in support of House Bill 5288 and House Bill 5291 with recommendations for changes on the latter.

House Bill 5288 An Act Concerning PFAS Substances. I think many of the folks here in this room know that PFAS are commonly referred to as forever chemicals. They have been linked to contributing from everything to birth defects, elevated cholesterol levels, thyroid problems and even kidney and testicular cancer.

While these chemicals have been phased out of use in many applications particularly in firefighting foams but are still kept on hand at airports across the country as well as military installations and firefighting storage depots. I think many folks know that in June of 2019, more than 20,000 gallons fluorinated PFAS foam was discharged at Bradley Airport and entered into the Farmington River. In

the days immediately following the spill, PFAS levels in the Farmington River and in the days following the spill PFAS levels in the river were measured as high as 1.5 million parts per billion whereas the EPA health advisory for PFAS in drinking water is something around 70 parts per billion.

And so Governor Lamont established an interagency task force. The recommended several common sense steps to address PFAS contamination. Both of these Bills are consistent with those recommendations. Many airports across the world have already phased out these foams and the nonfluorinated foams not only meet the same performance standards but they are also in use at major international hubs including every airport in Australia. We think this is a good Bill and it ought to pass.

House Bill 5291, I'm sorry, yes 5291 Act Limiting PFAS and Expanded Polystyrene in Food Packaging. Food packaging is a leading pathway of human exposure for PFAS. Section 1(b) requires Department of Public Health to assess the availability of PFAS and polystyrene free alternatives to food packaging. We support the intention of this but we believe this is somewhat unnecessary. A 2016 study revealed that PFAS were present in about 40 percent of the food packaging that was tested. That means that the other 60 percent were not treated with PFAS. This tells us that there are PFAS free alternatives already on the market. We think that provision would incur a fiscal note that would likely cause the Bill to die and so we think that could be taken out. We don't believe the DPH needs to be assigned that responsibility especially at a time when they have limited resources to do so.

And so I will conclude my testimony there and happy to answer any questions that you all have.

SENATOR ABRAMS (13TH): Representative Arnone.

REP. ARNONE (58TH): Thank you for staying so late and thank you for addressing the firefighter foam for us. I had some questions earlier when we discussed this last session and there seemed to be an alternative when there actually was and I thank you so much and hopefully we will be able to switch those chemicals out.

LOUIS BURCH: Yes, sir and we can actually provide the Committee with the report on fluorine free alternative to aqueous firefighting foams. Once again they meet any of the same performance standards and are being used to great effect all over the world. We also heard directly from firefighters here in this building that many of them are already moving in this direction and so I believe this Bill would help to expedite that process and would also help to ensure that some of the straggles are held to the same standard that the rest of the industry is moving towards.

REP. ARNONE (58TH): Yeah, I'd personally like that information to so there ct.gov.

LOUIS BURCH: Certainly.

SENATOR ABRAMS (13TH): Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. First up a units issue both in your written testimony and what you said. You said, parts per billion and I thought in Committee Hearings we were talking about 70 parts per trillion not billion.

LOUIS BURCH: For the EPA Health Advisory it's 70 parts per billion.

REP. PETIT (22ND): Well I thought all the testimony I heard in leadership was, well anyway.

LOUIS BURCH: I'll have to double check, its kind of tricky math that happens there. They use a number of different kind of measurements in a few different areas. I will double check on that and revise my testimony as appropriate.

REP. PETIT (22ND): Two zeros between friends [Laughs].

LOUIS BURCH: Regardless if I may say, I don't want to interrupt you but if I may say we're talking about something that is on the order of a grain of sand or a drop of water in a swimming pool. So we're talking about very, very low levels regardless of what the EPA health advisory is, many advocate and health professionals are looking at that as that standard is still too high and we have been advocating for much more stringent standard 2 parts per billion.

REP. PETIT (22ND): Well that's why it came up in our discussions about water essentially. My prejudice would be that this should be done federally but if you assume that can or won't be done since there is a lot of things they don't seem to fix federally, can we, what are your thoughts on just completely banning the use because I'm not unconcerned about firefighting foam but I am more concerned about packaging, about water proof stuff that we wear every day, about coated pans, about the things that we're exposed to, most of us aren't going to be hanging out near firefighting foam or be exposed to that in a significant way but in thousands of other products do we just start a ban for any new products coming in or would that not work on a state level.

LOUIS BURCH: Well I think you would have to look at the timeline to phase in approach in this kind of thing. I do think that such action is well-supported, you got a number of states across the country that are moving in this direction including just about every state in New England. Part of what we're talking about is highly persistent toxic groundwater contaminant, right. So several states are currently involved in class actions lawsuits. The State of Minnesota for example has already settled one with 3M over some groundwater contamination issues, something to the effect of over \$8 hundred million dollars to deal with groundwater contamination from PFAS. And so we also are seeing some movement at the federal level. There is a docket that is currently open to include all of the PFAS chemicals, any fluorinated PFAS chemicals in the toxic release inventory which is an acknowledgement from the federal government, the EPA, that, you know, these chemicals do contribute or reasonably anticipate contribute to serious human health issues and so they want to monitor any release over ten pounds of PFAS into the environment. We believe that as time goes on more information comes out about where this contamination is and we find out more about what the health impacts are there are going to be a tremendous movement away from these chemicals and a huge demand for nontoxic PFAS free alternatives.

REP. ARNONE (58TH): And perhaps on a practical level much akin to washing our hands for 30 seconds for the COVID-19 virus should we be putting out educational directives to the public about the most common products to avoid and to do alternative purchasing so that the consumer becomes familiar with what to avoid or is that already being done on

a national level. I don't see that I've run across that anywhere.

LOUIS BURCH: There is really not a lot of that being done nationally. I would agree that is appropriate also consistent with some of the recommendations, interagency action plan, but it is especially important because there is a lot of brainwashing around this issue right now. A lot of misinformation that's out there. You'll see different types of manufactures and products advertising as, you know, this is PFOA free when in fact many of the manufactures started phasing PFOA out somewhat voluntarily when information began to come out about the potential health impacts and so really one of the things that I think this Bill does really well, 5288 that is, is that it correctly addresses the use and testing of perfluorinated and polyfluorinated chemicals as a class and does not distinguish between short chain and long chain PFAS chemicals. I think that is absolutely appropriate. You know, a lot of the testing that's been done on short chain chemicals, though there's not as much information out there, is showing very, very similar properties and impacts to lab animals, you know, developing different kinds of cancers and that kind of thing as what we know the long chain PFAS chemical do and so if you think about it in that respect they have very similar properties in production, in their uses and we believe they are going to have very similar properties in terms of their persistence in the environment and their impact on the human body.

REP. ARNONE (58TH): I appreciate the information and Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Representative Michel did you have a question? Go ahead.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you Lou for testifying again. A quick question imagine that with the spill at the airport and goes into a river but then it just doesn't disappear it goes into the Sound and so it doesn't really degrade correct?

LOUIS BURCH: It doesn't degrade on its own. Over time it is extremely persistent in soil and water that's why I think it is very important that the first Bill provides for some testing of groundwater resources. That's something that actually, so in Connecticut some of our best drinking water protections are actually kind of working against us in this respect because of the fact that. Let me elaborate because of the fact that we protect all of our class A and class B drinking water supplies, right, there is no industrial development, no stormwater runoff going into our large public drinking water supplies, but we also know from looking at what's happened in New York State as well as in Michigan and some of the other states that are dealing with significant groundwater contamination problems that much of the groundwater contamination coming from PFAS happens around industrial sites like manufacturing sites, these kinds of things. And so in the absence of having testing through the water company we need to rely on the federal government. They do something periodically called the Unregulated Contaminant Monitoring Rule which looks at, you know, a sample of sites all over the country for a whole range of different what's called emerging contaminants such as PFAS, 1,4-Dioxane, chemicals that we reasonably expect to have a negative impact on human health but that we just

don't have as much information about I'd say flame retardants, pesticides this kind of thing. And the federal government through that UCMR contaminant monitoring rule only looks at large drinking water systems that support a population of 10,000 or over and so in areas where you may have let's say for example firefighting training depot or manufacturing facilities which I know for a fact here in Connecticut exist, that maybe directly impacting groundwater and well water, none of that testing is actually happening. And furthermore the reporting limits that are in place for the contaminant monitoring rule are also extremely high compared to what we believe that the drinking water standard for PFAS should be. So we don't have a real accurate picture of how much groundwater contamination we have but there is some research that is coming out of UConn as well as other places that UConn looked at in 2012 I want to say, UConn looked at wastewater discharge going in the Connecticut River and other places around the State and found that 100 percent of the sites they tested, tested positive for PFAS. So in other words and yes, there is also some evidence that they found it in Candlewood Lake when they were looking at some of the water quality issues in Candlewood Lake around septic systems and so there is good reason to believe that it is coming out in septic leach as well which once again is coming from human exposure. Most common pathway for human exposure is through food packaging.

REP. MICHEL (146TH): And one question, how long are the airports or tanks that still have that material are supposed to, how long do they have to get rid of it?

LOUIS BURCH: So the terms of this Bill are no later than 2021, I believe which I think to me is more

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than reasonable. DEP says there is something like 24,000 gallons of this firefighting foam being stockpiled across the State and there are requirements. Actually I would, one change you all may consider on the firefighting foam Bill is to clarify that this would apply to firefighting foams used for training purposes on airports and military installations notwithstanding the current FAA requirements. So the federal government FAA actually requires fluorinated firefighting foam to be kept on hand to deal with emergency situations. This Bill I believe would, is intended to address the use of those foams to prohibit their use in training situations but I think it should, the language should be clarified to make sure that is explicit.

REP. MICHEL (146TH): Thank you and then what happens to it once it's, how do they get rid of this whole?

LOUIS BURCH: That's the challenging question because conventional wisdom around how to deal with these contaminants is to incinerate but there is some data that shows that that actually the PFAS remains in the ash, incinerator ash, and so that is something that we need to take a really good look at and put some hazardous, hazardous waster parameters around.

REP. MICHEL (146TH): It is quale indestructible.

LOUIS BURCH: You might say that.

REP. MICHEL (146TH): That's way humans keep adding exposure I guess. Okay, thank you very much, Mr. Birch. Thank you, Mr. Chair, Madam Chair.

SENATOR ABRAMS (13TH): Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair. Thank you for testifying Lou. I think it's pretty clear that it's not just a matter of finding it in the drinking water. We look even casually we'll find it in us and that's indeed a large part of the problem. Much of your testimony is focused on 5288 but let's talk about 5291.

You made reference to the fact that we should delete Section (b) because it would just create a fiscal note that would sink the Bill but that presumes then without Section (b) that it is self-evident that there are effective alternatives to the materials that we will be banning in Section (c), is that the case?

LOUIS BURCH: Yes, we do believe based on the data that there are fluorine free food packaging alternatives out there as well as, I mean obviously not everybody uses Polystyrene clamshell containers so there are alternatives out there.

REP. STEINBERG (136TH): In your experience some of the changes that several national companies had made to different forms of paper related packaging do they conform with what we would hope to see in Connecticut?

LOUIS BURCH: They may. I mean it's definitely, you know, once again, it's a type of things that we know from looking at the stuff that's out there that some of the packaging does not contain it. And so if it's already in use it must be cost effective for somebody. We believe that phasing out the use of treated food containers will also clear the way for additional producers to come online who are able to provide the market with those type of PFAS free. We believe it will actually create some demand for those kinds of packaging.

REP. STEINBERG (136TH): Thank you and with an effective date of January 2022 that would afford them a year and a half to source alternative and also work through current inventories?

LOUIS BURCH: We believe that it could be done in a shorter timeframe and would not advocate for more than a year to phase out the use of those containers. To give restaurants and that kind of thing an opportunity to go through whatever stock they might already have, you know, we think that is reasonable. Beyond that I think that you're pushing it out, you know, unnecessarily far.

REP. STEINBERG (136TH): Thank you. Other comments or questions? None. Thank you for your patience and your testimony today. I believe Betsy Gara is up next.

BETSY GARA: Thank you. My name is Betsy Gara. I am the Executive Director of the Connecticut Waterworks Association and I have submitted testimony on three Bills but I will touch briefly and summarize. The Connecticut Waterworks Association which represents municipal, private and regional water authorities to ports, House Bill 5288 An Act Concerning PFAS substances certainly preventing the introduction of PFAS in the environment and remediating areas that have been contaminated with PFAS is actually much more cost effective in the long run than in treating and addressing PFAS in water supplies. However we do support efforts to move forward with testing by the State Department of Public Health as Lou Birch pointed out under the third unregulated contaminated monitoring rule you see a Mark 3. From 2013 and 2015 water companies in Connecticut were actually required to monitor for the presence of six PFAS

substances and although under the federal law that was only required for water companies serving 10,000 or more customers, in Connecticut it was actually applicable to water company serving 1,000 or more customers. And according to the Department of Public Health that is the amount that serves 2.4 million people in the State so we did have a broader reach.

The good news there is that none of the public water suppliers had any detections of those substance under the ECMR-3 minimum reporting limits. In addition just recently the Department of Public Health did require water companies to complete a PFAS vulnerabilities assessment to determine and identify where their know PFAS generators within their public water supply watershed such as landfills, industrial site, fire training schools, airports, etc. and they are encouraging water companies to begin testing particular in those areas. The department does have the authority to require testing now. It has indicated that it plans to move forward with a statewide testing for PFAS and again we are very supportive of that. As many of you know, many water companies have begun testing. Others are waiting until the State Department of Public Health establishes testing protocols as to how to conduct the test before they move forward. We have public water companies in Connecticut or varying sizes. Some have more resources than others to do this. A lot of our midsized municipal water departments and smaller water companies really need to be able to ensure that they are targeting their resources to complying fully with the department's directive.

We also support efforts to prevent the release of PFAS compounds into our water supplies and our soil

by eliminating the use of PFAS containing firefighting foam where possible.

And then just briefly we do support the language in 5417 on replacement wells. It expands legislation adopted last year and we do have some concerns with the Department of Public Health's proposal to limit notification of projects in aquifer protection areas unless they exceed 5 acres, we do think that is a little too much, too large a project.

REP. STEINBERG (136TH): Thank you Betsy. Did you send that testimony with regard to your concerns about the acreage?

BETSY GARA: Yes, we did.

REP. STEINBERG (136TH): Okay, getting back to the issue of the PFAS that is already in our environment whether it is two parts, ten parts or it's 20 parts, is there any protocol by any water company for what to do about that?

BETSY GARA: At this point, in compliance with the State Department of Public Health we are continuing to adhere to the EPA Health Advisor level of 70 parts per trillion. We understand that the State Department of Public Health maybe revising that. We support the creation of a safe drinking water advisory council as recommended by the interagency working group so that we can ensure that we have the scientists, toxicologists, engineers and others that are with expertise in this to be able to establish a drinking water standard that is protective of the public health.

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

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for testifying today. I was just wondering what are the, I'm trying to read, I'm bad with, that is what are the minimum reporting limits under the unregulated contaminant monitoring role?

BETSY GARA: It was based on, it depended on each compound. So they were required to monitor for six different PFAS compounds and depending on the compound it ranged from 0.1 mcg/liter to about 0.9 mcg/liter.

REP. MICHEL (146TH): Can you say that again so that I?

BETSY GARA: Sure. So it, depending on the, there were six different PFAS compounds that were required to be monitored and there was a chart which I can email to you which indicates the limit for each of those compounds and they range from a 0.1 mcg/liter to 0.9 mcg/liter depending on the substance.

REP. MICHEL (146TH): Okay, thank you for that. And so is it possible that PFAS are toxic at levels that are lower than the minimum reporting levels.

BETSY GARA: I think that's what we need to determine through the Safe Water Drinking Advisory Council. Certainly, the testing has become more precise and there have been additional studies related to the harmful effects of these chemicals. I think that's why you see the states are moving ahead to established drinking water standards. Unfortunately, the EPA process which has worked well for years is a very protracted process. It relies on peer review and public hearing and comment and if unfortunately just taken too long and I know that they are starting to move now but it is a little bit of too little too late situation. So then we do

support working with the State Department of Public Health to begin to establish drinking water standards for Connecticut.

REP. MICHEL (146TH): So then maybe PFAS present but just not above the minimum reporting limit?

BETSY GARA: Exactly.

REP. MICHEL (146TH): Okay. Thank you, Mr. Chair. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Are there other questions? Betsy, thank you for your patience today and for your testimony. Next up we have Ann Hulick on 5291.

ANN HULICK: Thank you Chairs, Senator Abrams, Representative Steinberg, Vice-Chairs, Ranking Members and Distinguished Members of the Public Health Committee. I'm Ann Hulick and I am the Connecticut Director of Clean Water Action. I'm here, I submitted written testimony but I am here to talk about primarily House Bill 5291 which we strongly support. We are also supporting 5288 though we would like to see some strengthening in numbers in 5288. We are looking forward to working with the Department of Public Health and the interagency workgroup that will be put together to establish a drinking water standard. We know they are moving forward very quickly to do the monitorings so we are pleased about that.

With respect to the 5291 the food packaging as my colleague Lou said, food packaging is a very significant source of PFAS contamination. PFAS are a class of chemicals about 5,000 different variations and as all know they are used in a variety of products but food packaging is one that is of particular concern because we obviously are in

ingesting the food and then these are generally single use items so they are discarded and then get into our environment. Washington and Maine have already banned PFAS in food packaging and many states across the country are doing so right now or working to do so right now including every state in New England. We are hearing that Rhode Island is likely to pass the bill this session.

Studies show that these PFAS chemical are highly persistent and they are found in 97 percent of human blood samples. These chemicals cross the placental barrier and we know from biomonitoring's studies that babies are born with these industrial chemical in their blood. They have been linked to kidney and testicular cancer, liver disease, thyroid disease, reproductive disorders, even impaired immunity. And we believe strongly that as members of the Public Health Committee and in light of inaction at the federal level that you have a unique opportunity and in fact an obligation to take action with respect to food packaging. It is an unnecessary "nonessential" use of these chemicals and as Lou and others said we know there is product already out there in the marketplace that is PFAS free. So it can be done and we have an opportunity in the State to take significant action, not only for public health but frankly to turn off the tap of a major source of these chemicals. Research shows that the newer variations of these chemicals short-chain as Lou said are showing the same health impacts.

And I just want to add lastly in summary that the markets are shifting. Some of the major grocery stores have announced that they are shifting away from PFAS in their food packaging. But a real other significant concern is that because many of the fast food chains have their wrappers that contain PFAS in

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their products. This really does become an environmental justice concern for people that live in areas of food deserts and often rely on fast food that they have a disproportionate burden of PFAS chemicals. We are also concerned about that and I'll close there.

REP. STEINBERG (136TH): Thank you, Ann. You and Lou Birch made statements that there are alternatives out there. Is there a website, is there a resource that people can look at particularly manufacturers or retailers where they can see the list of products that are PFAS free?

ANN HULICK: Yeah, so we work very closely with the Center for Environmental Health out of California as well as the Ecology Center in Michigan and Clean Production Action. These are three nonprofit organizations that do national testing with independent labs and have produced data bases of food packaging that is PFAS free. I can get that to you. I should note that for the last several months since February of last year, we've been working with our Department of Administrative Services and their food packaging contract that was just awarded in November really restricted PFAS chemicals in all their food packaging. So it can be done. We did it right here in our Department of Administrative Services. We are really proud of that and manufacturers are really aware of the consumer, the concern from consumers about this issue so they are working really hard to shift away from these chemicals in their products.

REP. STEINBERG (136TH): It's time everybody can get on board. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Ms. Hulick for your testimony. I think in my

household I saw a nonstick pan that was brand new and the packaging did say no PFOA I think. So I guess this is a trick?

ANN HULICK: That is a very serious trick.

REP. MICHEL (146TH): Deceptive?

ANN HULICK: That is deceptive packaging [Laughs] yes. Yeah. So PFOA and PFOS were the two original fluorinated compounds and they were voluntarily taken out of product when some of these health impacts were shown the cancers, the reproductive disorders and the like. Since then these regrettable substitutions have been entered into commerce so we now have not just two variations we have almost 5,000 different variations of these fluorinated compounds and as we said earlier some, the originals had longer fluorine carbon bonds than the newer ones have shorter chains of these fluorocarbon bonds but they are similarly showing the health impacts so that is longwinded that when you say something is PFOA free it likely has just another fluorinated compound that is equally toxic.

REP. MICHEL (146TH): Yep, I had a feeling cause it was nonstick. And then my other question is so can you elaborate on the testing in humans for levels of toxicity of PFAS. I mean is there a number of, or is it automatically bad as the lowest count you may have in your blood stream or whatever it is in your body?

ANN HULICK: Yeah, the thinking is right now among the leading scientists across the world that zero is the safe level. And it is particularly concern in developing fetuses and young children because for a number of reasons their bodies are developing at a very rapid rate. They are very, they are very

sensitive to different type of exposure. So what we used to think was that the higher the dose, the higher the poison, the higher the concern and now we know for many of these chemical particularly the these that disrupt hormones the dose response is different so depending on the age of the fetus or the child or the adult it is not necessarily the amount of the dose it is the timing of the dose that is actually impacting health and so to your question specifically we don't go to our doctors and get monitored. You know, we don't have our blood drawn for PFAS chemicals. But there have been biomonitoring studies done on both newborn babies umbilical cord blood and children and now adults to test for these chemicals and it is estimated that 97 percent of all of us have these chemicals in our bodies and because they are persistent they don't breakdown we do eliminate them, we are constantly re-exposing ourselves. So it is a big concern and that's why taking food packaging, a nonessential use out of the system is really important. There are some states, a couple of states right now that are doing some biomonitoring New Hampshire and Vermont being one of them, being two of them, because they've had direct sources of exposure were residents have come forward with symptoms and tumors and things like that so they are doing more biomonitoring for health impacted individuals.

REP. MICHEL (146TH): And my last question, hopefully not a challenging one but people who are in the industry that produce PFAS are they also being biomonitored?

ANN HULICK: I don't know that. But the industry has know about this for 40 to 50 years and they chose to not report the health impacts and I think I said in one meeting that there is a documentary out

there called *The Devil We Know* that articulates how this history has unfolded.

REP. MICHEL (146TH): I should recommend everybody to watch it because I did watch it and, thank you for your testimony and Thank you, Mr. Chair.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you for your testimony. Next we are moving on to HB 5290 and Dr. Courtney Rowe. Thank you for your patience.

DR. COURTNEY ROWE: Good evening and thank you all for your very late night. You guys are working longer than a surgeon tonight. So I am Dr. Courtney Rowe and I am a pediatric urologist and today I am speaking on behalf of the Connecticut AAP but my testimony is quite similar to the letters from the Connecticut Urologic Society, The American Urological Association, the American Association of Clinical Urologist and the Society for Pediatric Urology as well as a letter from the Pediatric Endocrinologist at my home institution in Connecticut Children's which are being submitted in paper form today.

I wanted to start out my acknowledging the importance of the proposed changes to birth certificates and discrimination laws that support the intersex community. Intersex is also know as DSD or Differences in Sex Development and refers to the approximately 0.02 percent of the population where the chromosomes, hormones or anatomy do not fall into the common binary of male or female. Examples include CAH or congenital adrenal hyperplasia in which the adrenal glands produce elevated hormones including high testosterone, Klinefelter's Syndrome with two "X" chromosomes and one "Y" chromosome and AIS or androgen insensitivity

syndrome and when a child has an "XY" chromosome but is unable to use any testosterone that is made. These are just a few examples of the approximately 100 conditions that make up the intersex community each with its own separate genetics hormones and anatomy.

I do want to pause just for a second to define some terms cause I think it's always fun to have a little moment to do that, so included in your packets genderbread man and I want to specify that when I talk about sex I mean is biological sex which is really the hormones, the chromosomes and the anatomy. When we talk about gender we're really, that's made up of gender identity meaning your inner sense of gender and your gender expression which is your public expression of gender and when we talk about sexual orientation that involves your sexually attracted to. So all four of these concepts are all really separate and different and can be really unique to any individual.

So given how complex all this is I want to thank the Bill's sponsors for their dedicated work on behalf of the intersex community whose voice has often been overlooked. However I am unable to support the current description of the task force in Section 7 without significant modifications or removal. The Bill specifies who nominates the task force members but it does not specify who those members are. It is vital for task for investigating the needs of the intersex community to be made up of a combination of people with intersex and people who can provide insight on scientific and medical questions inline with the most up-to-date evidence. This task force also must be made of Connecticut residents who are focused on the issue, the nuances of our State and

not being swayed by outside interests that might have a more political agenda.

In addition if the goal of the Bill is to support the unmet needs of the intersex community a task force that focuses on one narrow objective may miss out on the opportunity to find common sense, common ground changes. The current scope of the task force is to study the circumstances in which a surgery related to a person's intersex status is medically necessary. Not only does this narrow focus limit the benefits of the task force it is potentially overreaching into the practice of medicine.

I would point out in discussions with the Bills sponsors over the past year the physicians of Connecticut have make it clear we cannot support a task force with this aim.

One more final point, I would strongly encourage a more open ended term than intersex on the birth certificates, any third option is preferred to none but the term intersex is not universally accepted. Individuals with CAH rarely self-identify as intersex and almost a third of survey respondents from an AS support group had a negative response to this term. I would recommend a more open ended term such as "X" or nonbinary as is being used on driver's licenses which acknowledges the many variations of sex we know are possible. Thank you so much for the opportunity.

SENATOR ABRAMS (13TH): Thank you for your testimony. Did you submit written testimony.

DR. COURTNEY ROWE: I did, yep.

SENATOR ABRAMS (13TH): And are your suggestions about the task force part of that written testimony?

DR. COURTNEY ROWE: Yes, they are.

SENATOR ABRAMS (13TH): Okay, thank you very much and yes, it's my understanding that "X" or something similar to that would be used not intersex. Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you for your testimony. So I was one of the proponents for the Bill last year for the "X" box which was 5055 last year and in the meantime the Bill didn't go anywhere but we worked with the agencies so that all of the agencies, the Bill was to update all documents and produce documents by the State, by all agencies and forms and applications with a third binary option. This year they went further, they added several options but now, so now they are confronted with a problem which is that the federal is not sending them the funding because they are not recognizing the several options. And so the struggle I think is that well the aspect of social justice is that everybody be recognized or have an option and if somebody doesn't feel like they are "M" or "F" they should be able to have another option but then at the same time the difficulty is maybe part of the community wants to have their own option so it's a struggle to figure out can we do several options or just the "X" box. I'm right now in the middle of all this. So I appreciate your comment if we could keep in touch with your comments because I think they are very relevant to the issue.

DR. COURTNEY ROWE: Yeah absolutely, I know that there is a lawsuit right now, there is a gentleman I believe in Colorado who is trying to get a passport that, oh, I shouldn't say that one. There is a person in Colorado who I believe is trying to get a passport that represents the "X" that is on that

persons driver's license. And I think that is very reasonable. I think that whenever there is a shift in societal understanding that will take some time for the structures in society to catch up but I think we are in that shift. I think that the younger generation really has a much more open minded perception of sex gender sexuality and I think that that is really gonna move us all forward.

REP. MICHEL (146TH): Yeah and it seems the federal has a known option, that is where maybe the "X" box is a solution where it can be matched with the unknown for the federal. But thank you for testifying. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Dr. Petit. Oh, Representative Petit, excuse me.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Dr. Rowe. Your colleague Dr. Fuani also submitted testimony and spoke to Section 5 and asked about removing the psychologist option in Section 5. Do you have any comment on that?

DR. COURTNEY ROWE: Yeah, I think it depends on what the perceived usage is for this option "X" on the driver's license. I think if the perceived usage is to really indicate an intersex person then it is true that a psychologist is not going to have access to lab values or be performing an examination of the anatomy. However I think if this is, if the groups are open to this being an option for anyone who doesn't identify on a specific binary that there may be instances in which a psychologist might be the appropriate person to sign-off on that. So I really think it depends on the Bill writers intent. Certainly as a physician I am supportive of people self-identifying on their identification anyway that they feel is appropriate and so I think that could

be a reasonable option. However I do think the intent is to identify intersex alone and I think there is a lot of even debate as to what falls into that category and no, a psychologist would not be appropriate.

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

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony. Moving on we are on Senate Bill 379. Dr. Orlando. Welcome.

DR. ROCCO ORLANDO: Good Evening, you've had a long day. So Senator Abrams, Representative Steinberg, Representative Petit, Senator Somers and Distinguished Members of the Committee. My name is Rocco Orlando and I am a practicing general surgeon currently serving as Chief Academic Office for Hartford Healthcare and prior to that served for ten years as the Chief Medical Officer for Hartford Healthcare. And earlier in my career had a long-term as President of the Medical Staff at Hartford Hospital and pertinent to the Bill that I will be discussing also served as Medical Director for the Operating Room at Hartford Hospital for about 15 years.

I am here today to voice strong opposition to Senate Bill 379 which would prohibit cognitive testing for physicians. I think as we all know the practice of medicine requires mastery of a very large body of knowledge as well as high level cognitive skills to make judgments and to render opinions about those, about that knowledge. In addition to the cognitive ability to make a diagnosis and develop a treatment plan, those that perform procedures, surgeons

require physical dexterity and command of complex technical skills.

Now looking back at my career as a medical leader, I have seen number of cases over the years where a patient was harmed because a physician who was suffering from cognitive decline had an error and that resulted in some kind of serious harm or even the death of a patient. In all of these cases, the physician had been previously a solid performer. Often folks with distinguished careers and yet his cognitive declined occurred, they had, you know, lost some skills, made an error and someone was hurt.

And for the reasons that I've outlined and those that we have looked at retrospectively at trying to prevent harm after the harm has occurred, the physician leaders at Hartford HealthCare and this is really for six of our hospitals got together and really wanted to identify a proactive way in which we could identify folks that might be at risk for a cognitive decline or are in early stages of cognitive decline.

Now cognitive decline is known to be associated with advancing age and it is estimated that at age 70 about 10 percent of us will have some kind of

cognitive decline and so the elected leaders of the medical staff and medical staffs are self-governing so these are the elected medical staff presidents from all of our hospitals came together and felt it was reasonable to institute a neuropsychological testing and the physical examination at the time of reappointment into the medical staff when one achieved age 70.

We have now been doing this for nearly two years and we have screened 117 physicians and of those 15 were positive, so 15 docs that had cognitive decline, two of them elected to retire, the others, the other 13 actually did not retire but and again they mild cognitive decline so there was really a conversation, a renegotiated reduction in their scope of practice so that they perhaps withdrew from the operating room but continued to practice. The reason for this is that we really want to protect patients and we also want to protect physicians and so we want to honor and respect senior physicians who have had distinguished careers of making great contributions to the community and yet who might not have the self-awareness to perceive that it was time to limit one's scope of practice or perhaps to withdraw from the field all together.

And so that's really the rationale for doing this. I just recently had a 67th birthday and when I'm 70 I hope to still be active and clinically active and I will happily undergo my physical exam and my cognitive screening when I hit age 70 as really my commitment to keep patients safe. That's really what's is about, about keeping our patients in Connecticut safe.

SENATOR ABRAMS (13TH): Thank you. Yes, Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you Dr. Orlando. I agree completely and I think it's critical because the people who could create the biggest issues of the people who may not realize that cognitive decline has begun to occur unless it is noticed by other colleagues who work closely with them and that's why I think you need to set up a screening and whether you start it in the late 60,

70, 75 I suppose that can be the argument but it seems like a very reasonable approach so I thank you and Hartford Healthcare for taking this stand on this important issue.

SENATOR ABRAMS (13TH): Thank you. I have a question for you. Why 70?

DR. ROCCO ORLANDO: So there was a certain amount of arbitrariness, the literature actually suggests age 65 that you begin to see a positive rate that might be significant. We had to start somewhere and decided it was 70. We looked at the numbers of our medical staff, there was a certain, we need to achieve consensus among our physicians because they had to adopt this. Our medical staffs at all of our hospitals and so we thought that 70 was the right number. We have partnered in this work with our colleagues at Yale who are also on a similar journey so we've been having a dialogue with our colleagues there. They also decided that 70 was the number and so there was not, other than 10 percent of incidents of cognitive decline at age 70 I would say there was more art than science to our decision that 70 was the time to start.

SENATOR ABRAMS (13TH): Is there any correlation between someone's age and their cognitive decline?

DR. ROCCO ORLANDO: Yeah.

SENATOR ABRAMS (13TH): Or might you see that earlier and if you did see it earlier in someone what's the process?

DR. ROCCO ORLANDO: So you certainly can see it early and you've certainly seen cases of folks that had early onset dementia for example. One can see that in individuals in their 50s and so they are the standard process of evaluating performance to a

medical staff peer review process looking at quality, looking at outcomes, that is really the tool to do that. It simply seemed that the proactive when a condition becomes prevalent in ten percent of a population probably reasonable to start screening for it rather than to look for it, you know, in at 52-year-old that's just gonna happen in a fraction of a percent of our docs.

SENATOR ABRAMS (13TH): You have the stats on how many people you tested at 70, do you know how many people you've tested or looked at for decline before that age?

DR. ROCCO ORLANDO: It's a handful of folks who again observed problems in performance, quality outcomes, sometimes adverse events so that then initiated a process of evaluation.

SENATOR ABRAMS (13TH): I think, you know, as someone who would be a patient I appreciate the intent of what you're doing. I guess my issue is more with the arbitrariness of that age and whether or not that is really the age it should be and how you determine that or should it be about performance. So I am wondering what kind of tests does one undergo when they do this cognitive testing.

DR. ROCCO ORLANDO: So at age 70 one undergoes a screening test, we use something called the Micro Cog which is a validated test that has been validated among physicians, the research on that actually goes back in to the 90s and early 2000 and so that has been validated to be accurate. If you screen positive you're not done. You then undergo a comprehensive four to five hour battery of neuropsychological testing. And it's really the conversation and the diagnosis of cognitive

impairments only occurs after you have had the four to five hour full neuropsychological evaluation. So again we are using this as a screen.

SENATOR ABRAMS (13TH): And was that screening test validated on people just age 70 and above or was it validated on younger?

DR. ROCCO ORLANDO: It has been validated on younger folks as well.

SENATOR ABRAMS (13TH): Do you know what the age range was that was used.

DR. ROCCO ORLANDO: I know that it certainly has been validated on those who are 60 and above, I don't know if it is validated on individuals younger than that but again it has been validated in physicians as well.

SENATOR ABRAMS (13TH): Thank you. Thank you are there any other questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony. I have a question on why you think, or why wouldn't we do this? I would assume that hospitals would want to do this because there is risks involved and the care delivered to folks, they want to make sure that the folks they are credentialing are cognitively where they should be to deliver medicine. Do you see a downside to continuing to allow this testing to be done. I would assume that if you are in another industry where you have to be able to perform to a certain standard that you could be tested at some point in time to make sure that you are still able to perform those duties. Do you see this being a problem in any way?

DR. ROCCO ORLANDO: No I see no problem whatsoever. I medicine, in the absence of this kind of prospective testing we look at what I like to call trailing indicators. Has someone been harmed? Has there been a complication, and adverse event and when there is we say, oh, how did that happen and then we look. This is a way of looking at it prospectively. I think we can look to other industries and airline pilots in particular where they do have to go undergo, not cognitive testing but they have to undergo simulator training and they have to perform in the flight simulator that really in many elements that is a subtle form of cognitive testing that pilots undergo. Now so that there are other industries a handful where do have that kind of prospective evaluation.

SENATOR SOMERS (18TH): Yes, thank you and let's say the clinicians that I have spoken to, the MD's, they welcome this. They don't want to be put in a position where they perhaps are cognitively not as sharp or wouldn't pass this and not because of their cognitive abilities but wouldn't recognize that and would not want to cause harm so to speak. So I thank you for coming and testifying today.

DR. ROCCO ORLANDO: Thank you.

SENATOR ABRAMS (13TH): Just as a follow up, if pilots or other kinds of professions like that that evaluate, is it based on an age like this is?

DR. ROCCO ORLANDO: It is for pilots, police, fire. Age is allowed and actually is an exemption to federal statute that allows age based testing in those individuals in those industries.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony. Dr. Mary Cooper. Welcome.

DR. MARY COOPER: Thank you so much for having me and Good Evening. I am really pleased to be here to testify about Bill 379 an ACT PROHIBITING HEALTH CARE INSTITUTIONS FROM REQUIRING COGNITIVE TESTING FOR HEALTH CARE PROVIDERS SOLELY BASED ON AGE. I am Dr. Mary Wright Cooper, I am the Chief Quality Officer and Senior Vice-President of Clinical Services for the Connecticut Hospital Association and we are opposed to this Bill.

I am trained as an internist. For the past 30 years of my life I've been practicing healthcare quality and safety. I have practiced in academic medical centers and community hospitals and I was privileged enough to grow up in a rural area where my father was a family physician. I am cognizant of both the economic livelihood issues as well as the issue of age discrimination that this may raise in your eyes but I am here because this is about patient safety. We are testifying in opposition to this Bill because we think that this Bill would take away something that protects patients. It's all about protecting the patients from our perspective. A decision to ban age related screening puts patients at risk and we applaud this organization not only in Connecticut but across the country that are taking steps to screen aging physicians to ensure patient safety and quality care.

We all age differently. Some of us manifest it outwardly, others of us don't but there is a decline in our ability as we age and in some cases it is very noticeable to people. When I forget a word, it's on the tip of my tongue, and I forget it, it

may be noticeable to you but there are other instances where it is not noticeable, instances like executive functioning or our ability to respond rapidly where there is a situation. In those cases it may not be evident to the person who is evaluating someone that there is a decline in cognitive function as a result of age.

In healthcare as Rocco said, he created some simple tests to providers to assess patients who are aging including the MiniCog and the mini-mental status exam. They give us a sense of what the impact is on our patients when they come in to see us and if when we screen them we see a cognitive decline and we can refer them for further follow up. The same thing is true for organizations that are evaluating providers for cognitive decline. It is a screening tool that allows us to then refer people for further evaluation. The reason that many organizations are advocating age 70 is because that's when we see decline start to precipitously decline, that's when we see cognitive functions start to precipitously decline and there are professions as Rocco noted that identify that age as appropriate. When we weigh the risks versus the benefit of these screen tools our thinking skills tell us that if we are not available to protect our patients then we are not doing what we should be doing as healthcare providers especially in healthcare quality and safety.

Many states and organizations are discussing implementation of screenings of physicians who are over 70. The principle already exists in Connecticut State Law. It is well-established in Sections 20-13(c) and 20-13(d) of the Connecticut General Statutes. Current Connecticut law expressly states that there should be concern for physicians

competency based on the aging process. Thank you very much for your kind attention.

SENATOR ABRAMS (13TH): Thank you, Any questions or comments? Representative Petti.

REP. PETIT (22ND): Just a comment, may I should have also asked when Dr. Orlando was up here, the other upside is that the test may identify someone who's got a deficiency that hasn't been diagnosed, someone with early B12, Hashimoto's thyroiditis something that is correctable but actually restorative something maybe a subtle finding early on that has physician heal thyself that people may have missed and I don't know of that's occurred in the Hartford Healthcare's screening or any other screening.

DR. MARY COOPER: My understanding is that they have identified aspects of cognitive decline that can be addressed and that can be turned around.

SENATOR ABRAMS (13TH): Any other? I just have one question was there any consideration given to any changes based on what kind of medicine you do so maybe for a surgeon this kind of testing would happen at an earlier age than, you know, someone who might do a different kind of practice, a different kind of medicine?

DR. MARY COOPER: So my understanding is, so I'm going to speak from a national perspective as opposed to what has been happening in our organizations in Connecticut because a lot of the information that they are using is derived from the studies that are out there and evidence that has been published in the literature. There are professions that have advocated for this and advocated for at a younger age if they are

procedurally focused. So if there is a risk for example with reaction time, of someone cutting a vessel that shouldn't be cut for example, then that profession might advocate for this at an earlier time. But overarchingly the literature shows that age 70 is when we start to really see the benefit versus the likelihood of picking up people who perhaps are not appropriately, should not approvingly be picked up or the cost of doing extraordinary screening of everyone when there isn't a benefit at that time and so both of our organizations that are doing it within the state and all organizations across the country that are doing it really have landed on 70 as the age at which it is most appropriate.

SENATOR ABRAMS (13TH): So there isn't any differentiation based on what kind of medicine you practice?

DR. MARY COOPER: We would not advocate for differentiation based on the medicine that is practiced. If I'm, as an internist, if you come into me and I give you the wrong medication because of cognitive decline that is going to have as much of an impact on you as if I am a surgeon and I perhaps indicate that you know, you have a different procedure that what I had originally planned.

SENATOR ABRAMS (13TH): Do you have, and if you don't, I totally understand, but do you have any idea the percentage of physicians that are practicing that are between the ages of say 65 and 70 or 60 and 70?

DR. MARY COOPER: So in the past ten years the proportion of physicians over the age of 70 who are licensed in the United States has grown from 8.9 percent to 10.8 percent. Our general physician

population is aging and people are practicing longer than they used to and so we're seeing the number of physicians increase who would be at risk in terms of cognitive decline. And I think it is why we're seeing people from across the country start to have this aspect of care within their site is that they recognize the risks are increasing and they want to do something proactively to ensure that the patients are kept safe.

SENATOR ABRAMS (13TH): Thank you. Any other questions? No. Thank you very much for your time. Moving on we have House Bill 5417 with Ben Shaiker, oh Shaiken. Welcome.

BEN SHAIKEN: Hi, Good Evening, my name is Ben Shaiken Manager. I work for the Connecticut Community Nonprofit Alliance. We are a trade association that represents Connecticut community nonprofits. As you all know they provide essential services to over half a million Connecticut residents and employ about 117,000 people across the State, about 12 percent of the State's workforce and that's what I am here to talk about today. So thank you for the opportunity to be her Madam Chair and Members of the Committee.

We are here about Section 17 of House Bill 5417 which is DPH's Technical Various Revisions Bill. This section would make critical changes to the new associate licensure level for Licensed Professional Counselors and we are here to support it with an amendment hopefully.

Just a note about why the Alliance is talking about this, because of the supervision requirements on the clinical supervision requirements that people who license to practice independently behavioral health service perceive the people who are working toward

those requirements are employed by Connecticut's nonprofits across the State so they are providing behavioral health services under the supervision of a licensed clinician across Connecticut and then when they have achieved the appropriate training they may sit for their licensure or they may not. They may continue to do that work.

So with the changes in last year's budget implementer, clinicians now must obtain this associate licensure level. There is no test for this level just education requirements and an annual fee. Associates are not eligible to practice independently, they still need to practice under the supervision of a licensed clinician. Virtually no different in terms of the day-to-day practice from before this associate licensure existed.

Unfortunately, the way this language was written and passed in the budget it created some significant challenges for a number of crucial staff in the nonprofit community behavioral health system.

Also there is a new sort of more stringent education requirement achieving licensure that was passed down to the associates and that did not take into account people who graduated from programs before this new education requirement was added. It is having significant impacts on the workforce but particularly the providers who are serving children and families through contracts with the Department of Children and Families and the Judicial Branch. Predominately providers have reported to us that his is effecting clinicians of color and bilingual clinicians both of whom are really crucial parts of the service delivery system. So we urge you to support Section 17 which adds grandfathering language prospective to 2021 which would allow

people who are in school today in a program that may not meet the new educational requirements to continue to practice while they finish education. anyone graduating from an accredited program by July However, the language covers almost everybody but it does miss some people. There is a requirement in order to be grandfathered you must have already achieved your 3,000 hours of supervised clinical time. We are asking for that fee to be removed or amended. If you graduated, to try to put this in layman's terms and then I'll wrap up, if you graduated say last year from a program that only offers 45 credit hours and you need to go back to school to get your 60 hours to sit for a full licensure exam, if you have not yet achieved your 3,000 supervised clinical hours or you will not achieve them by July 1, 2021 you are now ineligible to do anything. You can't get your associate license, you are no longer grandfathered in so you are in this Catch-22 that you can't work towards your clinical hours anymore and you can't, so you can't get them until you can't move one.

So just in very brief closing, I want to just make a point, a sort of inside baseball point to this Committee. There is a law on the books right now that needs to be changed and if it's not a really significant portion of the workforce is going to be negative on impacted.

SENATOR ABRAMS (13TH): I have to stop you there. I gave you some extra time. Any questions or comments? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Mr. Shaiken can you tell us the inside baseball and the law we need to change [Laugh] that will negatively impact people.

BEN SHAIKEN: So you've got my written testimony. At the end of it there is a number of issues that I think this associate licensure has raised that are sort of inherent to the existence of the licensure at all. Basically there is a number of parts of the service system that are designed around the people who are unlicensed to practice under the supervision of someone with a license and those people in a number of these programs that are evidence based programs may not even be required to hold Masters degrees as part of a larger treatment team and there is a couple of other issues that I think we need to keep working on resolving, give credit to DPH and the Counselors Association. We have been working really closely since October to try to fix this so that all needs to be worked on and we are hopeful to get something done by the end of session and that's in addition to this. But I just want to implore the Committee and then as this Bill moves forward there is a lot of different things in the various revisions Bill and make sure this is in there because without adding the language that this Bill adds a law that is not fully constructed will sit on the books and it will put a lot of people out of work who are providing really critical behavioral health services to children and families across the state.

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

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony. Next is Gary Steck. Welcome.

GARY STECK: Good Evening and thank you for your service, boy it's been a long day for you all. Appreciate the opportunity. Once again I am Gary

Steck. I am the CEO of Wellmore Behavioral Health. We are Waterbury based regional provider serving 43 towns. We are a long term contractor for the State of Connecticut. We hold many contracts with DCF and DMHAS. We serve more than 10,000 residents a year, most of whom live in poverty. Our core service area is Waterbury and we provide a of continuum of child and adolescent as well as adult services, crisis services and addiction recovery care.

So, I am here to testify in favor of Section 17(a) and (b), (a) which is related to professional counselors and (b) related to marriage and family therapists. When I learned about this in October, this was a big deal. AT that time I had nine employees who could not meet the credentialing requirements and without an amendment or some kind of intervention this would have meant that at least a few hundred of our clients would have had disrupted care because the staff would no longer be able to provide any services and wouldn't be able to work in the profession at all in the State of Connecticut. I was sure this was not the legislatures intent because it would not only disrupted client care and relationships unnecessarily but it would have created unemployment. There is already a dramatically insufficient workforce to address behavioral health needs in the residents of the State of Connecticut. As witnessed by the hundreds of vacant positions including in my organization we had 40 or 50 Masters positions that are available and any given time.

Many of my staff have taken a nontraditional pathway to completion to completion of their master's degree, both working their way up from line staff positions and going back to school on a parttime basis while they raising their families or by going

back to school later in life. This would normally be something to celebrate, bettering one's life through higher education and bettering your community by addressing the pressing needs of the mentally ill and addicted. Of the nine staff noted as not meeting the current professional counselor associate rules, eight are female, five Latinx or African-American, and their average age is over 45.

For an organization like mine this is a major change for 50 years, actually for 60 years we've been in operation. We are significantly licensed and credentialed. We hold something seven or eight licenses DCF and DEMAS, no one can work in our environment without being supervised and supported. We feel like what's proposed is a good starting point as Ben mentioned. We feel like there are a few other hang-ups. This law also unintentionally made, created that there is no pathway for people to become licensed professional counselors any longer unless they first become, I'm sorry licensed alcohol and drug counselors unless they first become licensed in something else. So we urge that you pass Section 17 (a) and (b) as written and also that we keep working on these other unintended consequences. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Any questions. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Madam Chair. Just a comment, thank you for coming up. It's good to see you and thank you for all the good work you do. I know your organization helps a tremendous amount of people in Waterbury and they could not survive it if wasn't for you and your group so thank you.

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

LISA FREEMAN: Thank you. Thank you for staying here to hear me. Representative Steinberg, Senator Abrams, Members of the Committee I am here to speak about House Bill 5417 which we support but we would request that you make amendments or an amendment rather. We have submitted testimony and so I am not going to read it but I would like to highlight some points.

The history of patients getting their medical records is just quite not exactly straightforward. We are requesting that patients have full access to their medical records and that is also through their representatives, through their attorneys whoever is acting and speaking on their behalf. Patients right now can get their medical records for electronic form for \$6.50. They can get paper copies as it has always been for 65 cents a page. However there has just been a decision handed down, Sacks Health LLC v Azar decision from the United States District Court for the District of Columbia that is taking away the restriction, the fee control for \$6.50 for electronic records. And up until now Connecticut relied on the federal statute which had its origin during the Affordable Care Act about 20 years ago now, but it goes back 20 years before that which said that electronic records were limited. But now because of this decision to attorneys they will no longer be limited to \$6.50 for an electronic medical record. And that really is a terrible burden, a huge burden to patients. Records that might be able to be received, retrieved at a push of a button will now be charged 65 cents a page if they are going to their attorney. And their attorney is just an

extension of the patient which Connecticut law has recognized you know, for quite a long time. Patients also if they requested it themselves which would be the obvious solution, can you request your own records and bring them to us, well patients typically don't get their full record when they request a record from a hospital. It seems that different parts are missing and this is the experience of many, many patients in Connecticut as well as myself personally. My husband was a victim of a very serious medical error and when we requested our medical records there were gaping holes in what was delivered to us, it was cherry picked as far as what we got. So when an attorney represents on your behalf it's usually more complete. And even they sometimes request a full record be delivered but they have the knowledge, patients don't know what they don't know so we need to rely on experts. Hospitals are now all using electronic health records, it's not that difficult of a thing. We need to make it easy for patients to be part of their healthcare, to be part of the decision making to control what happens to themselves, their lives and their futures.

I guess I'll wrap it up because you do have a copy of our testimony but we are asking for an amendment, very simply that will just state that when a patient or their representative and attorney request the records in electronic form the cost be limited to %6.50.

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

SUSAN KELLEY: Good Evening. I am happy to be here, thanks for all your commitment and to stay here and

listen to every last piece of testimony. My name is Susan Kelley. I am Associate Counsel of Clifford Beers Clinic and I think many of you know Clifford Beers that we provide children and families with behavioral health services and in the greater New Haven area as well as autism and delayed mental services also in New Haven. I am here to testify on House Bill 5417 the same Section 17 and 18 as prior folks have testified. I agree with the comments of Mr. Steck and Mr. Shaken. I would just like to highlight a couple of things which while we support this amendment is really necessary to fix some of the very adverse problems with the statute but it won't solve them entirely.

I want to talk about the problems that need to be changed and these are not the problems necessarily that they were talking about. The 3,000 hour work requirement for associate clinicians is unfortunately something that is going to create a further barrier and we believe that the statutory language should be as inclusive as possible than rather draw arbitrary lines and requirements that will have the affect to exclude and prevent qualified and dedicated clinicians from getting their associate license. As I think you are aware of the 3,000 hours license hours of postgraduate experience is required for fully licensed clinicians so it's strange why grandfathering in clinicians for the associate license without also be required to have 3,000 hours when they are in effect in a lesser rung of status. And I think that high bar things that all previously unlicensed clinicians are able to meet this requirement and that is true for many who have, who are older but there's plenty of clinicians as I believe Mr. Steck pointed out that have been out of the workforce and have taken for

family and other reasons and so they shouldn't be penalized for that and many of them are not going to be able to meet that 3,000 hour requirement as of 2021. And importantly I believe that 3,000 hour requirement isn't necessary when you have providers like Clifford Beers and most others who are licensed by DCF and they are required to provide oversight for clinicians and then there are supervision by fully licensed clinicians of these associates rank.

Just one closing comment we believe there is still a problem with the counseling or related mental health degree language degree because there will be continuing issues of clinicians who graduated with a degree in for example masters in education with a psychology emphasis on art therapy degree and you are about to hear from somebody who has an art therapy degree who is one of our employees who is having problems getting licensure for this reason I point out so we believe that language needs to be fixed and I would hate to see people gloss over it thinking it's just going to affect a few people, its not that big of a deal, this has been a huge problem for providers and you can read my testimony to get that.

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

SUSAN KELLEY: Thank you very much.

SENATOR ABRAMS (13TH): Thank you so much for your testimony. Are there any questions or comments? Thank you very much. We never try to gloss over anything. I can't say we're always perfect and we don't make mistakes.

SUSAN KELLEY: No and I certainly didn't want to [Cross-talk].

COMMITTEE PUBLIC HEARING

SENATOR ABRAMS (13TH): We don't encourage [Cross talk]. That's okay. I just wanted to reassure you of that. We do try to make sure everybody gets taken care of. Cindi Kenyon. Welcome.

CINDI KENYON: Hello. Thank you. Good Evening and thank you for your time in hearing my testimony in support of HB 5417 specifically regarding Sections 17 and 18. These sections pertain to associate licensure of LPCs and LMSTs. While I generally support the changes I find the language to be confusing and potentially misleading.

I am currently facing the threat of not being able to get my associate license while I work toward full licensure. I'm also in jeopardy of losing my position at Clifford Beers Clinic in New Haven. According to the State the title of my degree is causing as issue as leaves masters in art therapy and does not include the word counseling. The accredited master's program I graduated from in 2008 included 60 credits and my course study meets full criteria for counseling and mental health related fields. Just to name a few my master's program included courses in counseling theories, counseling techniques and diagnosis and treatment of mental and emotional disorders. I am also confused by the language regarding the 3,000 hours needed to even apply for the associates license. It was my understanding that the associates license was put into place without mental health professionals can work towards full licensure. How can one be expected to first get 3,000 hours of postgraduate work without first having your associate license so that's just really confusing. Also why are the hours for the associate license the same as for full licensure? After graduating in 2008 I moved to Vermont to begin my career in mental health. In

September 2019 we moved back to Connecticut. I called the Department of Public Health licensing section to inquire about the licensing process. I wanted to confirm that my degree remained a license eligible degree and what was reported to me was "your education is your education and it does not matter what year you graduated as long as your degree is in a counseling and mental health related field" which it is, "and you are all set to pursue the LCC." I remember these words very well.

On January 28th, I received a call from the State informing me that although my degree and course study meet criteria for counseling and mental health related field, there is an issue with the title of my degree because it does not have the word counseling in it. This is a complete opposite of what I was told in September so I immediately called the school and learned that changed the name of the art therapy program in 2018 to include counseling just to better represent the curriculum however the curriculum from when I was there in 2008 had not changed so plenty of graduates when on to obtain an LPC. As a matter of fact, a friend of mine who was in the same program with me, who also has the same title with her degree received her LPC license last February.

So in closing on February 2nd, I again spoke to the DHP licensing section, they advised me to have the chair of the master's program submit a letter to the State explaining the change. Unfortunately, this has not happened in my case and at this point they are going to have a phone conference to see if we can somehow figure this out. I would really love to continue working at Clifford Beers healing children, families. This is my life work, it's my passion and

I truly can't imagine doing anything else. Well thank you.

SENATOR ABRAMS (13TH): Thank you very much and I do hope it works out. We're always looking to find more people to work with families and children on that mental health issue so. Are there other questions or comments? Senator Sommers.

SENATOR SOMERS (18TH): Yes, I just wanted to thank you for staying. I know it's been a long day for us but also for you and we appreciate that you want to do this, this is sounds like your life, you know, life's work that is very meaningful in what you want to do so I know that I can say that I will try to do everything that we can to make it work out so that you can continue the work that you do cause we need more people do to what you're doing so we need to make it a system that works for everybody.

CINDI KENYON: Thank you so much, I really appreciate that. Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for coming. Next is Julie Yale. Welcome.

JULIE YALE: Hi, thank you, thanks for having me and for staying. Senator Abrams, Representative Steinberg, and esteemed members of the Public Health Committee, my name is Julie Yale and I am a licensed professional counselor and a nationally certified counselor. I am also the current President of the Connecticut Counseling Association the professional organization that represents counseling graduate students and professional counselors here in Connecticut. I am grateful for the opportunity to express CCAs strong support of HB 5417 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S

RECOMMENDATIONS REGARDING VARIOUS REVISIONS, specifically the language in Section 17, pertaining to licensure professional counselors and professional counselor associates.

CCA would also like to thank the Committee for developing an associate licensure for counselors and we are proud to note that in less than six months we already have 317 licensed professional counselor associates.

The revisions of Section 17 would allow those master level counselors who graduated prior to July 1, 2017 and have met certain criteria be exempt from the curriculum field work changes made with the passage of Public Act 17-94. This grandfathering provision was an essential part of the language of Public Act 17-94 however with the subsequent passage of Public Act 19-117 this language was inadvertently removed so the revisions proposed in Section 17 would reinstitute this grandfathering language so that those eligible practicing counselors who received degrees prior to July 1, 2017 can become LPCs under the old requirements. Passage of HB 5417 would also create an grandfathering provision to allow those counselors who earn a graduate degree from a regionally accredited institution of higher education in counseling or a related mental health field prior to July 1, 2021 and completed at least 3,000 hours of supervised experience to be eligible for licensure as an LPCA. This revision would allow those counselors to have already been practicing in the field under supervision for a period of time but do not meet the updated requirements outlined in public act 19-117 to still be eligible for licensure. HB 5147 would support those counseling graduates and currently matriculating students with anticipated graduation dates prior to July 1, 2021

to be able to obtain licensure thereby helping to alleviate the growing demand of the mental health population in Connecticut by providing additional qualified experienced licensed clinicians. This Bill specifically addresses the needs of those counselors who have been practicing in the field under supervision for a length of time but don't meet the new requirements for licensure by providing an avenue toward associate licensure while increasing oversight and consumer protection.

I just want to finally point out that Connecticut is home to five accredited counseling programs which three are State universities and two are private but meet full requirements for Connecticut licensure pursuant to PA 17-94 with one additional program that also meets these requirements currently in the accreditation process. Additionally there are two other universities that have masters in counseling programs that while not CACREP accredited are intended to meet the requirements for licensure. CCA thanks you for your consideration and our testimony in support of HB 5417.

SENATOR ABRAMS (13TH): Thank you very much, questions or comments from the Committee? Thank you very much for your testimony. I think you might be the last one. Anyone else want to testify? [Laughter]. As you probably already now, our meeting Wednesday is cancelled, our hearing Friday cancelled. We will keep in touch in terms of what's going on and how we're moving forward and, we'll let you know. Thank you all. Stay safe.