CHAIRPERSONS:	Senator James Maroney, Representative Michael D'Agostino
SENATORS:	Bradley, Kissel, Osten, Winfield, Witkos,
REPRESENTATIVES:	Ackert, Allie-Brennan, Arconti, Candelaria, Cheeseman, D'Amelio, Gibson, Hayes, Luxenberg, Riley, Rutigliano, Winkler

SENATOR MARONEY (14TH): Good morning. We're going to call to order this public hearing of the General Law Committee, 9:33 on Thursday, February 25th. I'll just start with Co-Chair Representative D'Agostino. Do you have any comments? Okay. He's ready to get to work. [laughs] Representative -- the Ranking Members, do either Representative Rutigliano or Senator Witkos have any comments?

SENATOR WITKOS (8TH): Ready to proceed, Mr. Chairman.

SENATOR MARONEY (14TH): All right. Thank you, Senator Witkos. And with that, let's call -- the first speaker today is Commissioner Seagull from the Department of Consumer Protection. Sam, is she in?

COMMR. MICHELLE SEAGULL: I just arrived. Thank you.

SENATOR MARONEY (14TH): Okay. Good morning, Commissioner Seagull.

COMMR. MICHELLE SEAGULL: Good morning. Yeah, it's always interesting. You never know if somebody is in the room with you.

SENATOR MARONEY (14TH): Yeah.

COMMR. MICHELLE SEAGULL: Thank you. Good morning, Senator Maroney, Senator Witkos, Representative D'Agostino and Representative Rutigliano and other Members of the -- Honorable Members of the General Law Committee. I want to thank you for the opportunity to testify this morning in support of Senate Bill 694 and House Bill 6099. These were requested by the Department of Consumer Protection, and we appreciate the Committee's consideration of these proposals. I also have some comments and suggestions on Senate Bill 895, which generally we support as well.

SENATOR MARONEY (14TH): If everyone could just make sure they're muted, please.

REP. RUTIGLIANO (123RD): Hey, Representative Hayes, you might want to -- There you go.

SENATOR MARONEY (14TH): Thank you.

COMMR. MICHELLE SEAGULL: Thank you. Overall, these Bills are making number of changes to our pharmacy and drug control statutes. Many are technical or aimed at streamlining our work. A few others provide some additional tools to protect public health and safety. There's also some suggested changes to the Medical Marijuana statute to address MMP activity and the more recent legalization of hemp manufacturing. But with that, I will -- I think the details are all in our written testimony, which I won't repeat, but I'm happy to answer any questions.

SENATOR MARONEY (14TH): Great. Thank you. Do any of the Members have questions? Senator Witkos.

SENATOR WITKOS (8TH): Thank you, Mr. Chairman. And good morning, Commissioner. I have some questions regarding Senate Bill 895 and particularly the section on the self-dispensing of machines for syringes. And I read through folks that had submitted testimony already. And they kind of --

some of the things that they've made statements in their testimony, I didn't see in the Bill, and I think it needs to be part of the Bill.

For example, one of those testify -- written testimony said that, right now they get ten per week, but sometimes the clients use ten per day, and I noticed the Bill says, "ten per transaction," but we don't limit the number of transactions. So somebody could go in and do five or ten transactions a day and get 50 or 100 needles, so I'd like to see a cap put on. I don't know what the cap would be, but I like to hear if you have any thoughts on that. But I honestly think there should be a cap on that.

Secondly, the language says that they can put the used syringes in a securely safe locked container, and the language in the Bill does not provide that. The language, it says, "or in an area around a secured machine." So that, to me, could be simply just a garbage can. You know, if it's in a vestibule that's open, so anybody can grab those. So I'd like to see that language tightened up. So I -- if you can comment on that, and then I just have one other question.

COMMR. MICHELLE SEAGULL: Okay. No, we're happy to take a look at both those issues. This was not actually an initial DCP proposal, although we did work with kind of stakeholders, and were supportive of it. But we can look at sort of placing the cap. I do think the disposal, it is intended to be secure, just creating a little flexibility on where that could be. But we can certainly look on how that could be tightened up.

SENATOR WITKOS (8TH): Okay. And the last thing I had, it's totally unrelated, but since you're here. You know, I've heard folk's concerns about for methadone clinics. The hours is very, very restrictive where somebody can go in and get the medication that they need. And anecdotally, I'm hearing like 5:00 AM to 8:30 AM. And if they can't

get it from -- at that particular time, they got to wait till the next day, or they've got to go to a different facility to try to get some there. What -- why do we control the - if we do. I don't know if we do or not - control the hours in which a patient can go get their methadone. If we're -- if we're going in the direction of allowing access to syringes out of a dispensing machine, why are we not loosening up the hours that methadone could be distributed?

COMMR. MICHELLE SEAGULL: I would have to look into that. I don't know if that's something that -- that the Department of Consumer Protection is doing. But I'd have to double-check on that.

SENATOR WITKOS (8TH): Check-in my district. In the City of Torrington is where I'm hearing the concerns that the dispensary is -- you have appointments between 5:00 AM and 8:30 AM, and then that's it. And so I just have a concern, but if you -- and I don't know if it's -- if it's their own set hours, but I heard rumor that it was set by DCP. So, if you could just check into that for me.

COMMR. MICHELLE SEAGULL: Yeah. I mean, we don't control those hours, but we can look into why they may be think that we are kind of limiting them, and see what that's about.

SENATOR WITKOS (8TH): Okay. Thank you. And I -- And I'll work with you on the language, tighten that other section up.

COMMR. MICHELLE SEAGULL: That would be great. Thanks.

SENATOR WITKOS (8TH): Okay, great. Thank you. That's all the questions I had, Mr. Chairman.

SENATOR MARONEY (14TH): Great. Thank you, Senator Witkos. Are there any other questions? I don't believe I see any other hands raised. So, I guess,

seeing no other questions. Thank you very much for your testimony, Commissioner Seagull.

COMMR. MICHELLE SEAGULL: Thank you. Have a good afternoon.

SENATOR MARONEY (14TH): You as well. Okay. Mr. Clerk, next, I believe we have Michele Lucan and Nicole Lake from the Office of the Attorney General.

SAMUEL CLARK: Mm-hmm. And they're in now.

SENATOR MARONEY (14TH): Great. Thank you. Good morning, Nicole. Are --

NICOLE LAKE: Hi.

SENATOR MARONEY (14TH): Are you going to start, or is Michele going to start?

NICOLE LAKE: I -- I'd like to start if that -- if that works for you.

SENATOR MARONEY (14TH): Oh yeah, that works.

NICOLE LAKE: All right.

SENATOR MARONEY (14TH): So if you'd proceed. Thank you.

NICOLE LAKE: All right. Thank you. Good morning to everyone, to the Chairs, Ranking Members, Members of the Committee. Very nice to see you all. Again, my name is Nicole Lake. I'm Chief Counsel to the Attorney General. And joining me this morning is Assistant Attorney General Michele Lucan. And Michele leads our privacy section. And we're here today to talk about two Bills.

First, very briefly, I just want to express our office's support for HB 6099, so this is, AN ACT CONCERNING ANTITRUST ISSUES AND THE PALLIATIVE USE OF MARIJUANA. This is our friends at DCP's Bill,

but it contemplates using our office just to make sure that proper notice is given when there are material changes to ownership between dispensaries and producers and the medical marijuana market.

As you all know -- I know, you know a lot about this program, there are very few licenses, not many producers or dispensaries. And so, when ownership is happening, there is a great chance that you can see consolidation happen very quickly overnight. So, this Bill really just requires that notice. Go to our office, and then our normal and standard antitrust review process would kick in. So expressing support for that Bill.

And we also wanted to talk to you a little bit this morning, about SB 893, AN ACT CONCERNING CONSUMER PRIVACY. We are thrilled that the Committee is taking up this issue. I know it is one that has been brought before the General Assembly many years running now.

We believe that our office is the correct place to place enforcement. We already do a lot of work around privacy, and you've heard from us earlier about data breach notice, and you've heard from Michelle about some of those details. And this Bill would really expand to the protection that consumers have, and give enforcement authority to our office.

And now, I'll give you all my caveats. [laughter] We do have, have concerns about how this Bill is structured currently. And I will start by saying, we are very hopeful that we'll be able to work with the Bill sponsors and with the Committee to find the language that will work. Allow us to do our job as enforcers that, while within our statutes, and really give consumers the protection that they need and that they deserve.

So you have our testimony. It is lengthy. I hope it is easy to read through. And, you know, we can certainly answer any questions. And Michelle is

here as an expert. I'll just raise kind of three broad principles that I draw your attention to. One is, the mechanics of enforcement. We would ask that CUTPA, so, you know, the Connecticut Unfair Trade Practices Act, we would ask that that statutory language be imported into this Bill.

It's important because it allows for civil investigative demands, which is akin to a subpoena, and allows those to be issued when you're doing an investigation, as opposed to jumping straight to a lawsuit, which then takes you down a discovery process. It's really helpful to be able to do an investigation on the front end.

As you know, that authority actually rests with Commissioner Seagull and the Department of Consumer Protection, so, you know, it would be the classic setup of us borrowing that authority from our good friends at DCP to do that work.

But the second reason that adding CUTPA in here is very important is that it allows for more flexibility in terms of penalties. Currently, in this Bill, there's $7,500 dollar maximum on the statutory penalty. We would ask that you use CUTPA instead, which allows for discretion. It also would allow -- well, and an example of that, let me give you is, ability to pay. And some penalties should be smaller; some potentially should be greater. CUTPA would also allow for injunctive relief if we were in a situation where that was appropriate, or allow us to seek injective relief.

So the enforcement piece is one, and I think the primary issue that we would ask you to look at. There are other changes that we would like to see in the Bill, specifically the exemptions or carve-outs. We think that they're a little too sweeping here. It gives some carve-outs to entities as opposed to the information that they maintain or holds. So we would ask that it be focused in on the information as opposed to the entity.

The Right to Cure provision is something that would hamper our ability in terms of enforcement power. And we also would prefer an opt-in, so that the consumer opts in to sharing their information as opposed to opting out.

And then just finally I'll say that, you know, resources are always something that we have to consider when looking at taking on new enforcement work. We also think that education is an incredibly important component of this, helping consumers to understand what their rights are, what their avenues of redress might be. And we take our work to be not just around enforcing the law, but helping the people of the State of Connecticut understand what their rights might be.

So, you know, that -- that's a conversation for down the road, but we'd flag that. So, I'll stop talking. And if there are any super technical questions, again, Michele is here as a privacy expert, and could answer any of those. Thank you.

SENATOR MARONEY (14TH): Thank you, Nicole. Are there any questions before I go? Because I -- I'm going to ask some questions. But let me see. Okay. Let's start with Representative Cheeseman, and then Senator Witkos, and then Representative Luxenberg. So Representative Cheeseman.

REP. CHEESEMAN (37TH): Thank you, Senator Maroney. And thank you for being here today. A question; I'm looking -- what -- first, about the opt-in stipulation. So, explain to me how that would play out. I'm the business. I have this data, or whatever. How would I ensure before every single transaction that the person opts-in? So can you just explain the logistics of that to me, please?

MICHELE LUCAN: And thank you very much for giving me an opportunity to be here to answer questions. Like Nicole said --

REP. CHEESEMAN (37TH): Well, thank you for coming here today. So --.

MICHELE LUCAN: Thank you for having me.

REP. CHEESEMAN (37TH): Yeah.

MICHELE LUCAN: My name is Michele Lucan. I head up our privacy section in our office, and privacy has really been a focus for the Attorney General for quite some time. We are one of the only offices in the country to have a dedicated privacy section that does this work. So, I just wanted to echo very quickly, before answering the question, Nicole's comments on how excited we are to see this Bill raised, and how supportive we are of it. So, as long as we can make sure we could have a structure that allows for us to meaningful -- meaningfully enforced a lot, and really does provide these rights to Connecticut residents that we all should have.

Logistically for an opt-in structure, the difference is that, instead of placing the burden on the consumer to exercise rights over their personal information, the burden would be on the company to make sure that there's some kind of mechanism that they can provide to -- for us to opt-in to sharing our personal information. So it's -- you'd have to take an affirmative step to authorize.

REP. CHEESEMAN (37TH): Sure. I get that. But maybe -- and, you know, I read the Bill. So I'm -- you know, I have an interaction with a company where I'm using my credit card to purchase something. Before I make that purchase, do I then have to click another box? Or, you know -- I suppose this is someone looking at it from the business point of view. What are we doing, you know, in terms of making this work for the consumer, but also not -- you know, and maybe I'll look at this and say, "Oh, I don't want to have anything, you know, explained to me." I mean, I -- in very granular detail, how --

if I'm the business, how I'm going to do this before any interaction with the customer starts?

MICHELE LUCAN: I guess it would depend on the nature of the transaction and what information is being collected. So I think it would vary depending on, you know, the nature of the collection of the data. So it's a difficult question to answer just offhand.

REP. CHEESEMAN (37TH): So let's just say it's a purchase using your credit card. So, before I do this, by the way, do you agree for, you know, me to have this credit card information on record it -- before you even make the purchase?

MICHELE LUCAN: Well, I -- so, in that scenario --

REP. CHEESEMAN (37TH): What -- Yeah, I suppose my question is, what would be classified as the personal data, which would require this opt-in provision? Let's phrase it that way.

MICHELE LUCAN: So the way that -- I guess it -- we'd have to look to the Bill. And the way that the Bill defines personal data, that would be encompassed under the law currently. It's pretty broad. It's any information that could be used to identify you. So --

REP. CHEESEMAN (37TH): I mean, that could be --

MICHELE LUCAN: And in that scenario where you're making a purchase.

REP. CHEESEMAN (37TH): I mean, that could be your address, and your name.

MICHELE LUCAN: In that scenario, where you're making a purchase, you know, you're proactively providing that information to the company. And so, that is a different scenario where information is

being collected from you and about you where you're not necessarily aware of it.

REP. CHEESEMAN (37TH): Okay. So there would be a, you know, a bright line between those two. And I'm looking at the section, as I attempt to revive my iPad, that dictates "Persons that conduct business in Connecticut, or that produce products or services to residents, or process their personal data, at least a hundred thousand Connecticut residents or controller process so-and-so forth." Do we know how many companies this would be or businesses, this would be?

MICHELE LUCAN: We don't. And that is actually one of the concerns that we had flagged in our testimony, which is that, you know, there have been consumer privacy Bills introduced in California and now other states. And one thing that we need to make sure we do is get the threshold for application. Correct? And so that is something that we have flagged that we think should be reviewed further because it would take some more work to truly figure out if that is an appropriate threshold, or if it would just accept too much of this data processing that should be covered under the Bill.

REP. CHEESEMAN (37TH): Right. I mean, it could be -- could cut either way -- either way --

MICHELE LUCAN: Right.

REP. CHEESEMAN (37TH): And without knowing what that level is, it's difficult to make an informed decision, obviously.

MICHELE LUCAN: That's absolutely correct.

REP. CHEESEMAN (37TH): Okay. All right. Those are my questions for you. Thank you. Thank you, Chairman Maroney.

SENATOR MARONEY (14TH): Thank you, Representative Cheeseman. Senator Witkos.

SENATOR WITKOS (8TH): Thank you, Mr. Chairman. My question is for Nicole. Is there -- when we're talking about - this is the first Bill - antitrust issues, is there a plateau or a bar where it would -- the company or the principals, if they're looking for acquisition or mergers that they would know that don't even bother pursuing it because we would have reached that? How do we establish what that is? I know it probably on business by business, case-by-case basis, but is there a standard out there that you guys would follow?

MICHELE LUCAN: That's a great question. The -- as I think everyone knows, antitrust law is one of the more complex areas out there .there is no set percentage that triggers a finding of market consolidation. And really, what you have to look at is defining what actually concerns a market, or it involves comprises a market. So it's not always just everything in the state.

You know, when you look at the map of where dispensaries and producers are right now, you know, kind of the Litchfield County area, you don't see many there. So what is a market in that part of the state might be very different from what you see in New Haven. So we would do that analysis and try to see kind of where consolidation might kind of go to a place where it ultimately becomes anti-competitive. And it's always with an eye to what a consumer is able to access. And whether or not prices are going to be held artificially high or occasionally low and how that will impact the consumers.

So, you know, we do that review. Our antitrust lawyers are incredibly smart, and very well-practiced and doing these types of reviews. And because the overall market is smaller, we think that the review can be done without eating any additional

resources within our office, and can be done in a timely fashion.

SENATOR WITKOS (8TH): I know that the Bill speaks specifically to the marijuana industry, but would there be any case law that happened in the state similar to antitrust that would be somewhat precedent-setting that carries over from industry to industry? Or that's really not particular?

MICHELE LUCAN: Yes, we would look at a kind of broad antitrust principles, and what constitutes anti-competitive behavior. And I'd be happy to follow up and send you kind of the broad principles and outlines on how we would do that evaluation if that'd be of interest to you.

SENATOR WITKOS (8TH): If it's in layman's terms, that would be definitely of interest to me.

MICHELE LUCAN: All right. I have some that even involves like equations that are -- if you think in math terms. I can give you that too.

SENATOR WITKOS (8TH): All right. Great. Thank you. Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Great. Thank you, Senator Witkos. Representative Luxenberg.

REP. LUXENBERG (12TH): Thank you, Mr. Chairman. And thank you, Nicole, for being here. Quick, I just had two questions. One is on the -- on the antitrust issue related to the marijuana industry. It's my understanding that the current law you could -- you could potentially have more dispensary's than we currently have. And if I'm wrong, I could be corrected. I think we currently have four, but I think technically, current law would allow us to expand that up to either eight or ten. And so I'm wondering if that's something that's been contemplated by the AG's office or DCP, or perhaps the Governor's Office just sort of use what's an

existing law to expand the marketplace. Cause I'm assuming only having four total is part of what's creating the concern as it relates to competition. So I don't know if you have any thoughts on that.

MICHELE LUCAN: Yeah. So good morning. I --

REP. LUXENBERG (12TH): Good morning.

MICHELE LUCAN: I would guess you're talking about producers instead of dispensaries there. So, you know, dispensaries are where the consumers go in and make the purchase; producers are producing the product. And you are right. There are fewer producers than dispensaries.

With respect to the number of licenses available, I would defer to Commissioner Seagull and DCP to get you those details. I'm actually not familiar with kind of the breadth there. But, to your -- to your larger point, you know, the market is small at this point -- or the number of licenses that are out there working right now is small. And that is one of the big reasons, or really the driving reason as to why we have concerns about potential market consolidation in a way that would be harmful to [crosstalk].

REP. LUXENBERG (12TH): Yeah, that's right. Through you, Mr. Chair. I -- yeah, I met -- I met the producers. But I think there's an understanding, you know, that the current -- the current number of producers being small, they're gaining certain competitive advantages from being in the -- in the marketplace already, which may even heighten those competitive concerns. So, I appreciate -- I appreciate where you're coming from.

One question about the privacy department, just to understand it better in the -- in the AG's office. How many attorneys working in the privacy area, and is it -- is it like a huge staff of lawyers? Is it small? I'd love to just get a sense of what that --

what that department looks like within the AG's office.

MICHELE LUCAN: You have one-third of the privacy department with [crosstalk]. It is -- it is our smallest department. We have -- we have three members. We actually -- we had four, but our other member moved over actually to lead our antitrust department due to retirement. They are small but mighty.

And one thing that I think really is very important for the Committee and for the General Assembly to appreciate as Michelle mentioned, we are one of the only AG's offices in the nation to have a dedicated privacy unit.

Michelle is a national leader in this work, as are her colleagues Anya and John. And the work that they do, particularly multi-state and leading privacy work throughout the nation, is really extraordinary. And so, as you can imagine, when we contemplate adding in a whole other area of consumer protections to the work that they're doing, the resources concern is top of mind for us, but I'll just reiterate again, it's work we want to do. And we look forward to taking on the challenge.

REP. LUXENBERG (12TH): Yeah. And if I could just make one final comment. Through the Chair. I mean, I think that in itself is really interesting for the Committee and the public to understand that, you know -- and perhaps it's an -- you know, it's an interesting window into -- you know, some of the ways the infrastructure and bureaucracy of government hasn't always shifted to meet, you know, sort of our modern challenges as a society. I mean, privacy issues are sort of dominating the legal business and consumer spaces across the country. We've got sort of a national leader of a privacy department within an AG's office, and it's three people. I mean, it's really kind of shocking in some ways, things to understand that, you know, for

the entire State of Connecticut are three attorneys working in this absolutely critical area.

And so I think, you know -- I guess I'm -- I guess I'm sort of giving you a platform to piggyback on the resource allocation issue. That -- that doesn't seem like a 21st-century allocation of government resources to have three attorneys working on something this important and complex. So, I just want to thank you for your testimony and also thank the Chairs for their leadership in -- in this important policy arena.

MICHELE LUCAN: Thank you very much. And I -- I can assure you that the Attorney General appreciates that highlighting. So, thank you.

SENATOR MARONEY (14TH): Thank you, Representative Luxenberg. Are there any other questions that we see from the other Members? Okay. Well, it looks like I'll start asking my questions then. If we can just go first, you know, highlight, I guess, the resource issue in terms of what are additional resources that may be needed. Are they all attorneys? Or would there be other staff that would allow us to kind of leverage the use of our attorneys that may not be -- you know, would it be possible to use paralegals or others? Or do we need more privacy attorneys?

NICOLE LAKE: I'll jump in quickly and then turn over to Michele. I think the answer is, all of the above.

SENATOR MARONEY (14TH): Okay.

NICOLE LAKE: The -- you know, the work that an attorney can do, obviously, is going to be different than the constraints around a paralegal. However, you know, in this Bill, one example is that, a consumer can appeal the use of their data to the AG's office. We're that to survive and remain in the Bill fielding all of those appeals is work that

could very likely be done by a paralegal, and then ultimately reviewed by an attorney. So we are digging into this very question and trying to think in very concrete terms about who could do what work, but we anticipate it requiring a mix of skill levels. Michele, I don't know if you had anything to add on that piece.

MICHELE LUCAN: That's absolutely correct. So Nicole highlighted the appeals process. It's something that's on our radar. Nicole is right. This could be done by a paralegal or a consumer resolution specialist, but would need to be overseeing by an Assistant Attorney General or several.

And then, also I think we would receive complaints under the law, even outside of the appeals process that we would need to be ready to field, in addition to the current workload of complaints that we are all already responding to on a daily basis. And then, just from an enforcement standpoint, this would be significant for us to be able to have this law be meaningful and to really be able to protect Connecticut residents we'd need further resources to be able to really respond to the law and make sure we are enforcing it.

SENATOR MARONEY (14TH): Okay. Thank you. I guess another question Michele, probably -- well, either Michele or Nicole, I guess, I shouldn't assume. What are the advantages -- you know, one of the things we hear is that, we should wait for the federal government to act. And I do understand, you know, the argument that it really -- a lot of it is a federal issue, but the federal government hasn't acted, and, you know, we are now seeing some states start to act. What are the benefits of having a law? Would -- if we waited for the federal government, would we then need to clearly define your authority under that? Or -- if you could just speak to some of the benefits of having a state law?

MICHELE LUCAN: Sure. One of the most important benefits is that State Attorneys General can be nimble. We can respond quickly to these privacy violations, including violations that may be on a smaller scale nationally, but have a really strong impact in our State in Connecticut.

You know, we do this work in a lot of areas -- other areas where there are existing federal laws in a space, but we have complimentary state enforcement authority under those laws. And it benefits Connecticut residents without a doubt. You know, we do this in the -- in the health privacy space under HIPAA. And, you know, I just think a law like this protecting Connecticut residents would be really important, but equally important is our ability as you know, the state to be able to enforce a lot of protects Connecticut residents.

SENATOR MARONEY (14TH): Thank you. I think one of -- I guess, one of the things we need to look at is, I guess, is the interoperability, right? And that, if different states have different laws and, you know, for national companies, how are they able to comply? And I think that one of the keys for that is just in our definitions, and aligning definitions with other states. But given that we would be one of the early actors, right, there are a few states who have gone, how do we -- would we need to re-legislate to ensure interoperability, or with the federal? Or is there a way to give flexibility within the law?

MICHELE LUCAN: It's a really good question. I think this law, in some ways, does provide that flexibility. You know, I've -- we've compared it with the California Consumer Privacy law, including the new law, CCPA. And some of the provisions in that law, you know, set forth specific methods for how to offer opt-out rights. Whereas, this law requires that those opt-out rights be provided, but it doesn't provide as much detail about the actual mechanism for doing that.

So I think, in some ways, this law is flexible and could create a lot of consistency for companies trying to comply with the law. I think there probably -- you know, we do need to look more closely just to make sure there are -- aren't any other areas where that flexibility should be implemented. And I'm sure, you know, that the stakeholders paying attention to this will raise those issues. And I think from our office's perspective, that is something that's always on our radar too. We do want these laws to be, ultimately at the end of the day, something that companies can comply with, you know, that -- that are trying to do the right thing.

So, I think, in some ways, this flexibility is built-in, and there is an interoperability with California's law and some of the other proposals that we've reviewed in other states. And that maybe there's some areas that we need to look at a little more closely to make sure it doesn't create a barrier, any further burden on companies trying to comply.

SENATOR MARONEY (14TH): Right. And I think that that's right, and that we -- it's a difficult balance. Right? And I think we look -- you know, as elected officials, I guess, you know, our ultimate customer that we're trying to protect with this is the consumer, right? And we're looking from a consumer protection standpoint. But, you know, we also want to make sure that businesses can operate, and that we have a growing insurance tech industry, hopefully, health tech growing and just technology in general in the state.

So we don't want to necessarily be burdensome, or signal that we don't want them because we do want them, and we want more of them here. So I think that, you know, making sure we are working with them to have strong laws that protect the consumers, but also allow them to do their work. Can you give me

examples? I know we were going through before, you know, an example of what opt-in would look like versus opt-out.

But I think, would it be possible to give an example of how someone's data may be used without them knowing it's being used? In -- in the example where you're going to a store, you know, you're purchasing something, right? So you know that they're going to have some. But, I think sometimes people may give away their information and not realize that they're giving away their information. And I don't know if that's a fair question to ask you, but if you could provide an example, I think that would be helpful.

MICHELE LUCAN: I think it is a fair question. And a good example that I could provide -- and just speaking for myself as a consumer as well. You know, there have been many times when we're looking at something, and it is very surprising, the amount of data that companies have on individuals. So, you know, a good example is, companies in the data broker industry and how much information is being processed and shared.

And then another example is for targeted advertising. So this is, information you've shared at some point for some purpose, and is being used to send direct ads your way. And, you know, some people would be fine with that. Some people would like receiving these targeted ads, and would opt-in to receive targeted advertising. And then some people do not like it, and should be afforded the ability to opt-out from receiving them.

SENATOR MARONEY (14TH): Yeah. And I think that, you know, as a small business owner and in marketing, I think the amount of -- and you're right, it's a balance, right? If you think of it as a marketer, it's fantastic that I can target my ads to people who have a certain income, live in a certain area, have expressed interest in certain things. But as a consumer, sometimes it is

frightening to know how much people actually know about, you know, my behaviors online and what I like.

And I think there was an article that was interesting about just using the data that -- and the coupons that are mailed to you, right, that they're targeted. And then, I guess there was a -- can't remember if it was Minnesota or whatever, but the father found out that his daughter was pregnant by the -- all of a sudden the coupons that were coming in that were targeted based on their purchasing behaviors, so.

And again, we understand, I guess, data is the new gold they say, right? And so there are important uses. I think we -- they talked about that before. And it definitely is used to improve a customer experience as you go through websites or other things. But also, I think, how do you protect that privacy?

Just going to the definitions. If you don't mind, can you give an example of what a processor is? So, you know, as it's in, I think, this Bill controller would be -- for the most part would be the business. Am I correct in -- in that?

MICHELE LUCAN: Yes.

SENATOR MARONEY (14TH): Okay. And so, can you give an example then of what a processor would be?

MICHELE LUCAN: Yeah. So, I guess anyone -- any separate entity that a controller provides your information to, and that does something with that data. So the definition is broad. I have it up. It says, "Any person that processes personal data on behalf of a controller." So this could be for many purposes, including analyzing the data. I guess the definition is broad, so.

SENATOR MARONEY (14TH): And so just, again, I'll use a personal example. So, I have a website, and on my website, I utilize Google analytics. So it -- in that definition, would I be the controller, and Google analytics would be the processor?

MICHELE LUCAN: That's right.

SENATOR MARONEY (14TH): Okay. And the same as I use, what's called, you know, the Facebook pixel, and so that -- again, for advertisers, so Facebook would also then be considered a processor, but I would be the controller. Is that --

MICHELE LUCAN: That sounds right too.

SENATOR MARONEY (14TH): -- correct? Okay. Now, what would a third party be?

MICHELE LUCAN: Yeah. So, I guess any entity that received that data downstream. So I'm scrolling to the definition, to see what the exact language is.

SENATOR MARONEY (14TH): Okay.

MICHELE LUCAN: Yeah. Right. Any entity other than the controller or processor in this Bill structure. And there are scenarios where data does get passed downstream beyond a controller or a processor, which is another -- one of those areas we've sort of flagged for further review. You know, that the stream doesn't stop at the processor and the controller.

SENATOR MARONEY (14TH): All right. So, again, I guess I'll use myself as an example, and that -- so I provide a service for other businesses where we can help them run reports. Right? And so they submit -- they send the information to me, and then we send the report back to them. So would I be a processor, I guess, in that, or a third party?

MICHELE LUCAN: That is a good question. You know, I don't know. I mean, I guess we'd have to think on it based on what processing activities are occurring.

SENATOR MARONEY (14TH): Right.

MICHELE LUCAN: But there could be scenarios where an entity is both. And I think there's also a provision in here sort of recognizing that what shoe does a company steps into is a fact-specific determination. That also is -- has to take into account all of the different companies that are involved with that transaction, so.

SENATOR MARONEY (14TH): So thank you. And the other thing you mentioned before, like, you know, data broker. And it's not part of this, but I know that there is -- you know, Vermont does have a data broker registry. Have you been in contact with their Attorney General's office to find out how that has worked for them? I know that this past March, I think they processed, or they had the first violation against that, that they did convict. Or if they went after so.

MICHELE LUCAN: Yes, so this is -- we have really good relationships with our sister states, and talk very frequently with our colleagues in Attorney General's offices around the country, including in Vermont. We speak to our colleagues in Vermont regularly. We have spoken about Vermont's data broker law. And I know that Vermont, they've been busy, I guess, following up with data brokers that should be registering in the state and haven't, and also starting to enforce the law and really pushed the protections offered in the bell. So we've spoken with them. And I imagine that is something that will continue.

And then also, the data broker registry in Vermont is something that is available. You know, for other states to take use of -- to make use of now. So it

is something that -- it's an example of where one state passes a law that benefit -- benefits other states right from the get-go

SENATOR MARONEY (14TH): And onto the size of the entity you mentioned, we may want to try to, I guess, lower our thresholds. And I know -- so this is in line with Virginia, which is also in line with the proposed federal consumer online Privacy Rights Act that, you know, a company that processes a hundred thousand pieces of data, and then there's the -- or, you know, the size.

California is lower, right? It processes, I think 50,000. I'm not sure if they had changed it. That was in the original. I don't know if that was -- there were changes in separate. I haven't reviewed that. But do you have any, I guess, suggestions on what is an appropriate threshold? Or do you think that's something that would need to be fleshed out? And I guess, since California has been in place, we can't get data on how many companies are encompassed -- you know, encompassed by that.

MICHELE LUCAN: Right. That's right. Yup. I think this was in the category of -- we don't have a specific suggestion. We want to make sure the application of this law is appropriate. I know others -- Virginia did raise a threshold that matches this, but there have been other state proposals raised that do have a lower threshold. To your point from earlier, we also think interoperability and consistency is something that's important too. So that should also be considered. And then I think you're right, that this could be something worth reaching out about to find out if California, in particular, has any color that they could provide to this. And how -- I guess based just how it has gone with the rollout of the CCPA.

So it's -- I think we'd have to review it and discuss it further. But from our office's perspective, we just want to make sure the threshold

is appropriate, and it's not too high to dilute the effect of the law in our state.

SENATOR MARONEY (14TH): I think you've cited "made in Virginia," which I'm not -- I mean, "made in New York," I'm sorry. I'm not as familiar with their legislation. Do you know their threshold size? I mean, obviously, I can look that up faster. I'm being a little lazy now. I do have access to my good friend, Google, who can [laughs] point me to their legislation. But I've gotten used to being spoiled by having a legislative aide who I asked to look all these things up for me, so. [laughs]

MICHELE LUCAN: I do know that the Virginia Bill matches this threshold. I do know that. And so, the others I could -- I could look up, but I don't have it offhand.

SENATOR MARONEY (14TH): And I know, you know, similar to Virginia, we do have -- the date is pushed out for when this would go into effect in January 1 of 2023, which give -- would give us, assuming this passed and signed into law, time to study it, and then I guess potentially if necessary to make changes, you know, before it goes into effect. And I do believe that that is what -- there is a working group that was proposed in -- in Virginia. Is that something you would recommend we would add here, a working group? And can you talk to that?

MICHELE LUCAN: So as Nicole said, you know, we do -- we do have some concerns with the language as drafted, but we do think there is a really good chance that with discussion and collaboration, we can resolve those concerns. So, I do think -- we would be happy. We would love to participate in that, to contribute. I don't know what appropriate forum that should take.

SENATOR MARONEY (14TH): Right.

MICHELE LUCAN: But I do think those types of discussions will be important for us to make sure we're comfortable with where the language ends up. So -- and I don't know if Nicole has anything to add on that. But I think that the further discussion and collaboration is what will be important to us, whatever that forum is.

NICOLE LAKE: Yes, I would -- I would amplify what Michele just said and also say that, you know, our office certainly would never speak on behalf of industry, out of turn.

SENATOR MARONEY (14TH): Right.

NICOLE LAKE: But understanding from talking with stakeholders who are -- would be impacted by this, Bill my understanding is that they would -- they would very much welcome the opportunity to collaborate, troubleshoot, I think. You know, to Representative Cheeseman's kind of to the spirit of her earlier questions, you know, what does this actually look like on a granular level? And, you know, to your point, Senator Maroney, like, you know, which category do I fall into here? Am I maintaining that in my processing? You know, I think, having the voice of the regulated entities in the conversation is important in addition to our voice, as you know, the enforcement agency.

And, you know, I think that really is a good way to put together law that will be very workable. And that is really our ultimate goal. So, we would be very supportive of, you know, a study, a task force, whatever you want to call it. Maybe don't call it a task force. [laughs]

SENATOR MARONEY (14TH): Yeah. [laughs] I like working group better than task force with an emphasis on working. Right? Making sure we're actually getting together and doing the work, so.

NICOLE LAKE: Yes, absolutely. And we would welcome the opportunity to participate in those conversations.

SENATOR MARONEY (14TH): So, I guess another question in terms of definitions where people would fall. The House yesterday passed a law providing some tax incentives or incentives to data centers to locate in the state. And again, you know, we have the growing tech, and we're hoping to grow an industry of the data centers. How would this law impact any potential data centers that were located here? Now, would they be -- I'm assuming they -- are they, processors? Or how would the data center itself fall within there? It's more of a tool, I would assume, but. Or is there no impact at all?

NICOLE LAKE: I think there would -- I think there would be an impact. I guess it would depend on the nature of the information and the thresholds, whether they meet the thresholds in the law. So it would be something you'd have to, like I said before, take a look at the specific facts to determine the application of the law. But just based on the nature of the activities that they're performing, you know, I think they should come under the law. So it would be surprising if they didn't.

SENATOR MARONEY (14TH): Right. And so if we are to put together a working group, I think it would be good that, you know -- you know, we obviously would include technology companies, but I think including these data centers, Representatives would be helpful as well.

I think that's all I'm going to ask you for now. [laughs] I will -- if I think of anything else, I will ask it, and I will reach out. But I believe Representative Ackert has a question now. So I'll turn it over to Representative Ackert.

REP. ACKERT (8TH): It's quite surprising Chairman Maroney that I could have any questions after your

complete breakdown of this Bill. So, I appreciate that work and the answers. But I'm going on the fine component of it. Before I get to that, how does somebody reach out to you to log a complaint? Is it somebody that just go to the Attorney General's office and say, "Listen, I feel as though my dad has been used inappropriately", can you just do a Reader's Digest? People know what Reader's Digest is actually, right? A review of the -- how that process works for me?

MICHELE LUCAN: So our office does have a complaint portal right on our website. And, you know, we also have an email that consumers can use to send complaints our way, and they can call us any time. And so, for our office, when we receive those complaints, we review them and make sure that they're forwarded to the appropriate section to review those complaints. So for our privacy section, you know, we get complaints about data breaches all the time.

We have Connecticut residents reaching out to us very regularly asking what they can do to protect themselves from data breaches, or what steps they should take in response to data breaches. We get complaints about privacy violations. And so, our section reviews those. We respond to Connecticut residents. We definitely make sure we assist them as best we can. And then, when circumstances warrant, we also reach out to the companies that the consumers are complaining about to try to get an answer from them, and address the underlying issue.

REP. ACKERT (8TH): Ok, and then at that point, if you feel as though it's pursuable for a fine, then you get into -- and it looks like, just do some investigations or something along that line, and then you review the issue. And then if it's -- if they don't correct the -- and or you feel it's a fineable approach, because I know that Nicole brought up the fining component of it, and it does say "up to $7,500 dollars" so it's not an automatic,

but if that process that these fines could actually go over the $7,500 dollars threshold possibly. Is that egregious?

MICHELE LUCAN: So not under the language of this law, the $7,500 dollars statutory fine would be a cap. But one of the things Nicole mentioned at the outset is that, we've asked for to align the provisions of this law with our Unfair Trade Practices Act, which frankly does provide a lot of tools for us to use so that we can really flesh out a violation.

So, you know, not every complaint that we receive to our office results in a full-scale investigation. But sometimes, you do need to send a civil investigative demand, which Nicole said is like a subpoena to really wrap your mind around what is happening. And it's important to have that first step so that we don't, you know, immediately need to file a lawsuit. And, you know, the only ability we have gather that information to really figure out where does this issue lie in the grand scheme of things would be through civil discovery.

And under CUTPA Unfair Trade Practices Act has a similar penalty scheme where it contains language being up to a certain amount. It's $5,000 dollars per violation. But CUTPA's, you know, a lot of that has been around for a long time, and there's really some strong, strong case law in Connecticut addressing penalties issued for violations.

So, you know, it's something -- it -- if we were -- if we align it with CUTPA, we'd really have a lot more tools to use, to be able to review potential violations before having to go full steam ahead. And then we'd also be able to look to our existing structure to make sure whatever redress we seek, whether it's injunctive relief only, whether it's injunctive relief and penalties, is something -- and we have -- so that we have the fall, I guess, realm of enforcement discretion, and we can make sure the

redress actually matches the violation and is appropriate and fair.

REP. ACKERT (8TH): Thank you.

MICHELE LUCAN: You're welcome.

REP. ACKERT (8TH): That's only if, you know, that in the -- that company's fine, then the revenue from that go to the AG's office, or does it go to the general fund, or wherever?

MICHELE LUCAN: It depends. So if under -- it depends. We have some privacy laws in Connecticut that direct penalty towards our privacy guarantee and enforcement fund, but for the most part, the laws don't prescribe a specific fund, and the penalties end up going to the general fund.

So, you know, we've announced a lot of -- you know, a number of really important settlements for consumer's privacy over the last several years, including an Equifax and Uber and Home Depot, and Anthem. And so, it will depend on what claims are raised in those cases, but for the -- for the most part, the penalties that we've recovered under those cases have gone towards the general fund.

REP. ACKERT (8TH): And that's why it's stated in Section 11 of this, "the attorney general may recover reasonable expenses." So you might not get that financial support if that stays in there. So, in terms of getting more people on board to help with this, and I'm -- I'll look -- listening to more dialogues, not a lot of people testified on this Bill. But one of the things that we want to make sure is that, we are balancing. We got to make sure that we protect our consumer, but not, you know, negatively affect the potential business, you know, that were in here negatively. So I don't think that your office does that. But I really appreciate this. That's really helpful. Now I know where to direct people. I have to call the Attorney

General's office and I will get to work on the staffing part. But thank you so much. Thank you, Mr. Chairman.

MICHELE LUCAN: Please feel free to send them our way.

SENATOR MARONEY (14TH): Thank you. Thank you, Representative Ackert. And yeah, I actually did have a constituent email a lot of privacy issues, so you will be getting an email [laughs] probably fairly soon. I do see that Senator Kissel has raised his hand. Senator Kissel? You're muted, Senator Kissel.

SENATOR KISSEL (7TH): I was just trying to be quiet. [laughter] Good morning. Nicole and Michele, you've done an awesome job. In a previous hearing, I spoke to my good friend, the Attorney General, who and I -- who -- he and I served together for a number of years. And I related that. I felt like I'm the victim of identity theft. And here's the weird scenario, and I just don't know if you guys can help me out or where you can direct me to.

But, I had like three credit cards, and I started to see mysterious charges popping up on those cards. So I -- for like a year, I kept calling them and getting them erased. But eventually, being a legislator, I got so busy that when they would send me a new card, I would just put the FedEx envelope on my dining room table and not even open it. And all of a sudden, without being activated, there were charges being put on those cards. So, I eventually wrote to those banks - they're major banks. They're not small. They're like Chase - and I said, "Just close these cards out." But I feel like, I'm getting ripped off. It's been a while. But I don't know if you guys can help me at all. [laughs] But it's sort of along the lines of personal information being disclosed that I don't know what's going on.

MICHELE LUCAN: So that -- I think that's exactly the type of issue that we handle in our office and try to help individuals with. And I'm sorry to hear you have experience that. I'm sure it's terribly frustrating, also alarming. I think -- it sounds like you've taken some steps already. It is confusing why this would keep it occurring. But -- so what we would do is try to make sure we give you every resource that you would need to make sure to take steps to protect yourself, including your Social Security Number. And then it can't ever hurt to ask for an explanation, to say, you know, "Why did this happen, not once, but twice, or three times? And why are these happening for a card that haven't been activated yet?" I don't know the answer, but that's exactly what we do. And we try to mediate those complaints.

So when I say, "respond to it," I don't mean, you know, a full-scale full-blown investigation, but we would reach out and try to make sure you, and we could have a better understanding about that type of pattern, and why it's occurring, and what we could -- can do if anyone else comes to us experiencing a similar issue. But again, I'm sorry to hear that you're experiencing that. And that -- that is -- well within our wheelhouse. And we would be happy to help if we can.

SENATOR KISSEL (7TH): So Michelle, can you send me some contact information, and I'll send you the list of the three banks.

MICHELE LUCAN: Sure.

SENATOR KISSEL (7TH): And again, this is something I raised with the Attorney General already. And he actually texted me and said, he's looking forward to coming before judiciary. But, when you say it's frustrating, Oh my God. When you don't -- when you don't activate a card, and all of a sudden, there's like a thousand dollars now put on that card, it's like, "What is going on?"

MICHELE LUCAN: Right.

SENATOR KISSEL (7TH): Yeah.

MICHELE LUCAN: And first and foremost, you shouldn't be responsible for any of those charges. But there are things that you can do outside of contacting your banks to let them know this is happening, to try to prevent this from happening again, including, you know, credit freezes, placing fraud alerts on your credit files. And I can make sure to send those resources to you.

SENATOR KISSEL (7TH): I really appreciate that. And I'm sure you have been in -- or you can easily get in contact with Kate McAvoy, my Legislative Aide. And, I'm sorry for being very personal about this. But I've been listening all morning, and you guys are on the ball. So, I figured don't let an opportunity pass without trying to help stop this nonsense from occurring. Cause I -- to me, it's just -- like just criminal robbery, just over the internet.

NICOLE LAKE: I will -- I will make sure that everyone gets connected. And we'll see what we can do, Senator.

SENATOR KISSEL (7TH): I really appreciate that, Nicole. Thank you, Mr. Chair.

SENATOR MARONEY (14TH): Thank you, Senator Kessel. I apologize. I do have another question now. [laughter] Something did come up.

SENATOR KISSEL (7TH): Oh, I let you in.

SENATOR MARONEY (14TH): Yeah. [laughs] So, you mentioned the privacy guarantee and enforcement funds. So we have an existing non-lapsing account. I know that -- that is one thing. And then I have seen in a lot of the other states that they do

create that fund and direct any penalties to go in there. But we do already have that privacy guarantee and enforcement funding existence in the states, so we would not need to create that with this legislation. Is that correct?

MICHELE LUCAN: Yeah, I -- so our position would be -- it's always helpful to have flexibility, you know, to direct the funds where they should go. And we do have our privacy guarantee and enforcement account. But you know, it's set up in a very specific way, and there are a lot of parameters around the account and how those funds could be used.

I know the Virginia Bill did set up a consumer privacy fund, and the language is a little confusing with respect to what the fund is set up for, and how the money's placed in the account should be used. I think our current structure under CUTPA works really well for us because we have that flexibility to make sure where directing the penalties in a way that makes sense.

So, I think maybe the Virginia consumer fund could have been a result of, you know, specific issues for Virginia that may not necessarily cross over to Connecticut.

SENATOR MARONEY (14TH): Right.

MICHELE LUCAN: And we do -- we do currently have a good structure under our CUTPA law.

SENATOR MARONEY (14TH): Okay, thank you. And I believe California had done that as well. And I -- we didn't have that initially right, not to be too restrictive. And I think you are right that flexibility is better. But it also brings up another point that, even though we may need additional staff, which I guess would be a fiscal note, it's also potential that they will be generating additional revenue. Right? And that, I

think, overall, the Attorney General's office recovers a substantial amount of money during the year. Is that -- I mean, is it possible that you're more than, more than earning your keep? As you said, small and mighty, right?

MICHELE LUCAN: Small and mighty. And I did mention some of our recent settlements, like Equifax, which had a $175 million dollar penalty back to the states for data security failures. And Uber, which had a $148 million dollar penalty back to the states for breach notice failures.

And so, you're right. You know, we do, when appropriate, we have sought penalties to which I guess, you know, benefit the state, but also offset the resources that we use to investigate these cases. And that's something we're always mindful of, which is another reason why our multi-state work is so important. It's another way we look to offset those resource constraints. And, you know, it's only three of us in our section, but we have a really good team of colleagues from across the country working in this area. And that's another reason why we would -- we've been able to do such good work in this area.

SENATOR MARONEY (14TH): Well, thank you. And I promise this will be my -- I'm not going to promise. Okay. [laughs] This might be my last question unless I think of something else. But you've mentioned multi-state work. Have you been in touch with the Virginia Attorney General's office? And if they -- are there any recommendations? I guess it's hard though because it hasn't gone into effect yet. So they -- I mean, it may not make sense for their -- it's so recent there, but there -- so there're probably aren't many lessons learned yet. So, I guess it's not necessarily -- I guess maybe it's not pertinent what -- since there are probably not lessons learned at this time.

MICHELE LUCAN: I think, one thing we try very hard to do, because we talked to our sister states so frequently, is just make sure other states have on their radar, what privacy legislation is raised. You know, so we are aware of the Virginia Bill, and we -- just as Virginia would, we would make our colleagues aware of Connecticut's Bill, and what the terms are because they're doing, you know, the same exercise in their own states. So definitely aware of it. We do talk to our colleagues very regularly, including in Virginia. And I think you know, since -- I guess that will continue depending on what the result is in Virginia and in our state and in others.

SENATOR MARONEY (14TH): Okay.

NICOLE LAKE: One thing -- Oh, sorry, Senator. Just the one thing I would -- I would add in there is that, you know, looking to the Virginia Bill, you know, this language before you now is very similar to what was originally raised in Virginia. But it has undergone many changes kind of in their amendment process, and a lot of the changes that they have added in have been kind of in a similar vein to what we are seeking. So, making it align with their enforcement structure. Making it align with their -- kind of their consumer fund. And having it be more specific to Virginia state laws.

So, you know, to the extent that you are looking to sister states would just point you to kind of where that legislation is currently in, and the changes that it has undergone; similar changes that we are seeking here.

SENATOR MARONEY (14TH): Great. Thank you, Nicole. That's an excellent point. So are there any other questions? I don't see any. So with that, thank you very much for your testimony today, Michele and Nicole.

NICOLE LAKE: Thank you.

MICHELE LUCAN: Thank you.

SENATOR MARONEY (14TH): Okay. Next is Kent Owusu. Mr. Clerk, is he in the room?

SAMUEL CLARK: Yes, he's coming in now.

SENATOR MARONEY (14TH): Okay. .

SAMUEL CLARK: And I don't -- could you please unmute? There you go.

SENATOR MARONEY (14TH): Okay.

KENT OWUSU: Hello?

SENATOR MARONEY (14TH): Hello? Yes. And I apologize --

KENT OWUSU: [inaudible].

SENATOR MARONEY (14TH): Okay. Would you like us to come back to you, or -- ?

Okay. Mr. Clerk, why don't we bring in Dr. Gregory Shangold, and then we can go back to Mr. Owusu.

SAMUEL CLARK: Okay. So, yup, next is Dr. Gregory Shangold. He's in now.

SENATOR MARONEY (14TH): Okay.

DR. GREGORY SHANGOLD: Can you hear me?

SENATOR MARONEY (14TH): Yes, Dr. Shangold, if you would proceed.

DR. GREGORY SHANGOLD: All right. Good morning, Senator Maroney, and Distinguished Members of the General Law Committee. I'm Greg Shangold, the President of the Connecticut State Medical Society. On behalf of the physicians and physicians in

training of the CSMS, I thank you for the opportunity to provide testimony on Senate Bill 895, specifically the changes subsection J of the Connecticut general statute beginning on line 441 of SB 895.

The Connecticut PDMP collects patient-specific data on various controlled prescription medications and enables physicians, prescribers, and pharmacists to access this information. The PDMP is a valuable tool to improve patient safety and health outcomes.

As an emergency physician, I often have to -- I often have incomplete information when making healthcare decisions. The advent of the PDMP has helped bridge that gap. Additionally, I've seen the ravages of the opioid epidemic from the frontline. Medicine and society have to rethink our approach to the opioid problem in order to decrease the number of deaths from opioids.

One of the important steps has been to remove the stigma traditionally attached to opioid use disorder, or OUD. There are multiple medications to treat OUD. Two of the more common are methadone and buprenorphine. Methadone is dispensed at an opioid treatment programs. All of these OTPs are required to obtain certification through SAMHSA, and then, therefore, federally assisted drug programs.

Currently, buprenorphine prescriptions are visible in the PDMP, and methadone is not. Historically, federal laws specified that federal assisted drug abuse programs were not permitted to report methadone dispensing. And there's certain rationale for that reasoning. But in 2020, SAMHSA indicated that this regulatory scheme was no longer advisable in light of the current epidemic.

The emission of OTP dispensing data from a PDMP can lead to potential serious consequences. Patients may receive duplicate or potentially contra-indicated medications, therefore placing them at

risk. Additionally, OTPs are not open 24/7. So, some patients, when they're in the hospital, are unable to get prescribed doses until the medication can be firmed when the -- when the clinic is open.

So we acknowledged the privacy concerns with submitting this data. However, the dispensing of data would require -- does require the patient consent on the front end. We ask that this Committee support Senate Bill 895. As physicians caring for patients in Connecticut, it is critical that we have access to the most robust patient information. Emission of this data prevents physicians from obtaining that updated information. It's vital for our care coordination. Please support Senate Bill 895.

SENATOR MARONEY (14TH): All right. Thank you very much, Dr. Shangold. Are there any questions? Well, let me -- I don't see any hands raised.

REP. RUTIGLIANO (123RD): My hand is raised, Senator Maroney.

SENATOR MARONEY (14TH): Oh, you -- oh, I'm sorry, Representative Rutigliano. Representative Rutigliano if you would proceed.

REP. RUTIGLIANO (123RD): Thank you, sir. Thank you, doctor. Can I -- okay, hold on. I really appreciate you coming out and testify in favor of this. I believe it's an important tool in the toolbox to -- against the opioid crisis. And, there was a little pushback from the Department of Consumer Protection. And I didn't know if they had become any agreement to get around that. I think it had to do with inpatient care in the prescription monitoring program. Am I stating that correctly, doctor?

DR. GREGORY SHANGOLD: I believe so, but the -- currently none of the inpatient medications, whether they're morphine, Vicodin are reported, if they're

dispensed in the hospital during in-hospital treatment. So methadone wouldn't be any different at that point. So I didn't really understand that part of the pushback because in-hospitals don't dispense medicines necessarily to go. That's part of it.

REP. RUTIGLIANO (123RD): [crosstalk] talking about inpatient rehab possibly? Could that possibly be with their concern?

DR. GREGORY SHANGOLD: That might be their concern. But again, if there needs to be some technical language, you know, we're open to that sort of agreement. You know, I think the biggest part of the methadone is those that are getting in the clinics. I could tell you yesterday that, incident happened, and patient was in the emergency room for two days. We had given him his methadone. The methadone clinic had reported him as not receiving those doses. And if we have better coordination that could have been cleared up a lot easier.

REP. RUTIGLIANO (123RD): I appreciate that. I appreciate that, Doctor. Is there any other - I'm trying to use the word properly - methadone type medications that aren't reported now? I mean, you know, substitutes for opioids and heroin when people are trying to get clean, and trying to improve their life, that maybe should be included along with methadone in the drug reporting system.

DR. GREGORY SHANGOLD: So buprenorphine is in the system. And that methadone and buprenorphine make up the two most common medications that are used. There are some other ones. There's some like long-acting injectable medications that they may receive at a clinic. So, that might be appropriate as well. But that certainly makes up a much smaller percentage of the medication-assisted treatment that are in the tool bag there.

REP. RUTIGLIANO (123RD): So, just to be clear, if we had to make a minor adjustment and maybe exclude certain inpatient treatment centers, that the importance of getting methadone in the reporting system outweighs even just taking that out, and you would still support that?

DR. GREGORY SHANGOLD: That's correct. That's correct.

REP. RUTIGLIANO (123RD): I really appreciate you testifying today, sir. Thank you for your time.

DR. GREGORY SHANGOLD: Thank you.

REP. RUTIGLIANO (123RD): Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you, Representative Rutigliano. Dr. Shangold, you know, 895 has, I guess, several changes, you know, in addition to this change. I was just wondering if -- and you may not be ready to comment on the others, so I apologize. We could always circle back to you. But, one of the things we do look at is, you know, authorizing use of automated prescription dispensing machines in nursing homes. It's -- you know, it's my understanding that they are currently utilized in hospitals. So, I think for some of us -- trying to visualize what that is exactly. If you could just talk about that and if -- and I don't know if you'd have a -- again, if you would have a position on that? But if you're an emergency room physician, I'm assuming that you can describe them better to me than I -- then I'm imagining as of now.

DR. GREGORY SHANGOLD: Sure. And that -- I can't speak specifics to the modifications. But in general, an automated machine, what they -- some would go by the brand named Pyxis, but I believe there's other companies that do that. Where a pharmacy sort of pre-stacks -- pre-stocks, these machines throughout the different floors and areas, so that when a medication is ordered, a remote

pharmacist can review that medication, and then it's authorized to be pulled out of -- out of this machine, by the nurse. And many times, the nurses count those medications. And that way, the nurse has a, rather than an, say, an old-style where it's coming from a center of physical pharmacy within the hospital. I think that's what you're referring to with these automated systems.

SENATOR MARONEY (14TH): Okay. Yeah. I -- and again, I think that helps us just to see -- just to visualize what it would be like. I think, you know, it's not -- it's -- so it does help in terms of giving like personalized dosages for those patients, and it kind of limits contact. Is that because it's not coming from a centralized system out there, or it's been preloaded? Is that safe --

DR. GREGORY SHANGOLD: Yeah. So, just safety culture and high reliability, it's always good for doctor's orders to be reviewed by pharmacists to make sure of interactions and appropriate dosing, especially with children. And, some rural hospitals don't have on-site 24/7 pharmacists, but they might have a remote pharmacist that then can review that and then release it, and then -- and then there's that medication. And they stock them on the units for the medications that are most appropriate for that particular unit. So I think -- I think these do contribute to a safe culture within the hospitals.

SENATOR MARONEY (14TH): Great. And -- and so, you would -- then that would extend to within the nursing homes as well? You think they would help with the medications, safety, and ensuring the -- well, limiting the number of hands that touch that, which I guess limits the potential for mistakes and dosages, or contamination of some form, I guess, as we're in a high-COVID era?

DR. GREGORY SHANGOLD: I suspect so. I've not been in the nursing home. But it also provides safety,

you know, especially with controlled substances that there's specific counts, and they can easily audit who goes into those -- those bins and helps control those, while making these medications available when needed. So, I think in general, the use of them as a safety. Again, I can't speak to the specifics of how this Bill modifies the current practice.

SENATOR MARONEY (14TH): Okay, great. Thank you. Representative Rutigliano, is your hand up again? Or is that --

REP. RUTIGLIANO (123RD): Mr. Chairman, your questions prompted another question. And if you would indulge me, I'd like to ask it. He may have just answered it just now. But if somebody else needed to go first, that would be fine.

SENATOR MARONEY (14TH): No, you can proceed because I'm looking for another piece of language. I want to ask a question. [laughs] So you'll give me a second to do that.

REP. RUTIGLIANO (123RD): Doctor, while I have you here -- I may have missed the conversation with DCP earlier in the public hearing. I had a dual-meetings going on there a little bit. Are these unattended machines that you're referring to like a vending type machine?

DR. GREGORY SHANGOLD: They're really -- the ones I'm thinking of, and again, I assume what I'm thinking of is what you guys are asking now. But, for instance, in the emergency department, it's a sort of a computer with locked drawers, and they're all linked into the hospital systems. So that, when I enter an order, say I want lidocaine to suture a patient, I type in an order for lidocaine, that there's -- then goes to that -- to the dispensing machine, which is linked into there. A pharmacist has reviewed my order. And then that [crosstalk].

REP. RUTIGLIANO (123RD): Electronically reviewed your order?

DR. GREGORY SHANGOLD: What's that?

REP. RUTIGLIANO (123RD): Electronically reviewed your order?

DR. GREGORY SHANGOLD: Correct. You know, they're not sitting there on the emergency department. They are wherever they are in the hospital system. And they're saying, "Yeah, that's an appropriate medication." Or, I mean, lidocaine might not be the best example. But if I order, you know, some person's blood pressure medication, but then they'll say, "Is that the right dose?" Especially, if it's a child, like you prescribe accidentally too much. And so, then they make that medicine now releasable so that it can be taken from the machine. Now they'll call me, and they'll say, "Fix this."

REP. RUTIGLIANO (123RD): [crosstalk] to be in those machines?

DR. GREGORY SHANGOLD: What's that?

REP. RUTIGLIANO (123RD): Are pain medications, or even maybe, you know, opioids or anything like that? You know, really the stronger pain meds authorized to be in those vending machines?

DR. GREGORY SHANGOLD: They are in those machines, but there's a requirement that a nurse actually verifies the count each and every time. So every time a person goes in there -- so if there's -- if the stock say "15" and they don't overstock them, but say they look at the utilization --

REP. RUTIGLIANO (123RD): Right.

DR. GREGORY SHANGOLD: -- to say there's 15 tablets, and I order two, the nurse is going to say, "Yes, there's 13." And then there's continuous audits.

And then they can see where the count is off. So that they do identify misuse in those situations.

REP. RUTIGLIANO (123RD): All right. So just based on your professional opinion, and what you do for a living, you're comfortable with that system when it comes to those serious medications in a vending machine?

DR. GREGORY SHANGOLD: Yeah, I believe the safety measures they have -- I mean, in 18 years -- I think I can think of two nurses in the 18 years that were identified as -- and I am not aware of all of them because these are part of HR matters, but word gets around. And so, it's been relatively safe. And then when they do find these mismatches, they're able to address them.

On the other side, not having this -- these available in an emergency department that runs 24/7, when you do need medications to give out to patients, the alternative, there's sometimes a medicine not stocked that, a unique medicine, and it does impact patient care when that's not available. So I would - the safety, I believe, is there, and I think the alternatives are much worse.

REP. RUTIGLIANO (123RD): I appreciate your answers and your time, Doctor. Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you, Representative Rutigliano. And actually, I think Dr. Shangold, you just brought up a good point that, you know, hospitals have onsite pharmacies, nursing homes do not. For the -- at least, I don't believe there are any. There may be some, but at least they don't all have those. So, this would increase then the availability of medication if it were needed. It seems that it would be safe, right? Because you would only be dispensed if it were prescribed by the physician. Correct?

DR. GREGORY SHANGOLD: Again, I don't -- I can't speak to nursing home specifics. But I suspect that a physician --

SENATOR MARONEY (14TH): Yes. I --

DR. GREGORY SHANGOLD: -- their medications, and having those pharmacy review again, allows that double-check on the work.

SENATOR MARONEY (14TH): Okay. Then the other question I have - and I don't see any other hands raised - is just in regards to the portion of the Bill that looks to modify the collaborative drug therapy management agreement with the physicians. I guess one of the things is removing the 30-day -- I guess there's a requirement that every 30 days, they would have to report. And I think, from some of the testimonies, I've seen that sometimes they may not see someone in those 30 days. So they -- that would be really burdensome and necessary to report that they hadn't seen anyone. But I don't know if you've reviewed that section. And if you had any comments on that.

DR. GREGORY SHANGOLD: I have reviewed that section, Senator, specifically, so that won't be hard for me to comment on.

SENATOR MARONEY (14TH): Okay. No. I understood. So, with that, I don't see any further questions. So I just want to thank you for your time and coming before us to testify today.

DR. GREGORY SHANGOLD: No, thank you very much. Have a good day.

SENATOR MARONEY (14TH): Okay. You as well. Mr. Clerk, is Kent Owusu in?

SAMUEL CLARK: He's still in --

SENATOR MARONEY (14TH): Were we able to --

SAMUEL CLARK: He's still in. We can try again. He -- I moved him back. I moved him at the attendees. So, I'm just going to promote him again.

SENATOR MARONEY (14TH): Okay.

REP. RUTIGLIANO (123RD): I'm not there if it's for me. I'm just letting everybody know.

SENATOR MARONEY (14TH): [laughs] It's my good friend, Amazon, I believe. [laughs]

REP. RUTIGLIANO (123RD): Right. That again?

SENATOR MARONEY (14TH): Yes.

SAMUEL CLARK: All right. He's in. I do not know -- wait. Here he is.

SENATOR MARONEY (14TH): Okay.

KENT OWUSU: All right. Good morning.

SENATOR MARONEY (14TH): Yes.

KENT OWUSU: Can you hear me, okay?

SENATOR MARONEY (14TH): Good. I -- yes. Yes, I can. Yes, we can, I mean. [laughs] So, thank you.

KENT OWUSU: Thank you. Chairman, D'Agostino, and Maroney, and Ranking Members, Witkos, Rutigliano, and Distinguished Members of the General Law Committee, thank you for providing me this opportunity to provide some testimonial, which was previously shared via email communication. My name is Kent Owusu, and I'm a licensed pharmacist in the State of Connecticut, also a member of the Connecticut Society of Health-System Pharmacists.

My purpose for joining you today is to provide some verbal testimony in support of the Bill, AN ACT

CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES, specifically as you highlighted, Senator, that 30-day reporting back requirement for the collaborative practice agreement.

In my current role, I care for patients with neurocritical illness, including patients with acute ischemic stroke, epilepsy, status epilepticus, among other neurocritical care disorders. And oftentimes, I collaborate with providers, including physicians, advanced practice providers, and nurses, to care for patients with neurological illness. Pharmacotherapy, as you would agree, is integral to the clinical management of these patients in this setting, and it ultimately drives outcomes related to care.

The Bill as proposed does not change the pharmacist's scope of practice. Rather it eliminates the need for an outdated administrative burden for pharmacists, physicians and advanced practice providers who engage in this agreement that was created price availability of shared electronic medical records.

It also provides clarification that a written protocol within the CDTM may include the guideline directed management. So essentially, we are hoping that, with your consideration for moving this 30-day requirement, we will maintain the pace with technology.

Limitations of this requirement is incongruent with clinical practice, and it's not considering patient-specific factors usually incorporated within the care plans for our patients.

In order to improve care for our patients, and also place in safety as a priority, we should strive to improve the current collaborative drug therapy management processes by removing this need for this 30-day reporting back requirement. And then really place the focus and efforts by clinicians to

patients, but also ensuring that monitoring plans are tailored to the patient's specific needs.

I think you highlighted a critical point earlier in your discussion with the prior physician that, most patients may not be seeing within this time period, so it only provides additional work without any clear benefit. And for these reasons, I hope that you guys will consider supporting this Bill. Thank you.

SENATOR MARONEY (14TH): Thank you very much, and I see, on your jacket, you have the PharmD, so Dr. Owusu, for your testimony. I'm going to see if there are any other questions. I do have some questions, but I like to let other people go first. So, I don't need to ask them if someone else asks the question.

REP. RUTIGLIANO (123RD): I must say, Mr. Chairman, it was a little difficult to understand the good doctor. But I'm guessing he supports the Bill based on his written testimony. Is that true?

SENATOR MARONEY (14TH): Yes. In support of the Bill --

REP. RUTIGLIANO (123RD): The changes in the Bill.

SENATOR MARONEY (14TH): And the changes, correct. So Dr. Owusu, can you just said, you know, the guideline directed management. Can you explain what that is? Right? And then, another thing, if you could explain -- well, I'll give you one question at a time. [laughs] I apologize. Just for our own benefit. I take that and help us, since most of us are non-medical professionals on this Committee.

KENT OWUSU: Absolutely, happy to. So, a typical patient that a clinician may see, so in my setting, I see patients with epilepsy, while other pharmacists might see patients with hypertension. Patients follow-up monitoring is going to be based

on patient-specific factors. So, for example, if the patient is controlled with respect to pharmacotherapy, for an indication like hypertension, the guidelines do not recommend follow-up within 30 days in some instances.

A typical follow-up monitoring for a patient that's stable could be between three to six months. If there's a requirement to provide reporting back to a provider within 30 days, first, it provides the burden on the patient, but also additional financial implications that may not be intended. For patients with epilepsy, for instance, a 30-day monitoring period, it's not critical, and it's not usual. That's part of the care for patients who are stabilized on outpatient pharmacotherapy. So, I hope I was able to provide some examples on typical clinical scenarios that are guideline-based expeditions.

SENATOR MARONEY (14TH): Yes. Now, one of the things that I've heard is that, you know, making these changes would allow, I guess, pharmacists to more to -- practice more fully and, I guess, to their training. Can you elaborate on that? On how the -- the current restrictions are? I guess this is one example where you're not. But are there other examples of how the current arrangement doesn't allow you to practice within the full scope of what you've been trained to do?

KENT OWUSU: Absolutely. It appears that initially, the requirement for this 30-day reporting was in the absence of consistent transparency within the electronic medical records. Currently, this Bill limits the number of patients that a pharmacist may be able to see. So, if there's a requirement to provide inherent volume related to reporting, we perhaps may not actually be able to see the number of patients that we may ultimately be able to see in collaboration with that physician. I think the limitations with this Bill basically impede the collaborative practice agreements that most

clinicians desire to participate in with pharmacists, and limit the ability for us to actually execute [inaudible].

SENATOR MARONEY (14TH): Thank you very much. Are there any other questions? I don't see any. So, Dr. Owusu, thank you for your testimony. And I guess you can go back to work now. It looks like you're in front of the -- [laughs] in front of the hospital. So, thank you for taking the time out of your day to testify.

KENT OWUSU: Thank you so much for having me. And I appreciate your time.

SENATOR MARONEY (14TH): Okay. Mr. Clerk, next is Nancy Libin.

SAMUEL CLARK: I'm bringing her in. She should be in now.

NANCY LIBIN: Great.

SENATOR MARONEY (14TH): All right. Ms. Libin, are you -- are you in the room?

NANCY LIBIN: I am here. Yes.

SENATOR MARONEY (14TH): Okay. Please --

NANCY LIBIN: Thank you.

SENATOR MARONEY (14TH): Please proceed with your testimony. Thank you for joining us today.

NANCY LIBIN: Thank you. Thank you. Thank you. And good morning, Chairman Maroney, Chairman D'Agostino and Distinguished Members of the Committee. Thanks for the opportunity to testify today. My name is Nancy Libin. I'm a partner at the law firm of Davis Wright Tremaine, where I lead the privacy and security practice. I was previously the Chief Privacy Officer of the Department of

Justice during the Obama Administration, and served as DOJ's Representative to an Obama White House task force that developed a framework for consumer data privacy in the 21st century. And before that, I was Counsel to then Senator Joe Biden when he was a Senator on the Senate Judiciary Committee, where I advised him on privacy and data security issues. My views today are informed by that experience.

I'm here today on behalf of NECTA. This is an issue that's important to our members who work very hard to protect their customers' privacy, and they have a very strong record of doing so. We, therefore, commend the Committee for addressing this very important issue.

As a general matter, online privacy is an interstate and, therefore, federal issue that is best addressed by Congress. And for this reason, our members have long supported, comprehensive federal privacy legislation that would apply uniformly to all companies and all consumers across the country in the same manner. There is bipartisan support in Congress for federal legislation with consensus around most issues. And we're optimistic that the incoming Biden administration supported by a Congress under denim credit control can enact such legislation. Indeed, federal privacy legislation is more needed now than ever.

Since California passed its omnibus law, several years ago, a patchwork of state legislative proposals with conflicting obligations has been emerging. And if passed, these proposals could increase compliance challenges and costs for thousands of companies, and create confusion for consumers and businesses alike.

NECTA members strongly prefer federal privacy legislation. But should Connecticut decide to enact a consumer privacy law, SB 893 is the right approach. Even though this Bill would, in some respects, be problematic for businesses. For

instance, it requires opt-in consent for all processing of sensitive data, personal data, and requires companies to conduct internal assessments of a wider range of activity, than even the California law. These assessments would be available to the Connecticut Attorney General. And it requires businesses to monitor the compliance of vendors in certain circumstances.

And finally, the penalties in this Bill are stiff. But, as consumer advocate said of the identical Bill in Virginia, there is a lot to like about SB 893. It gives Connecticut consumers strong baseline privacy protections that they don't currently have, including the right to access, delete corrupt and port their personal data. Gives consumers the right to opt-out of the sale of their personal data, the use of their data for targeted advertising and profiling. And in this way, the Bill is balanced, focusing on privacy harms to consumers while allowing businesses to use data in ways that consumers demand and expect.

And because it mirrors the recently passed Virginia Privacy Bill and borrows from the European Union's general data protection regulation, it is compatible with the existing frameworks, making compliance more manageable and providing consumers with predictability.

And finally, as mentioned before, the Bill is backed by very strong penalties of up to $7,500 dollars per violation. That's triple the baseline civil penalty under the CCPA. And as I -- I noted at the outset, NECTA strongly prefers federal privacy legislation that would harmonize company's obligations, and consumer's rights across the country. Variety of inconsistent state laws will make compliance, impossible, undermining the very protection that privacy laws seek to provide.

Each new state law that differs from others, even in seemingly modest ways, can require businesses to

make a host of internal changes and renegotiate contracts with every service provider and third party with whom they share data. In this regard, SB 893, the approach of looking to Virginia, is better than what other states have done. And looking to California, which is not a model for success. The California Bill is not a model for success.

States that have tried to copy that approach have not been --

SAMUEL CLARK: Excuse me, Ms. Libin, you're at the three-minute marker.

NANCY LIBIN: Oh, I apologize. May I have another 30 seconds to talk about --

SENATOR MARONEY (14TH): Yes.

NANCY LIBIN: Thank you. Apologize.

SENATOR MARONEY (14TH): Yup. Please summarize. Thank you.

NANCY LIBIN: Sure. So, although we would typically advocate against a new state privacy law, this Bill is at least balanced and interoperable with existing laws. Provide strong protections which does caution that, all of that could be undone by any amendments that undermine that careful balance that the Bill currently strikes. Thank you very much for the opportunity to appear here today. I'd be happy to take any questions.

SENATOR MARONEY (14TH): Great. Thank you, Ms. Libin. I see that Representative Cheeseman has her hand raised, and then followed by Senator Kissel.

REP. CHEESEMAN (37TH): Thank you, Chairman Maroney. Good to see you again, Nancy. Obviously, you have a lot of experience both in your current position, and with your work before at the federal level, including with, now, President Biden. I think in

your testimony, you said you were optimistic that we may see some federal level legislation this year coming out of Washington, and the importance, you know, given the, you know, in fact, global scope of this, and certainly the national scope of this issue. How optimistic are you? And are we best placed to, you know, sort of hold our fire until there is a federal standard?

NANCY LIBIN: I'll start by answering the second question first, and then, yes, I think that federal legislation is preferable for all the reasons I said about the ability of companies to ensure that they can put in place compliance programs that are going to meet their obligations and protect consumers uniformly.

The reason that we're optimistic is because there was a tremendous progress made during a Republican-controlled Senate during the last Congress, which bodes well, for getting a Bill across the finish line this year, with Congress and the White House, under Democratic control.

I would also, add, I think there is sensitivity as well in Congress. You mentioned, Representative, that the global, you know, imperative to address these issues. I think that it's recognized too, that is an international trade issue. Data flows are incredibly important, and having in place comprehensive federal privacy legislation is critical to ensuring the cross-border data transfers that are so critical to international trade. And I know that Congress is aware of that as well.

Several proposals emerged in the last Congress, and we'll see some of those return this year as vehicles in the new Congress, introduced by Members of Congress who are still in critical leadership positions in the relevant Committees.

Some of the proposals are very similar. All of them provide a coherent framework that would apply

broadly and uniformly. They'd be enforced by the Federal Trade Commission, as well as State Attorney Generals, to respond to some of the concerns voiced earlier about the role of state attorneys general, and ensuring that they have a role to play in enforcement. The federal legislation would provide for that as well.

Notably, none of the proposals adopts the approach that California is taking. So, I do want to emphasize that that is definitely a framework that people are not looking to as a path to success. Some of these Bills have bi-partisan support. And as I mentioned, there is consensus around a host of issues, including the rights that consumers should have to access, delete, correct, and import their data requirements for opt-in consent to transfer or process certain types of data carve-outs for de-identify data distinguishing between service providers and third parties, acquiring reasonable data security and so forth.

I think that one of the reasons, in addition, there's reason to believe, or it'd be optimistic this year; tech regulation is high on the agenda of issues to be addressed by the incoming Congress. There's bipartisan support, as I said, for this issue.

And finally, President Biden is a deal maker at heart. He is not an ideologue. He is somebody who is very, you know, he's a creature of the Senate who will get involved to get legislation over the finish line. And he's not somebody who will let the perfect be the enemy of the good. He'll want to get things done. So, for all of those reasons, we're optimistic that something will happen.

REP. CHEESEMAN (37TH): Okay. Thank you. And can we say, it certainly, as from your point of view, to quote you SB 893, it may not be perfect from your point of view or perhaps from, you know, the point of view of data privacy hawks, but it is pretty

good. And because it appears, again to model closely, the Virginia approach, you could -- this is something with which you could live while we're waiting for that federal-level regulation.

NANCY LIBIN: Yes. Provided that it remains written as drafted today. Yes. Any amendments, as I said, even modest ones, can throw the careful balance out of line.

REP. CHEESEMAN (37TH): And obviously, this is -- I've worked for the Committee. I've seen some real concerns voiced by the Connecticut Hospital Association and some of the other entities. But that will play out later. All right. Well, thank you for your answers.

NANCY LIBIN: Thank you.

REP. CHEESEMAN (37TH): Good to see you again today.

NANCY LIBIN: You as well.

REP. CHEESEMAN (37TH): And thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you, Representative Cheeseman. Senator Kessel, followed by Representative Rutigliano.

SENATOR KISSEL (7TH): Thank you, Mr. Chairman. Did you have an opportunity to listen to Nicole Lake and Michele Lucan's testimony earlier? Because they had some suggestions for changes to the Bill. And you said you support the Bill, but you oppose any little changes.

NANCY LIBIN: That's correct. I did hear their testimony. And, the reason we support the Bill as is without further changes, is because we know how difficult it is to strike the balance that this Bill so carefully strikes. And I think you can look to -- looking at the Virginia Bill, which is a few steps ahead of this one. Virginia, like, you know,

Connecticut, it takes an approach to privacy regulation that focuses on potential harms to consumers while putting the least amount of disruption on businesses so that they can continue to provide their services, and develop new ones.

The Virginia Bill got a claim from -- received a claim from privacy advocates that -- who called it a Bill about which -- and the quote was "there's a lot to like" and you can apply that, you know, to this Bill too. It's like, an identical Bill. I think that says a lot that you've got consumer advocates and industry coming together and saying that, "We can live with this Bill. It provides really meaningful protections that consumers don't have."

If this changes, even in some seemingly modest ways, they can -- those changes can have serious impacts on the balanced Bill strikes and business operations. So I'll give you one example. There was a suggestion that the Bill provide for opt-in consent, a blank and opt-in consent requirement to shift the burden. We, and others think that that is not a good approach. The reason for that is, I think it's tempting to think of opt-in consent across the board is a panacea or the best means to protect consumers, but even experienced privacy regulators, like the Federal Trade Commission during the Obama Administration, looked at that issue, and determined that a more nuanced approach was better.

What the FTC came up with after spending several years of working with stakeholders and conducting workshops, and talking to consumer advocates and academics, was a framework that takes -- develops a spectrum of consent. Allows consent to be inferred in some instances with the right to opt-out and requires opt-in consent. In other instances. And it adopted a framework very similar actually to the way Bill approaches the issue.

It required opt-in consent for certain uses of sensitive data, which this Bill does, while allowing

consent to be inferred with an opt-out right, for uses of non-sensitive data, which this Bill does. And it also determined that businesses should get opt-in consent to use consumer's data in materially different ways than was represented to them when the data was collected. Again, this Bill does that as well.

You know, it even goes beyond this Bill goes beyond what California did in providing protections to consumers. In this Bill requires opt-in consent for processing sensitive data, any kind of processing of sensitive data, whereas the California Bill, only the new CPRA requires opt-in consent when sensitive data is used for certain purposes. So, you know, I think that, using that is one example.

And just referencing, Senator Maroney, mentioned the target example of the father discovering his daughter's pregnancy because of coupons received in the mail. This Bill would address that. This Bill, as written, would require opt-in consent for the use of sensitive data, like a medical condition, to be used for advertising. And so, you know, I think this Bill would prevent the kind of harm that Senator Maroney referred to earlier. And that is the cause of concern.

SENATOR KISSEL (7TH): And I just have one-second question. And this is going to prove my ignorance. You stated that you work for a law firm. But, are you representing a certain organization and speaking here today?

NANCY LIBIN: Yes. Apologies, if I wasn't clear. I'm a lawyer at a law firm, but I'm here on behalf of the New England Cable and Television [sic] Association, NECTA.

SENATOR KISSEL (7TH): Okay. Thank you. Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you, Senator Kissel. Representative Rutigliano.

REP. RUTIGLIANO (123RD): Thank you, Mr. Chairman. Good afternoon, Madam. Good morning, really. I just have a quick question at that. When you were testifying, when you were reading your testimony, right near the end, you said that "don't do the California Bill," and then we sort of hit the clock. If we could just go once again, why we don't want to pass the California Bill? Because for some of us who are maybe learning about the topic, there's been this Bill, and then there's the one that looks at California and then talk about why we don't want to California. So if you could just go over that, or finish your thought, that would be great. Thank you.

NANCY LIBIN: Sure. Absolutely. Thanks for the question. Well, the California Bill has been a -- it's still in -- it's still evolving. And I think that speaks to how poorly thought out it was when it was initially introduced, and passed two years ago. It was almost immediately amended upon passage, even 20 Democratic -- California Democratic Senators and Congressmen -- Congresspeople wrote a letter as soon as the Bill was passed and said, "We need to amend this. We got some of these issues wrong." It's been amended twice.

The California Attorney General has had several, multiple noticing comment periods to develop the underlying regulations, which are still changing and making it absolutely impossible for businesses to finalize compliance programs. And I know from my personal practice and working with companies to help them comply with that law, that there is so much in the way of prescriptive requirements that they have to do -- companies have to do a lot of things -- make technical changes to their business processes that don't provide any material benefit to consumers in the way of privacy protection. But just create a lot of noise in the system, require consumers to

read a lot more -- get a lot more notices that provide the same information over and over, for instance, but don't particularly advance the goal of consumer protection.

Whereas, this approach, which is more like the -- frankly, the European approach, is a more holistic approach based on good data governance, just good data practices. Requiring data protection assessments means that business -- which California, the CCPA did not require. This approach requires companies to look internally, put processes in place, and develop good practices for handling consumer data and protecting that data, identifying risks proactively, putting in place processes to mitigate those risks, to prevent harms from happening in the first place. It's just a smarter approach that I think avoids a lot of the unintended consequences that California had.

I think that California was written so quickly, a lot of people took that off the shelf, and repurposed it without waiting for -- to see how the amendment process would evolve. And realizing that that Bill was drafted so quickly, it just wasn't fully baked at the time.

REP. RUTIGLIANO (123RD): So would you say, Madam, that the other Bill on our agenda today, the SB 156, is closer to the California one compared to the one that you're endorsing 895? Are you familiar with the other Bill on the agenda today?

NANCY LIBIN: So I am familiar with the Senator Duff's Bill which, it was very abbreviated, the version I saw, so I've not. If there is a new version of it, I have not seen the newer version.

REP. RUTIGLIANO (123RD): I appreciate your time and your answers. Thank you. Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you, Representative Rutigliano. Yeah. And the other Bill is a subject

matter public hearing, so it's a concept that hasn't been fully drafted yet. So that's, I believe, SB 156. But Representative Winkler.

REP. WINKLER (56TH): Yes. Thank you for your testimony. So, Comcast, I call up Comcast and say, "I don't want them to collect data on me." They make a mistake in coding, and they sell my information, and I'm getting advertisements for all sorts of things hooked into the TV show I have been watching. And when I complain - if I understand it correctly, under this Bill, the Bill that you endorsed - I would not have a private right of action. Is that correct?

NANCY LIBIN: That's correct.

REP. WINKLER (56TH): And what is, you know, the Attorney General, isn't going to care. I'm the only one that's going to be upset. From what I understand, the Attorney General has the only cause of action?

NANCY LIBIN: The Attorney General has a cause of action -- has the enforcement authority under the Bill. I think there are advantages to the way the enforcement mechanism is constructed under this Bill. It gives the Attorney General the right to obtain those data protection impact assessments, that I mentioned earlier, that companies are required to conduct and document. And this, coupled with the right to cure, should allow the Attorney General in an investigation like that. So if you, for instance, were to call up and say that you had this issue, the Attorney General could use that opportunity to either write a letter giving them the opportunity to cure the violation, or obtain the data protection assessment if they open an investigation, and look at the processes in place to determine whether there was anything that indicated a violation of the statute.

The penalties under this statute, as I mentioned, are much larger. They're triple the baseline civil penalty under the California statute. And in that respect, provide serious deterrence to companies as they go about trying to comply with the law, ensuring that they're in compliance. Even legislatures that have been very forward-leaning in providing greater consumer privacy protection. Like, California declined to provide the kind of broad private rights of action that can lead to, you know, meritless lawsuits. Not saying that in your case, that would be a meritless lawsuit. But just speaking generally about the incentives, putting incentives in the right place. We think that the incentives in this Bill are strongly geared toward providing consumers a great protection backed by the threat of a $7,500 dollar per violation penalty, if they don't.

REP. WINKLER (56TH): Before I continue with my questions, are you saying that there is no private right of action under the California Bill?

NANCY LIBIN: There is only for data breaches. So, if there's a data breach that results in the disclosure of a certain category of information, and that breach was caused by a company's failure to have adequate security in place, in that case, consumer could bring a private right of action -- has a private right of action. Otherwise, no, it's only the California Attorney General who has the enforcement, authority.

REP. WINKLER (56TH): Right. Would it be fair to say, given the limitations on the Attorney General's Office, that massive data breaches would be something that they would be interested in, but an individual who was accidentally miscoded we'll say, or whose data was, I don't know, breached because somebody copied it and took it out of the building. Those people would have no recourse. The Attorney General's Office isn't going to pick up individual

human beings. They're not like the Department of Consumer Protection or anything.

NANCY LIBIN: Well, I mean, I think that goes back to the right to cure it and I'll refer to something that the Attorney General of California said about the right to cure under the CCPA. And that is that, the ability to write a letter to accompany and complain about evidence of a violation or a complaint that they've received about a violation had a tremendous impact on getting companies to act quickly to solve problems within the 30 day period. And if the objective here is to remedy the harm and to fix the violation, that is a very efficient way of doing that. Getting the Attorney General to write a letter without having to expend the resources of opening up an entire investigation. The right to cure gives them a tool with minimal -- to use with minimal resources, that can be very effective.

REP. WINKLER (56TH): Thank you. Thank you, Mr. Chair.

SENATOR MARONEY (14TH): Thank you, Representatively Winkler. Are there any other questions? If not, I'll proceed with my questions. I don't see any hands raised. So I -- Ms. Libin, I just want to start by following up on Representative Winkler's question. So, let's say, now, without having the Bill in effect, does an individual have any recourse if their data has been used in an inappropriate manner?

NANCY LIBIN: Yeah. Today the -- a company's privacy policy communicates to consumers and represents how companies collect data, what they collect, for what purpose, how they use it, with whom they share it, and what the consumers rights may be, that they are willing to offer. If a company uses data in a way that contradicts the representations that they've made in their privacy policy, state Attorney General under The Unfair And

Deceptive Acts And Practices Act, the Consumer Protection Act could bring an action against a company for misrepresenting its privacy practices, as they'd been disclosed to consumers. Bring a consumer protection action against a company for that. As could the federal trade commission do the same, bring an action against a company for violating the promises maintaining its privacy policy.

The federal trade commission takes a similar approach. They don't open a formal investigation into every complaint they receive about a potential violation, but they do a lot of investigating and working with companies to help bring them into clients, if they receive information that a company is out of compliance. If there -- if it looks like there's something nefarious, if a company is being careless or worse, then that's a different story. And they would bring an investigation and bring the full weight of the agency behind an investigation.

SENATOR MARONEY (14TH): Thank you. I want to go back and -- you know, we -- you just talked about the right to cure. And now it's one thing that the Attorney General's Office had testified about was that, in some ways, that could become burdensome for them with their notification, and it may inhibit enforcement. Can you speak to that? So again, you had said that, you know, you would, I guess, are endorsed the legislation as it's written, but, of course, respect the right to object with any changes that are made, and being that that is one change that was recommended. Can you comment on that?

NANCY LIBIN: Sure. I think, if the objective is to protect consumers, the greatest number of consumers, I think that having the right to cure is the most efficient and fair way to do that. It's efficient because the Attorney General can put company on notice of a violation without opening up a formal investigation and expending resources. Again it's the same approach the FTC takes. And because they

can trigger that right to cure with a simple letter which can be sent to numerous companies at once, this approach has the potential to affect a large number of consumers, and provide meaningful protections to them in a very short period of time. Consumers have 30 days to come into compliance.

If a company has not paid attention to privacy, and has not put in place an internal compliance program, that will be very apparent within 30 days. There is no way a company will be able to get its house in order. These privacy compliance programs take months and months to put in place. So, that will be very apparent. And if they fail to come into compliance, the Attorney General can bring an enforcement action and seek these steep penalties that the Bill provides.

It really, as the California Attorney General testified before Congress last fall, it really acts as a force multiplier for the Attorney General, and it gives them a tool that they don't have when they are forced to rely on the rather cumbersome enforcement infrastructure that they'd have to galvanized into action otherwise.

SENATOR MARONEY (14TH): Thank you. The other thing, you testified about this Bill taking a balanced approach. Could you give us some examples, I guess, of an unbalanced approach?

NANCY LIBIN: Yes. I think a Bill like the California Bill in an unbalanced approach. The California Bill is very prescriptive, and it seeks to protect consumers through a sort of a web of notices and links on company's websites. And it provides overbroad definitions of certain things like personal data that don't allow for the beneficial uses of information that are essential to enabling consumers to get what they want in the marketplace while being protected.

And just to give you one example of that, I'll give an example of what was corrected in the CPRA, the subsequent California law that's now going into effect. The definition of personal data in the initial version of the CCPA is extremely broad, and captures virtually, it almost captures every, virtually everything. If it's any data that can be associated with a specific individual. That really could be anything.

And it defined de-identified data as the inverse of that. Any data that doesn't meet this definition, failed to provide sufficient clarity, the subsequent iteration of that Bill, the CPRA define that more clearly, and in a way that now allows companies to confidently use de-identified information in a way that they know will be in compliance with the law. And will also be able -- will also allow them to develop new services, and do the kind of internal operations that they would like to do without triggering compliance with the law.

SENATOR MARONEY (14TH): Thank you. And, I guess, you know, one of the things that's critical is definitions, right? And so, you just kind of started going over the definitions.

The other thing, you know, we talk about, I guess, in terms of what entities are covered by this, and the Attorney General had testified to the fact that, you know, this Bill provides carve-outs for entities rather than information. Is it -- I guess, can you comment on that issue? And how we would -- recommendations on if it's possible to just carve out, again, the data or the information, rather than giving an exemption to entities who utilize that information? Because I think then the unintended consequence would be other information that they collect. It may not be, you know, that we wanted to carve out, may then, they may be exempt from.

NANCY LIBIN: Yes. So I, and I'm not entirely sure whether the issue there was that the Bill carves

out, for instance, certain entities that are regulated by HIPAA, the health privacy law, or the financial services privacy law. If that's the case, that is the approach the Bill takes. It carves out certain entities that are regulated under other laws that cover sector-specific -- that are sector-specific privacy laws. I think that's the right approach because those laws that govern, for instance, healthcare providers and covered entities under the federal health privacy law, that health privacy law, that is the, that's the subject of the carve-out, regulates the entity as well as the information.

And if the information goes to a different entity, the regulation focuses on the entity, not always the information in those instances. I don't know if that's very clear cause I wasn't entirely clear what the concern was about following the data, not the, regulating the entities and not the data. I think, generally, putting aside the carve-outs for sector-specific types of information, generally, I think it is best to regulate the data and not different entities depending on what kind of entity it is.

SENATOR MARONEY (14TH): Okay.

NANCY LIBIN: Yeah, I think -- and you do that. You focus on sensitive data, and treat that differently than non-sensitive data. And I think, that's the right place.

SENATOR MARONEY (14TH): Okay. Thank you. The other thing is, interoperability. I think you've mentioned that, and we don't want necessarily a patchwork of different state regulations with different definitions. I think, one thing we've seen is, just what a business is called is different from state to state, right? Covered entity, business, controller, they all essentially be the same thing. But, how do we ensure that as, you know, it's likely that other states will come up with legislation, there are definitions, and the

Bill stayed, you know, I mean, we look -- we're looking now with the places that have passed to try to as best as possible align our definitions. But of course, you know, we can't see into the future. So, is there a mechanism that we can put in place to help ensure interoperability going forward?

NANCY LIBIN: Well, I think the approach you take, which is modeled obviously after Virginia, which internally was modeled after, in large part, the European regulation, is a very good approach. It is that the European regulation touched so many US businesses that target consumers in the EU. That it is something that people are familiar with. And, I think is flexible enough to be, you know, adapted as laws that might be slightly, take a slightly different approach come up. But I think that controller, processor definitions are the most useful and flexible.

SENATOR MARONEY (14TH): And then just to -- can you give us examples of controller, processor and third party, what they may be? Just, I think it's, for me, I like having, well, I'm a visual. I'm not going to necessarily see that. But I see, having specific examples makes it more clear.

NANCY LIBIN: Yeah, sure. A controller is an entity that, and by definition, decides the purpose and means of processing. That means that, it controls the data and decides what it wants to do with the data, and how that should be accomplished.

So if, for instance, you have a company that wants to market to its consumers, and it wants to, you know, target them based on their demographic profiles. It -- that company is acting as a controller and making that determination what to do with that data, how did, how did it get that done. It then would go to a processor that is in the business of providing services, marketing services. It's a service provider or a vendor. And that processor would say, "Yes, this is the service we

offer is to take data and, you know, create these demographic profiles. So you can target consumers based on that." In that case, that entity would be a processor.

Now, if that entity were able to use that data for other purposes - and I'm borrowing a little bit of a, kind of, you know, idea from the California law here, which defines third parties in the same way, then that entity is no longer a processor, but a third third-party. So, they're not just following the controller's instructions anymore. They're using that data for their own purposes as well. And, if they do that, then they fall out of that definition of a processor. If they, that the processor's obligations are defined by contract with the controller. And if they deviate from that and use data for other purposes, then they're a third party.

SENATOR MARONEY (14TH): Okay. Now so, in California, I believe, they define, you know, who come under the auspices of their Bill by 50,000, right, uses or controls 50,000 pieces of data in a year. Whereas, in Virginia, the federal, the proposed COPRA, and our Bill are 100,000. Can you give an example of what it would take? And specifically, what it would mean to like, as it's defined in here, how you would reach that piece of, you know, controlling the information a 100,000 consumers?

NANCY LIBIN: Yes. So, I mean, that is -- there are a number of ways you could reach that mark. A, think of a small coffee shop that would have to have 100,000 unique Connecticut consumers in a year to trigger that threshold. If, and unique. It would have to be unique customers, right? So you ever, returned customers would not trigger the 100,000 threshold.

For companies that do business online, it's a little bit trickier. Because if, an IP address is personal

data, because it can be linked to a specific person or device, namely the computer from which the person accesses a website. A unique IP addresses could add up quickly. So, you know, 275 hits on a website a day from unique Connecticut consumers could over time, each day have to be new people each day – could trigger that threshold. I think it would take a while to reach that.

And I think, you know, the Bill is wisely drafted, and doubling the number in the original California law. So, I think that there, you know -- this should protect small businesses and allow them to grow. Give them a chance to grow before triggering a loan.

SENATOR MARONEY (14TH): And so, let's use that small coffee shop as an example. And let's say that they are doing their advertising on Facebook, right? That, in that example, I would assume they're not a controller because it's, they don't, you know, they're just, you know, whether they're doing a sponsored post or some other ad to try to drive people directly to their business, versus, I guess, they wouldn't be controlling the information less, the person clicked from their ad and went to their website. Is that --

NANCY LIBIN: Well, they are controller just by virtue. So, in order to advertise on Facebook, they would probably put a Facebook Pixel on their website, which collects information about visitors, and then shows those visitors ads when they go to their Facebook page for that coffee shop. And so, by virtue of doing that, putting the Facebook Pixel on their -- the coffee shop website, allowing that data to be collected and shared with Facebook, for retargeting, they would be a controller.

SENATOR MARONEY (14TH): Okay.

NANCY LIBIN: But if they're not getting a hundred thousand unique hits a year, they're not going to trigger the launch until we get up to that point.

SENATOR MARONEY (14TH): And so, they would have to be unique. So if I go once a month or whatever, I'm not 12, and I'm just the one.

NANCY LIBIN: Right. It's not, yeah, exactly. The same person going over and over again should not trigger this. That's not how I read it.

SENATOR MARONEY (14TH): Okay, great. So I guess that -- again, we're trying to strike the balance between protecting consumers, right, and not inadvertently overburdening small businesses. And I think that that's what we want to make sure that we're not dragging in a small coffee shop that is now going to have a high cost of compliance inadvertently.

NANCY LIBIN: Right. And doing the data protection assessments would be a huge burden for them, for sure.

SENATOR MARONEY (14TH): Correct. And a data privacy officer would be --

NANCY LIBIN: Right.

SENATOR MARONEY (14TH): -- unnecessary, I think, for that size. So, okay. Trying to look through some of the other -- trying to think of other questions that I may have missed. I think one question is, I understand that Virginia is -- they're going to have a working group to look at their Bill and potentially make changes. And we do look at the same as pushing it out, you know, the date this would go on effect until January 1 of 2023. Would you recommend we take a similar approach and develop a working group? And if so, who -- would you have recommendations for who should consist that working group?

NANCY LIBIN: Well, I think, if you do a working group, I think it should be obviously be balanced. And I look again to, I mentioned, the FTC's approach earlier, and the approach it took to developing its privacy framework, and it had Representatives from industry, and from consumer advocates, and from government and academics, as well as part of that process to really get a 360 view of the issues and how it would impact the various constituents. So I think it's -- that would be the approach to take.

SENATOR MARONEY (14TH): And then I think I'll ask the same question I had because we had passed legislation -- well, the House passed, it hasn't gone before the Senate yet, to provide a tax credit for data processing facilities in the state. How would they be encompassed by this Bill? And again, we're -- we don't want to send one signal that "we're open to you" and another that "we're, you know, we want to overburden you." So just making sure that we're striking that correct balance.

NANCY LIBIN: Right. So, I think, and it's hard to say, as you can see, the determination about whether a company is a controller or a processor is really fact-specific. And it's really going to depend on what is going on and what they're -- what the activities they're engaging in are. And you can be a --, and I assume this is the same as under the European statute -- or the European law. You can be a controller for some purposes and a processor for others. So you can slip into that new role with respect to the various activities that you're engaging it.

So let's assume that those databases -- that those data centers are processors, and that's all they're doing. Their obligations are -- would be governed in large part by the agreements in place with the controllers who do business with them, and so that would be separate from the statute would just require them to adhere to the agreements they enter

into, and a few other things to assist the controllers in responding to requests for access to data and so forth. Again, these are things that -- if they're large companies that are going to establish data centers in Connecticut. They're going to be familiar with these kinds of obligations already. As, under the GDPR, they've already got to do that.

So the one thing I would say is that there is a requirement in the Bill that controllers exercise, reasonable oversight to monitor the compliance of processors with certain obligations, with respect to the use of their processing of pseudonymous data, that is something that is different. I mean, it's -- it definitely puts more restriction on data processing, than we've seen another Bills. And, you know, I don't know how that would work out, but that is something that processors might not have -- might not have to face in other jurisdictions that they would have to face there.

SENATOR MARONEY (14TH): Thank you. And then I do have another question. I'm obviously, still trying to fully comprehend the difference between controller, processor, or third party. And coming back, I think I have it a little bit, but I'm going to use myself as an example. Again, so if, in my business, one service is, you know, people send us data about their clients, and we send them back a report. So, as long as I'm not doing anything else with that data, I'm just sending it back to them as a report. I am a processor.

NANCY LIBIN: Correct.

SENATOR MARONEY (14TH): Is that correct? Now, in some instances, they may send someone to my website -- send their client directly to my website, and to the information, to get that report, in which case they may get, as we've talked about, a Pixel so that we could use -- advertise to them around it. So, in

that case, I would be a third party. Is that, or is that unclear?

NANCY LIBIN: That's unclear. I mean, it depends on that relationship. If this is somebody you have no idea -- if your website just collects data through the Facebook pixel to share with Facebook for advertising, whoever goes on the website, could be me, even if I don't have a relationship with any of your clients or whomever, you're acting as a controller in that case. And maybe Facebook is too. It just really depends on, you know, how Facebook is able to use that data, what their restrictions are, if any, on the use of that secondary use of that data, or if they're only using it to advertise your services to Facebook users.

SENATOR MARONEY (14TH): Okay. Thank you. And Representative Winkler, I see -- is your hand up for another question, or that's from --? Okay. All right. And, I think that is all that I have. I'm going to see if anyone else has a question. I don't see any other hands raised. So, with that, thank you very much for your time, and for your testimony today.

NANCY LIBIN: Thank you very much.

SENATOR MARONEY (14TH): Okay. All right. Mr. Clerk, next is --

SAMUEL CLARK: Next --

SENATOR MARONEY (14TH): -- Jody Fenelon.

SAMUEL CLARK: So Jody Fenelon is not in yet. I don't see her. So, we can just move to Sharon Joslin.

SENATOR MARONEY (14TH): Okay. That would be great.

SAMUEL CLARK: She's coming in now.

SHARON JOSLIN: Good afternoon. Sharon Joslin. Well, let me start my video. It just appeared. Thank you very much. Hi, and good afternoon.

SENATOR MARONEY (14TH): Good afternoon Ms. Joslin. Thank you for coming to testify.

SHARON JOSLIN: Well, I thank you for having me. And, I really want to thank the entire Committee for listening to our information today about changing the statutes of the Senate Bill 895, to allow changes in pharmacy statues. I work as the clinical director under Dr. Frederick Altice, who will be speaking next.

I'm an APRN and a family nurse practitioner, and I also treat substance abuse addiction, and I treat general medical problems in mothers and babies. We provide a medical service that reaches out into the inner cities, generally, mostly in New Haven. And we work a lot with the New Haven Department of Health, Department of protective -- of Emergency Services to try to help bring together all our services to generally help the persons suffering from substance disorder.

My department is in the department of infectious diseases, and HIV and AIDS and hepatitis C. And I treat quite a bit of that. So we've seen it on firsthand basis. And we are in the community out on the roads. And we also have an office site as well. And we really are talking -- trying to assist our clients with access to the sterile stream supplies that we know has demonstrated for years in the HIV and hepatitis C literature to reduce transmission of infectious diseases, which is on the rise in Connecticut. As well as the opioid addiction. As well as fentanyl use. And as well as problems associated with those in treatment.

But we have noticed that sterile syringes decrease because people do not share the syringe or the device or the needle. So we're in the midst of this

barrel volatile opioid epidemic, and a large number of people who are injecting drugs in our state or snorting, as we have seen increasing recently, especially with cocaine laced with fentanyl.

Clients can only obtain these syringes from our syringe service program, which is a part, there's about a ten in the State of Connecticut, which we are so grateful for having, because it allows us to distribute syringe services under the Department of Public Health and Addiction Services and HIV prevention, specifically program.

And during COVID, additional stressors have been put on our clients for people who inject drugs, and they need more access to services, than less, because COVID has obviously limited a lot of the accessibility. They also can be purchased -- the other problem -- they can be purchased from other suppliers that are not in the legitimate business of treating drug addiction. Such as small bodegas and small stores that are selling them under the counter for very high prices.

So our harm reduction dispensing machines are managed by our qualified syringe programs and with knowledgeable in licensed care providers and case managers training to interact, we do every day with our persons of substance use disorders. The vending machine is a unique device that has information for how they reach us, our contact numbers, contact numbers for other substance abuse treatment programs, and -- and access 24/7 safe, locked, secured, and they also link them to mental health services. And it's just --

SAMUEL CLARK: Ms. Joslin, just a heads up. You're at the three-minute marker.

SHARON JOSLIN: Okay. So, in short, it reduces infections. It links people to community services. It's clean. It's safe. It's locked. I pick them up and I disposals, and I stock it. We have a

disposable bin that is locked and usually adhering to this. And it also can be used by insulin users who have anyone that uses, or hormone users who need that.

We manage by -- it's open 24/7. We meet clients where they are. We don't monitor them by that. We have a secret -- they have a code that we use with them, with the Department of Public Health, so we know who is using and how we can -- they can contact us. Ten syringes a day is very limiting for someone, especially if they're in a group of other people. Then we encourage people, "Do not use alone because of the need for someone to be able administer Narcan if there's fentanyl." And there's fentanyl in everything.

REP. RUTIGLIANO (123RD): Thank you. Thank you, Madam. Let's see if there's any questions from Members.

SHARON JOSLIN: Thank you. Any questions?

REP. RUTIGLIANO (123RD): I don't see any hands raised. Anybody? So I'll ask you a quick question if you don't mind. Where are your vending machines? Where would they be located? Do you have a physical location?

SHARON JOSLIN: We're working on that with the City of New Haven and the city -- and a -- and the lawyers that were trying to figure out where they would be that are safe, protected from weather, protected from -- and also able for us to access them. So we're working with Dr. Dalal in the Department of Public Health in the City of New Haven to determine those sites, right now. We don't have the sites front, because we're waiting for legislation to change from your Committee on this Bill.

REP. RUTIGLIANO (123RD): So, you're not dispensing any medication per se, except possibly Narcan, but

just the needles that the -- the attic -- the harm reduction needles that the attic could use? Is that true?

SHARON JOSLIN: Right. And that, with a needle, if you're going to, you know, just like when you go to the hospital, and you get a shot. You need alcohol, band-aids, antibiotic cream, and we do -- we can put in a health hygiene products, like hand sanitation, face mask for COVID. We, as though, you can load it just like they change the water in the candy machines, whatever's occurring at that time to help us reach out to our clients.

REP. RUTIGLIANO (123RD): So the law presently, as written before us, the Bill before us, would it allow you to accomplish or achieve the goal that you're looking for?

SHARON JOSLIN: I believe so. Yes. Because if -- and when, even when I talk to pharmacists, they are limited. They say, "I'm sorry, I can only --" even if I write a prescription for 20, they can only do 10, unless it's for certain medical reasons. So this, I think, would be terrific. Thank you so much for listening.

REP. RUTIGLIANO (123RD): Thank you. Thank you, Madam. Are there any questions from any Members? Senator Maroney had to go to Veteran, so, I'm temporarily filling in. So, Mr. Clerk, thank you for your testimony, Madam.

SHARON JOSLIN: Thank you.

SAMUEL CLARK: So, up next is Frederick Altice. He's in now.

PROF. FREDERICK ALTICE: Yeah. I'm trying to turn on my video. Excuse me. Can you hear me now?

REP. RUTIGLIANO (123RD): Yes, sir. Please proceed.

PROF. FREDERICK ALTICE: So, good morning Distinguished Members of the General Law Committee. I'd like to thank you for the opportunity to express my strong support for SB 895, AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES. I'm Rick Altice. I'm a Professor Of Medicine, Epidemiology, And Public Health at Yale University. I'm also a treating physician certified in both infectious diseases and addiction medicine. And I direct several programs that are related to this proposal, including the community healthcare van, about which Ms. Joslin just spoke about in our syringe services program.

I'm here to specifically to speak in supportive Section 3 (c), which would allow increase access for harm reduction services, including these harm reduction dispensing units. One of the things that has been clear is that, harm reduction services have evolved greatly over the last several decades. I was involved at its inception back in the 1980s, and introduced the community health care van to link health and prevention to the harm reduction program in 1993, and in 2017. We have also been in charge of running the syringe services program for the city of New Haven.

The program has evolved and has become a nationally recognized model for integrating both harm reduction and treatment services. But one of the things that has certainly emerged is that the COVID pandemic has resulted in a need for innovation and transformation in the way the treatment and prevention services are provided. And aligned with the Governor's orders to sort of engage in physical distancing and to reduce personal contact with others in the community, we have modified, and then adapted our services by working with a number of community partners to sort of increase access.

This access is sort of inconsistent with the physical distancing sort of programs that are recommended right now. And I think that we cannot -

- think that even though that we've had this market decrease in the downward trends in the COVID pandemic, that we can become complacent, because there are sort of new strains that are emerging, that are increasingly transmissible, and some of which may not respond as well to the vaccine.

I also think it's important to recognize that people with opioid use disorder are at a ten-fold increase risk for acquiring COVID relative to those without it. Which means that we have a double duty to sort of enact these services for these individuals. These individuals who are in the community, we've sort of noticed that during the COVID epidemic, there's an increase of 17% in opioid-related overdoses with new outbreaks of HIV and hepatitis C, especially where people do not have access to these services.

Part of the sort of response to the COVID epidemic, as many harm reduction programs around the country have shut down all of their in-person visits; we have not. But this has unintended consequences. And we have worked with the harm reduction coalition led by Mehul Dalal at the city of New Haven's Mayor's office, and to coordinate some of these activities. And this is aligned with his report that he submitted to your Committee, earlier.

Our goal is to make these dispensing units available in, at least initially, in three diverse neighborhoods in New Haven. The exact area has not been identified, but we use heat mapping to identify where there are the biggest problems. And there are certain neighborhoods where that's clear. It would make it available during non-business hours. They will address both individual and public health by reducing in-person contact. And one of the things that --

SAMUEL CLARK: Excuse me, Mr. Altice, just a heads up. We're at the three-minute marker.

PROF. FREDERICK ALTICE: Great. Thank you. I'll take 30 seconds more if you will allow me.

I will say that these machines have been successfully deployed in many parts of Europe. I've traveled to these sites. In the last several years, they've also been deployed in Nevada and Puerto Rico. And the District of Columbia is calling for proposals to implement them there. They're designed and constructed to withstand most security concerns.

In other settings they've been used for controlled substances, that's not what our plan is in other medications. So, they're quite hardy. We would adapt them for harm reduction, which would be an innovation. We will be able to control who has access to that through a car key or a key punch-in, in the same way that we heard about these dispensing machines in nursing homes.

But we would clarify two points that were raised by Senator Witkos, which I think are important. Each machine would be equipped with a secure sharps container, either attached to it or nearby, to reduce the risk to others. And then, my other understanding is that, the previously imposed limits on syringe services program was revised in 2017 and no limits remain, and except for, with the exception of pharmacies. And so, that would be something to think about as you're sort of moving forward to re-look at the languages.

They're not intended also to eliminate interpersonal communication, but really to provide an additional point of access because all of these people are engaged with our program irrespective of this. So, it does allow us to remain in communication with them, do Naloxone overdose training. And they have really been found at least with a decade of experience in Europe to be safe, securely constructed, and really provide a valuable asset to the communities they serve. I'd like to thank you for the opportunity to share our perspectives on

this, and look forward to any questions that you may have.

REP. RUTIGLIANO (123RD): Thank you, Doctor. Senator Maroney, you want to grab the reins?

SENATOR MARONEY (14TH): Oh, sure, Representative Rutigliano. You were doing a great job, so [laughs] thank you.

REP. RUTIGLIANO (123RD): If you're still busy, I'll be happy to continue.

SENATOR MARONEY (14TH): [laughs] no, thank you. Do, are there any questions for Professor Altice? If not, I do have a question. I guess besides for your backgrounds I'm assuming that it, well, I don't know if that's Sterling Library or Hogwarts or something else. [laughs]

PROF. FREDERICK ALTICE: I have seven-year-old twins, so they think it's Hogwarts, but it is the Sterling library.

SENATOR MARONEY (14TH): Okay. Oh, okay. So that was the easy question. The second question is, back to, you had just mentioned that, I guess in 2017, the legislation had been revised, so there's no longer a limit on?

PROF. FREDERICK ALTICE: There is a limit for pharmacies. But in terms of, you know, sort of a licensed syringe program, that restriction has been removed, as I understand.

SENATOR MARONEY (14TH): Okay.

PROF. FREDERICK ALTICE: Yeah.

SENATOR MARONEY (14TH): Great. So, thank you. And, I guess we'll want to look at the clarification. And if it's been removed, it would make sense for pharmacies, you know, I'll have to do

research on my own to understand why we still have it in place for pharmacies, but we've reduced it in other places. But it would make sense as a testimonial said that they'll often use more than ten. It's possible to use more than ten syringes in a day too.

PROF. FREDERICK ALTICE: Yeah. So they certainly, you know, might. And one of the things that's sort of really interesting about these machines is, you can put any kind of limits in terms of like which clients that you know might get -- let's say, option A, B or C in your -- "in your candy machine." And you can also limit the number of times that they access it. So there are all of these built-in things that can change and emerge if you identify that, you know, things are evolving. And so, there is the ability to be really maximally flexible with this.

SENATOR MARONEY (14TH): And that's great. And so there are a lot of controls because they are using an identification number, which I'm assuming. I don't know if it's tied to work hard, or to some -- or they punch in a code when they go there. However it is, they -- you do know which individual is accessing the machine, so, that is --

PROF. FREDERICK ALTICE: As you heard from the testimony earlier around nursing homes, it would be the same thing where you would like -- a specific nurse would be linked to a specific code in order to pull out a certain medication. The same sorts of controls would apply here, so that a specific client would be linked to pulling out items A, D, and E, for example.

SENATOR MARONEY (14TH): Okay, great. Now, do you have any -- just because you've mentioned that example of the automated prescription machines that we're looking to -- that are currently utilized in hospitals, we're looking to extend that to nursing homes. Do you have any experience with those, that

you -- what background you could provide, other than it's a similar technology to what these vending machines would utilize?

PROF. FREDERICK ALTICE: Yeah, I would say the technology is, you know, totally elevated maybe perhaps on steroids, relative to what we're talking about.

SENATOR MARONEY (14TH): Right.

PROF. FREDERICK ALTICE: But I haven't worked in the sort of the nursing home environment. But what I will say is if you sort of apply, we even within a hospital, like to an emergency department or any of these sort of satellite sites, it increases the accessibility to gain access to real-time medications. And those same sort of controls that are happening centrally, allow you to monitor that so that those kinds of protections are there. So I'm not an expert on that particular part of it, but it works the same sort of way.

And, you know, even 10 or 15 years ago, moving these Pyxis to the wards, as opposed to shipping the medications up through a tube system, allowed for us to provide services in real-time, and much, much more safely because things just didn't sit around on each and every floor.

SENATOR MARONEY (14TH): Right. So there are the controls where to actually, you know, some people may assume that it would decrease the safety, but it sounds like that there's more accountability that increases safety by less potential for error, and less hands that have to touch something before it gets to the actual patient.

PROF. FREDERICK ALTICE: And I think the safety codes, as I mentioned the Pyxis has a much more deeply regulated system because they're oftentimes pulling out controlled substances. And so it's a little bit different. But we have those same sorts

of controls by, you know, sort of, you know, unique a client person that's enrolled in our program. So these are people who get enrolled. We know who they are. We know how to communicate with them. And then, when they queue in, we can also look at their patterns of use, et cetera.

SENATOR MARONEY (14TH): Okay, great. Thank you very much, Professor Altice. Are there any other questions? If not, thank you very much for your time -- taking the time to testify before us today.

PROF. FREDERICK ALTICE: Pleasure. Thank you so much for the opportunity. And thank you for the support and all the work that you're doing on this really important Bill.

SENATOR MARONEY (14TH): Thank you. Mr. Clerk, is it Stephanie Luon? Or did Jody Fenelon ever --

SAMUEL CLARK: Jody hasn't appeared yet. So, Stephanie --

SENATOR MARONEY (14TH): Okay.

SAMUEL CLARK: -- Luon is next.

SENATOR MARONEY (14TH): Great.

DR. STEPHANIE LUON: Good afternoon. Is everyone able to hear me, okay?

SENATOR MARONEY (14TH): Yes, we can hear you, Dr. Luon. Please proceed.

DR. STEPHANIE LUON: Wonderful. Thank you so much. So, my name is Steph Luon. I am a licensed pharmacist practicing in the ambulatory care clinic setting within a large health system in the State of Connecticut, and in the current Legislative Chair of the Connecticut Society of Health-System Pharmacists. Thank you so much for allowing me the opportunity to speak today on behalf of myself and

the Connecticut Society of Health-System Pharmacists, in strong support of Raised Bill 895, AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES.

You may have already seen from the positive testimony shared from colleagues, and advocates across the state, that they have the same request. Pharmacists are one of the most highly trained and underutilized healthcare professionals. I graduated with a Doctor of Pharmacy degree and then completed two years of specialized residency training. I'm board-certified in pharmacotherapy, as well as ambulatory care pharmacy.

This Bill, as proposed, doesn't change pharmacist's scope of practice at all. It just eliminates an outdated administrative burden for pharmacists, physicians, nurse practitioners, engaging in these agreements that was created prior to the availability of the shared electronic medical records. It also provides clarification that a written protocol within a CDTM agreement may include guideline-directed management.

So the first update really modifies the requirement that a pharmacist shall report out at least every 30 days to the physician or APRN, regarding the patient's therapy management. And here's some key reasons why this is important. So, the pharmacist might not encounter every patient every 30 days. For example, if a patient's engaged in CDTM for tobacco cessation, and they've been tobacco-free for three months, and they want to extend their visit out to six weeks because they want to remain accountable and have an accountability buddy in that pharmacist who can give them professional advice. But at the same time, they want a little bit more freedom and a little fewer touch bases with the pharmacist.

Currently, the way the statute is written, we're required to report up to the physician or APRN every

30 days. Conservatively, we may also have to reach out to that patient and check in on them and say, "Hey, how is everything going? I know we're not meeting for another two weeks, but is there anything I can do for you?" Which really does kind of, is really not wanted by our patients. They receive enough medical calls related to their care, reminding them to pick up their medications, reminding them to do all of these other things. That it's creating undue burden. It's also cluttering the patient's medical record when we're documenting these outreach attempts and routing them to a physician. We really only want to focus on things that they actually need to address.

So, there are really a plethora of additional examples shared within the written testimony for this Bill. So, I'm happy to share more if asked. When both parties are engaged in this CDTM agreement, they do have access, for the most part, to this same electronic medical record. So it really makes sense that we're able to meet that communication requirement by a pharmacist documenting in the EMR. And any medication changes are made within the shared medical records, so they're already available to the clinician.

The second piece that I wanted to point out is the clarification that a written protocol within a CDTM agreement can include guideline-directed management. So, really what we're looking to clarify here is, you could conservatively interpret, there's no really good definition of a protocol by CMS. You've scoured the literature. And you could interpret that a protocol is an "if-then" statement.

And really that doesn't lend to good medical care. There is no way that you're going to be able to create a protocol that fit every patient need. So what we generally do in practice, and what our providers and clinicians do, are follow national guidelines. They select the guidelines, agree with

it, like the ADA guidelines for diabetes, for example, and kind of go from there.

So I grew up and went to pharmacy school outside of the state. But I decided to practice in Connecticut because of my experiences as a pharmacy resident and the strength of their relationship and interest in collaboration with pharmacists, physicians, ABPs, and other health disciplinary members of the Health [crosstalk].

SAMUEL CLARK: Excuse me, Ms. Luon. Just a heads up. You're at the three-minute marker.

STEPHANIE LUON: Yeah. Perfect. I will wrap up. Thank you.

SAMUEL CLARK: Thank you.

STEPHANIE LUON: So as the value of the pharmacist within the interdisciplinary care team in both inpatient ambulatory setting led to the creation of new integrated pharmacist roles. We've really come to identify some of these barriers to expanding our care. And we're hitting these administrative burdens when we could potentially be seeing more patients. So, for that reason, I'm happy to answer any questions, and I hope that you'll support this Bill.

SENATOR MARONEY (14TH): Great. Thank you very much. Let me see if there are any questions from the other Members of the Committee. I will ask some, but I'm just going to look and see, okay, I don't see any other hands raised. So I'm going to go ahead and ask my questions. If anyone else has questions, just raise your hand, and I'll recognize them. Can you just give me an example of what a guideline-directed management would be? Like a specific case that you --

STEPHANIE LUON: Yeah. Sure. So, I see patients oftentimes who are referred with elevated A1C,

they're average blood sugars. So say a patient has referred to me with an average blood sugar of 14. The American Diabetes Association guideline specifically states that, for A1C greater than nine, you should start insulin. It does have considerations, though, that if your patient refuses to start insulin, because they say, "I'm not using needles," then you can consider these other therapies. But eventually, titrate up appropriately.

So it kind of gives a guidance and algorithm and increase patient-specific factors, patient-specific considerations. It lists all of the lab values that you may need to order in certain circumstances. Like for example, if you're starting a new medication, and you want to take someone's renal function or kidney function two weeks after starting it, to make sure that there were no issues.

It also gives you goals of therapy based on different patient populations. So, for example, an A1C target goal or an average blood sugar goal for an 85-year-old patient is likely going to be a lot looser than a young patient. Because in diabetes, we think about we're preventing comorbidities and mortality in the end. We're preventing those macrovascular and microvascular complications, amputation, blindness, things like that. So we have a longer lifespan to do that in a younger person than in an older person.

And so, when we had, when I had met with legal counsel at our institution previously, they had provided guidance that it was kind of a gray area where a protocol might have to be black and white and say, "Okay, if the A1C comes back at this, start this medication. If this, do this." Rather than going based on nationally accepted guidelines that are updated frequently, and really you can set stipulations in that collaborative practice agreement for which guidelines you should follow. Was that helpful to answer the question?

SENATOR MARONEY (14TH): Yeah. And actually, that kind of leads into my next question. So, you know, I've heard that these changes will help you -- help pharmacists to practice more within the scope of their training, that they're not able to utilize the full scope of their training. So it sounds like, in this case, if it was just purely an "if-then," you're not able to take other factors into consideration that you've also been trained for. Is that a safe to say? And then could you also -- and if I'm incorrect on that, which I may be, but can you talk about how this will allow pharmacists to practice more within the full scope of their trading? And then speak to the fact that, I have heard that it has been difficult in sometimes to recruit pharmacists because we do limit them. So examples of how the current system limits pharmacists.

STEPHANIE LUON: Sure. So, I don't think that this is going to allow pharmacists to practice or practice more at a higher level. The only way I can see this doing that is because of the reduced administrative burden in terms of not having to contact the patient every 30 days and report out. We'll naturally be able to see more patients cause we'll be wasting less time contacting patients who don't necessarily need us the most.

The guideline versus protocol really just means, like, we could spend hours and hours and days and days creating an intricate algorithm with the provider for each patient saying, "Okay, if this happens, do this. If this happens, do this. If their A1C comes back and it's 5.7, discontinue this. If their A1C comes back and it's 6.3, do this." But it might not be something that the patient's actually interested in. And this is something that organizations across the state are already doing. They're already practicing in accordance to guidelines. It's just. We needed this kind of clarification.

And in my conversations with the Department of Consumer Protection leadership, they said that the intent was not for it to be a black and white sort of thing. So, really it's not changing the pharmacist scope of practice cause it's still within the constraints of that guideline. So it's not like they could just decide, "Okay, well, I heard about this therapy, and it's really great. And because of X, Y, Z, and all of these studies, I'm going to recommend it." It still has to be something that makes sense within the scope of a guideline if that makes sense.

SENATOR MARONEY (14TH): Yeah, no, that’s perfect. So, I guess where it helps is in reducing time, right, and no longer having that 30 day that you always have to report. And then, as far as being able to go within the scope of the guideline, it would be burdensome to come up with a complete protocol for every situation. But, you know, trusting that, since you are following and clarifying more, since it seems that was the intent, but it could have been interpreted as, you know, by the strict letter of the law that you couldn't just use the guidelines you would have to use a rigid protocol. Is that --

STEPHANIE LUON: Yes. And one more example that might be a little better that I can share is, recently we have been trying to transition from a protocol, like, strict protocol-based warfarin management protocol. So, a lot of times, it's an "if-then" statement, it says, "If the patient's INR or their measure of how thin their blood is, come back within a certain range, you increase the dose by this much percent, or you decrease the dose by this much percent."

And if, for example, the patient ate more vitamin K in their diet, it might not because their dose, like their INR might be off because their doses, not necessarily wrong, but because of their diet that

week. Because it doesn't follow within that protocol, we have to reach out to the referring provider every single time. So we recently transitioned that, or in the process of transitioning that, to a collaborative practice agreement or CDTM agreement, because we can include things like "vitamin K can potentially decrease your INR." "This can potentially do this," and like, what considerations you should take into account. So we had that guideline that we developed to go through our of our heart and vascular leadership Committees and a bunch of other Committees to see if the providers who are going to sign on to the agreement agreed with that plan. And so that's kind of another example.

And I apologize. I forgot to answer the question about recruiting pharmacists into the state. I think that's going to be something that we'll likely, that we'll have to focus on in the future. I think when we first came to you and to Chair Committee Person Senator D'Agostino -- or Representative, we had hoped to also extend this more to a population health-based agreement, but after --

SENATOR MARONEY (14TH): Okay.

STEPHANIE LUON: -- conversations with the Department of Consumer Protection, they felt like that would not be something to do without flushing it out a lot more. So that's the future.

SENATOR MARONEY (14TH): Okay, great. Thank you. So this is a very limited change, right? And it's more on the intent of eliminating an outdated regulation and then bringing the statute in line with more of the intent of the initial statute. It just is interpreted overly narrowly. It seems like. Okay.

STEPHANIE LUON: It's just my understanding. Thank you.

SENATOR MARONEY (14TH): Great. Thank you. Are there any other questions? Seeing none. Thank you very much for taking the time to come testify before us today.

STEPHANIE LUON: Thank you for having me.

SENATOR MARONEY (14TH): Okay. Mr. Clerk, I believe next is Brian Murray.

SAMUEL CLARK: So, Jody Fenelon just came in, so --

SENATOR MARONEY (14TH): Okay. Great. So, Ms. Fenelon.

JODY FENELON: Okay. Can you hear me?

SENATOR MARONEY (14TH): Yes, we can hear you.

JODY FENELON: Great. Thank you very much. And I'm sorry about my availability issue. And thank you for this opportunity. Co-Chair Senator James Maroney and Representative Michael D'Agostino, Ranking Senior Senator Kevin Witkos and Representative David Rutigliano, and Members of the General Law Committee. My name is Jody Fenelon. I'm a pharmacist and the VP of compliance for Partners Pharmacy, and we have a location in Connecticut. And I want to thank you for the opportunity to express my support for Raised Bill 895.

As a Connecticut licensed pharmacist practicing in long-term care, I believe the ability to implement onsite automated technology for medication availability in long-term care facilities will be of significant benefit in the care of the residents.

Specifically, the addition of the definition of automated prescription dispensing machine will clearly delineate the type of technologies that may be utilized in facilities, providing clarity on the

difference in functionality of automated devices that are available. Also, the inclusion of Section 2, parts A and B, will expedite the opportunity to implement use of the automated prescription dispensing machines in long-term care facilities in a safe and consistent manner while regulations are promulgated.

There are numerous benefits to automated prescription dispensing machines in long-term care facilities. I'd like to share a few of -- of those with the Committee. Safety and accuracy; this is key. The technology our company uses has approved record of safety and accuracy. It has been used since 2002, and is currently operational in nine states, soon to be ten as of March 1st, and in over 130 long-term care facilities in those states. The accuracy rate is noted to be very high at 99.9998% documented.

All medication orders are reviewed by a pharmacist prior to packaging to ensure the appropriate clinical review is completed. And all medications placed in the system are checked by a pharmacist prior to dispensing from the pharmacy. There is a barcode verification process that occurs every time medications are loaded in the machine, and each time the machine is open to confirm the accuracy of the medication placements.

Another benefit is medication availability. With medications available onsite, including controlled substances, medications are available to promptly care for new admissions, new medication orders, or change in patient condition. This can significantly impact the ability for the facility to manage the clinical situations on site.

Another benefit during this, which has always existed, but has been enhanced with COVID challenges, is infection control. The packaging of the medications onsite in patient-specific individually labeled envelopes, minimizes the

handling of medication cards or vials that can become soiled with repeated handling. The individual envelopes are disposed in PHI-secured trash after administration to the patients.

Another benefit is, cost control. Medications package through the automated prescription dispensing machine reduces costs as only doses packaged for administration are charged for, different from the typical dispensing of a 30 day supply to a patient that may or may not be fully utilized. This benefits all payers of pharmacy costs and long-term care, which includes Medicaid, Medicare D, and the nursing facility themselves.

The last benefit I'd like to mention is, diversion prevention. And automated prescription dispensing machines provide controlled substance management by only packaging the medications when ready to administer, minimizing the amount of controlled substances in circulation in the facility.

I strongly support the approval of Raised Bill 895 to advance the provision of pharmaceutical care in long-term care facilities via use of the automated prescription dispensing machines. Thank you for your -- the opportunity to speak to this. And will certainly answer any questions that you may have.

SENATOR MARONEY (14TH): Thank you very much. Senator Kissel.

SENATOR KISSEL (7TH): Yeah. Thank you, Mr. Chairman. I just have a quick question. I have no idea what PHI control trash means. What is that?

JODY FENELON: Oh, just appropriate trash where medic -- any document or item that has, you know, protective health information on it, would be destroyed versus just the regular trash can in the resident's room, let's say. That they would be putting it in an some sort of shred box or some sort of trash that is specifically for PHI.

SENATOR KISSEL (7TH): So that means particular health information?

JODY FENELON: Protected health information, like the patient name, room number, and so on. Anything that would be, you know, that all of us want protected with our health information. So these items are labeled with the resident name and their room number and so on. So we would want that destroyed, not just in the regular trash, in a room where someone could see it or, you know, out in the hallway, it would just be in a security type trash, which the nursing facilities all have already.

SENATOR KISSEL (7TH): Now, like if these machines are out -- like the gentlemen -- the doctor from Yale, they want to have these out in new Haven. Like, how are they going to do that?

SENATOR MARONEY (14TH): So, Senator Kissel, this is, we're looking at two different, the machines that are, and I apologize for interjecting Ms. Fenelon. But there are two parts of the Bill. So, one is with -- that will be out in New Haven would be for dispensing the hypodermic needles. Whereas this is, which would only be allowed in long-term care. These are the -- for dispensing the medication. So automated dispensing that is currently available in hospitals. But we're looking to expand that to long-term care facilities.

SENATOR KISSEL (7TH): I appreciate that, Senator Maroney. And I actually had a meeting with the advocates for this particular Bill, and I probably should have recalled that. But, you know, after several hours, it's apples and oranges. So I apologize for that question. But, now I get it.

SENATOR MARONEY (14TH): Okay. No, yeah, no, it's been a long hearing, and you've been on, from what I can see, almost the whole thing. So, I understand the confusion.

SENATOR KISSEL (7TH): No two ways about it. The whole thing, since 9:00.

SENATOR MARONEY (14TH): [laughs]

JODY FENELON: Are there other questions for me? I'm glad that, I couldn't answer what Yale was doing, so I'm glad that that was able to be answered.

SENATOR MARONEY (14TH): Thank you very much. I do not see any further questions. But you did clarify a question I was going to ask for you, was that; how many other states is it being utilized? So, nine and soon to be ten. As well as, that there are 130 facilities already utilizing this technology. So, thank you very much for taking the time to come testify before us.

JODY FENELON: Yes. And thank you for your understanding and shuffling around the schedule to accommodate me. I greatly appreciate that.

SENATOR MARONEY (14TH): Oh, no. Like I said, we appreciate you taking the time. So thank you very much, and have a great day.

JODY FENELON: All right. Thank you.

SENATOR MARONEY (14TH): Okay. Mr. Clerk, next up is Brian Murray, I believe.

SAMUEL CLARK: Yes. And I'm promoting him now.

SENATOR MARONEY (14TH): Okay.

SAMUEL CLARK: He's in now. Just needs to unmute.

SENATOR MARONEY (14TH): Okay.

SAMUEL CLARK: There he is.

BRIAN MURRAY: Okay. I'm unmuted?

SENATOR MARONEY (14TH): Yeah. So, you're unmuted. Please proceed, Mr. Murray.

BRIAN MURRAY: Thank you. I don't see video of myself, so perhaps my camera's malfunctioning, and I apologize for that. My name is Brian Murray. I'm a private law practitioner at residential Wilton, Connecticut. And I am here to comment on proposed Bill 156 and Raised Bill 893. I note that my comments would also relate to proposed substitute Bill No. 5310 from last week, and the biometric privacy Bill of a few weeks ago, whose number I don't have available. First, I'd like to say, I've never done this before. So, any errors I'm making in protocol or nomenclature, I apologize for it in advance.

All right. So, my comment is basically a simple one, and it follows up on something Representative Winkler briefly mentioned, more than briefly. But it's the need for a private cause of action in these consumer data privacy breach cases. As Representative Winkler pointed out, there may be cases where the State of Connecticut just doesn't have the time or the resources to follow up. In which case, the consumers would then be out of luck.

The addition of a private right of action provides an additional deterrent to what we in my business call the "bad actors" in this case. The people who allow the data breaches to occur, as well as people who breach their data. But the additional deterrent, I don't think, can be underestimated. The recoveries and private actions can run into the nine figures. For instance, in the Yahoo data breach case, the recovery was over a hundred million dollars.

And I'm going to use the Yahoo case as a segue into another reason why you need a private cause of action. I believe, somebody testified that there

are three powerful, but mighty, lawyers in the AG's office who will be tasked with enforcing this. And I'm sure they are tremendous and the hardest and greatest workers that the state has. But there is absolutely no way, that I think anybody can say with a straight face, that three lawyers can possibly police all the data breaches, and produce recovery for the state. And there's no recovery for the consumers of Connecticut, as was pointed out. The recovery goes into the state coffers.

But three people working 24/7 can't possibly cover all the grounds they need to cover. The Yahoo case alone probably required -- and I didn't go to count it up. And I'm greatly underestimating since I didn't go back and count. There was at least ten law firms involved and at least 50 individual lawyers on that one case alone. The thought that three lawyers are going to provide adequate coverage for the State of Connecticut, quite frankly, it's just ludicrous. Without the additional, what we call, private Attorney Generals, policing this, is just not going to be policed. And I don't think there's any way somebody can say it is.

I believe it was Ms. Libin who raised the traditional boogeyman of meritless lawsuits. And that's why you don't need a private cause of action. There's nothing meritless about these lawsuits at all. If you look at any of the data breach cases, Yahoo, Equifax, Facebook, you know, they've admitted the data breach occurred. You know, it's really just a question if there not being an adequate law to provide for it. You know, they're trying to fit, what's obviously, tortious action on behalf of these people who allowed their data to be breached and caused harm to the people of Connecticut, into, you know, tort laws that go back, you know, to, you know, the cases we run in the law school, you know, in a way, anonymous from 400 years ago. I mean, tort law from the 1600s is not really adequate to cover --

SAMUEL CLARK: Excuse me, Mr. Murray, just a heads up. We're at, past the three minute marker.

BRIAN MURRAY: Sure. So, I'll wrap it up.

SAMUEL CLARK: Thank you.

BRIAN MURRAY: We need a modern law to cover modern tort causes of action. And, you know, trying to shoehorn this into, you know, case law and common law from 3, 4 hundred years ago, et cetera, doesn't work. And there really needs to be a private cause of action to put some teeth into this, and provide a recovery for the people of the State of Connecticut, as well as other states. But, right now, everybody on this call is concerned with people in the State of Connecticut. And I'll finish there.

SENATOR MARONEY (14TH): Great. Thank you, Mr. Murray. Senator Kissel, followed by Representative Winkler.

SENATOR KISSEL (7TH): Thank you very much, Mr. Chairman. Hi, Mr. Murray. I'm trying to, I don't really understand it. Do you like the Bill or not like the Bill? You heard the testimony, I'm guessing from the folks from the Attorney General's Office. But then there was also this counter testimony - somewhat counter, not totally, from the New England Telephone, something -- like New England Cable --

SENATOR MARONEY (14TH): Cable and Telephone Association.

SENATOR KISSEL (7TH): Yeah, there we go. That said, "Don't change anything." And so, I'm just wondering, who do you advocate for? Are you just independent? And like, what do you think about the Bill that's before us?

BRIAN MURRAY: The Bill as before you, is fine, as far as it goes. What I'm saying is, it just doesn't

go far enough. It needs a private cause of action to allow the people of Connecticut to pursue remedies in cases where the Attorney General doesn't have the time or the interest in pursuing a remedy in any particular case. In addition, whatever remedy the State of Connecticut is interested in will not result in any recovery to an individual. So, I like the law as far as it goes. I'm saying it doesn't go far enough. It needs a private cause of action for individuals, and especially on a class basis.

SENATOR KISSEL (7TH): Yeah. And are you just here as a private individual, or do you represent an organization?

BRIAN MURRAY: I do not represent any organization here today. Just I'm here as a, like I said, a lawyer and a resident of Connecticut.

SENATOR KISSEL (7TH): So one of the recommendations from Nicole and Michele were, CUTPA provision, which would allow, based upon my legal background from 1984, people to act as private Attorney Generals and seek attorney's fees and damages. Would you support that kind of provision?

BRIAN MURRAY: Absolutely.

SENATOR KISSEL (7TH): Okay. Thank you, Mr. Chairman.

SENATOR MARONEY (14TH): Thank you very much, Senator Kissel. Representative Winkler.

REP. WINKLER (56TH): Yes. Thank you for your testimony. Is there any model legislation out there, or did any state get it right?

BRIAN MURRAY: Well, I mean, I'm going to be completely honest, I haven’t looked at the other states, you know, laws. I've not, you know, examined anything, you know, for proposed language,

et cetera. Like I said, I've never done this before. So, you know, my son, who is just extremely interested in candidate government matters, brought this to my attention and said, "You have an opportunity to testify if you want." So I did. But I have not come prepared with any other, you know, proposed language.

REP. WINKLER (56TH): Would you support a cause of action in anything other than data breaches?

BRIAN MURRAY: I'm not sure exactly what you're asking. I mean, I support a private cause of action for consumers in any case where they're -- where they're injured, whether it's a data breach or not.

REP. WINKLER (56TH): Thank you. Thank you, Mr. Chair.

SENATOR MARONEY (14TH): Thank you, Representative Winkler. One other suggestion that was brought before us was to eliminate the cure period. Currently, there is a 30-day cure period in this, you know, the law as it's drafted. Can you comment on that? And again, you may not be prepared to comment on that. You may have not have considered that.

BRIAN MURRAY: To be honest, I have not considered that cure provision, so I really have no comment on it at this time.

SENATOR MARONEY (14TH): Okay. And then, with that, you know, I applaud your son for his interest, and really encourage him, you know, to reach out to us as well. And we always like to talk directly to students. I'm not sure what age student he is. But yeah, we'd love to get his input as well. So, please encourage him to reach out to us.

BRIAN MURRAY: Actually, well, he's no longer a student. He just graduated from college. But he did actually testify before some Committee on

Monday. I'm not sure which one it was. So, he's [crosstalk] stuff.

SENATOR MARONEY (14TH): Oh, great. Yeah. So, please have him reach out. We'd love to see if there's a -- if he has any questions or any way we can help mentor him. So, thank you very much, Mr. Murray, for coming before us today.

BRIAN MURRAY: You're welcome.

SENATOR MARONEY (14TH): Okay. With that, Mr. Clerk, I believe our next person to testify is Sean Jeffery.

SAMUEL CLARK: Yes. And he's coming in now.

SENATOR MARONEY (14TH): Okay, great. Thank you.

DR. SEAN JEFFERY: Hello there. Can everybody hear me, okay?

SENATOR MARONEY (14TH): Yes, we can. Please proceed, Dr. Jeffrey.

DR. SEAN JEFFERY: Excellent. Thank you. Thank you, Chairman Maroney, and Distinguished Members of the Committee. I appreciate all of you staying till the end. I am the last person between you, a biology break, and lunch. So, I'll try to make my remarks as succinct as possible. So, I'm Sean Jeffery, and I'm speaking to you today about SB 895, and my written testimony regarding SB 694.

I'm the Director of Pharmacy at Hartford HealthCare's Integrated Care Partners. I also Co-Chair the Office of Health Strategy's Medication Reconciliation and Polypharmacy Committee, and, which we refer to as the MRPC. And I'm a trustee for the American Pharmacist Association.

So let me begin by acknowledging my colleagues in Health-System Pharmacy for their contributions in

support of this legislation. Like to start by saying Hartford Healthcare isn't supportive of the Bill. In addition, as Co-Chair of the MRPC, I applaud the inclusion of definitions for deprescribing. And polypharmacy. And in support of those definitions, I ask the Committee to consider my written testimony where I offer some expansion to the definitions.

In particular, polypharmacy is a topic that I had previously testified on, before Public Health, regarding the challenges of how you define it. We know what it looks like when we see it in practice. We know how challenging it can be to make meaningful changes. And therefore, I'm suggesting the Committee consider an expanded definition to include polypharmacy means the use of multiple drugs by a patient, including any medication that is inappropriate or not medically necessary. Such as those not indicated, not effective, or constituting, a therapeutic duplication.

You know, while there's no accepted definition of polypharmacy, I believe this is reflective of clinical practice and in line with the work that the MRPC is developing. In addition to the suggested changes to polypharmacy, the MRPC also recommends expanding the -- expanding deprescribing to mean the systematic process of identifying discontinuing drugs in instances, in which existing or potential harms outweigh exists or potential benefits within the context of an individual's patient's care goals, current level of functioning, life expectancy, values, and preferences. And again, this is consistent with clinical practice and in line with the work that the MRPC is developing.

And finally, and more towards what many of our other speakers have addressed regarding the collaborative drug therapy agreements, Harford HealthCare encourages the community to continue to look at these drug therapy agreements between pharmacists and physicians as an opportunity to scale and

improve care delivery in Connecticut. We agree with all the previous testimony regarding the need to update the CDT agreements.

And I want to provide some additional context. I've practiced at Integrated Care Partners, where I work with Hartford HealthCare's medical group that consists of thousands of practitioners. We strive to deliver pharmacy population health management yet are hampered by these outdated and restrictive collaborative drug therapy protocols that require one pharmacist and one physician agreements. And as one of Connecticut's largest health systems, we're interested in unlocking the potential of our pharmacist to practice in a truly integrated care manner.

So it's time for Connecticut to other progressive states in updating our collaborative drug therapy statutes with DCPS leadership. In collaboration with my colleagues in pharmacy medicine, we can improve collaborative drug therapy agreements to reflect best practices, remove administrative burdens, capitalize on the technology advances of EMRs, and improve patient outcomes and safety. So thank you for your time and attention in support of SB 895 and 694. And I believe I'm actually finishing on time.

SENATOR MARONEY (14TH): [laughs] Good job. Nice succinct testimony right there under the gun. It appears Senator Osten has a question. Senator Osten.

SENATOR OSTEN (19TH): Thank you very much. Thank you very much for coming on. I'm just curious, how many other states have updated their rules relative to this? And which ones are they?

DR. SEAN JEFFERY: So this is a continuous process, whereby, states are involving their pharmacists, a cross-practice settings, working with medical societies to update collaborative practice

agreements as changes evolve with medicine. So it's not a static thing. This is a dynamic process across states.

So I don't have an exact number of how many have been updated. I would suggest that there's quite a few that have been continuously updated. Some states that I could point you to would be the State of Washington, the State of Iowa, that are sort of exemplars in this area of how they've been able to really revolutionize some of the practice opportunities for pharmacists.

And, you know, to an earlier comment that was made by one of the speakers, may have been you, Senator Maroney, about workforce development, and people coming into the state. We want to make sure that the pharmacists that graduate from our state have the best opportunities possible. So, this is another reason to think about ways that we can expand and further elaborate what these collaborative drug therapy agreements offer.

SENATOR OSTEN (19TH): So, in addition to other states, and you've given us a couple, is this something that Connecticut doesn't do well, doesn't do at all, or is far behind other states?

DR. SEAN JEFFERY: So I'll be frank. I think we were earlier to start some of the collaborative drug therapy agreements, but it's been stagnated. And now that our platforms and our systems have evolved, and we become so much of more integrated in the care that we deliver, literally at Integrated Care Partners, right? We have an opportunity to unleash a workforce that is being held back, and to create new job opportunities for pharmacists here in Connecticut.

So, there is a need to go back and revisit the language that was originally put forward, I think, probably in the '90s. You know, I know my colleagues that worked on that were very passionate

about it, and continue to be passionate about ways that we can, not just make the incremental changes, but think more -- I'm asking, think broadly about what we can do here with these agreements. And yes, what we have before us is an important first step. There's a lot more than we can do.

SENATOR OSTEN (19TH): So, and I'm sorry to continue to ask questions, Mr. Chairman. But, one last question. What is -- what would be the recommended next two or three steps? And that will be my final question. Thank you, Mr. Chair.

DR. SEAN JEFFERY: Well, thank you, Senator Osten. I think what would be helpful is, to bring the stakeholders together that, you know, my colleagues, as I mentioned, in pharmacy medicine at DCP, Public Health. And think broadly about where are there opportunities for us to collaborate so that this becomes a win-win for the citizens of Connecticut that allows us to opportunize [sic], the advances that we have already existing. That we can look at what other states have been doing. Where there's evidence that shows that these agreements have actually had the clinical outcomes that we're after.

And I would also say, draw upon things that are already working at Connecticut. I used to practice at VA Connecticut for 15 years. And within the VA system, they've been doing this type of stuff for decades. So it's not like it's revolutionary. We just need to bring the general practice here in Connecticut, beyond where it's -- it's stagnated.

SENATOR OSTEN (19TH): Thank you.

DR. SEAN JEFFERY: Thank you.

SENATOR MARONEY (14TH): Thank you, Senator Osten. And you can ask as many questions as you want. [laughs] well, you never -- you always add value, so thank you.

Dr. Jeffrey, I guess, you know, again, this isn't, you know, we're not looking at this under this Bill, but you did raise an issue. So I just want to understand it a little better for myself. So you say that the agreement, the way it's written now, agreements have to be between an individual pharmacist and an individual doctor, as opposed to, let's say, you know, again, in my area of the State Northeast Medical Group, is probably, you know, the largest, right? There're the most doctors here. So, I guess what you would suggest is that a group could have that agreement? So like, Northeast Medical Group, where you would have a number of doctors. Or, am I misinterpreting?

DR. SEAN JEFFERY: No, I think you're interpreting that correctly. As Dr. Luon had mentioned, what they were trying to do around the work for anticoagulation, it becomes cumbersome. They're focused on just a specific condition. They are then having to build these agreements with the providers in that practice. So, there's an administrative burden to try to scale that. If you want it to take a population health approach and say, "Let's look about how we can engage pharmacists in co-managing diabetic patients." As she is alluding to.

So, for Hartford HealthCare, to be able to have a blanket agreement that would cover the system and allow the pharmacist to them within their scope, within what is defined, practice up to the top of their license, that makes it a lot easier for everybody. It's less administrative burden for sure.

SENATOR MARONEY (14TH): It sounds just like eliminating that 30-day requirement. It sounds like it may be just --

DR. SEAN JEFFERY: Exactly.

SENATOR MARONEY (14TH): -- another requirement that, at the time this law was written, we didn't

have as many large systems, right? They [crosstalk].

DR. SEAN JEFFERY: Well, we didn't have large systems.

SENATOR MARONEY (14TH): -- more individual practices.

DR. SEAN JEFFERY: Yeah, we didn't have large systems. We also didn't have integrated electronic medical records.

SENATOR MARONEY (14TH): And that is another question I have on the EMR because I know they don't all necessarily speak with each other. Right? And that, which brings up, so, you know, there is the potential that, you know, because the systems, you know, the way they've evolved, you may have a cardiologist you'd like, but your primary care may be under Northeast Medical Group. But perhaps, and again, I'm just -- I probably shouldn't use these, but let's say under one large group, whereas your primary care is under one group, is it possible then that you have a cardiologist who just prescribed your, you know, your blood pressure medication, that's under another group that they are not on the same EMRs?

DR. SEAN JEFFERY: It's possible. But it's increasingly less likely here in Connecticut, as most of the health systems, the large ones, have adopted the same EMR company platform in Epic.

SENATOR MARONEY (14TH): Epic.

DR. SEAN JEFFERY: So it allows us to communicate between Hartford and Yale and other systems and Yukon, et cetera. So we can see that information, and it helps us to inform our clinical decision-making. And it helps with the communication back and forth when there is a provider that's outside of network, if you will.

SENATOR MARONEY (14TH): And that was, I guess, what I was thinking is that the pharmacist then would see both, right? Yeah. I mean, you would have to see all of the notes. And so, you could potentially know if, "Wait a second, this may interact with another medication that you just weren't aware of because of" for whatever reason. I mean, I think it was, you know, for whatever reasons, the systems weren't as interoperable initially. And I know everything is improving, and we want, you know, more fluid communication, but --

DR. SEAN JEFFERY: It also gives us a chance to leverage the data that is collected. And I know there's a lot of other data discussions that you had today, but --

SENATOR MARONEY (14TH): Right.

DR. SEAN JEFFERY: -- you think about what we have here at Integrated Care Partners, we're managing a population of several hundred thousand residents herein Connecticut, and we have medication information on that. And if we had protocols in place that would allow us at a population level to then be able to, let's say, act on some of that information in a more robust way, we might be able to head off potential problems before they begin. And again, preventing harm is one of the first things that we want to try to do and in pharmacy.

SENATOR MARONEY (14TH): No, thank you. You raise a good point. You know, again, it's not that data privacy was separate, but that -- you know, we are well situated as a state, I think, as health tech, you know, in terms of we have, you know, the, well, our large hospital systems, but also Jackson Labs, you know, Alexion and the pharmaceutical companies that, if we can work together, and sharing that data, and using it to drive the health of populations. So, we want to make sure that we're

not restricting that flow of data, but well protecting the privacy of the individuals, so.

DR. SEAN JEFFERY: Yeah.

SENATOR MARONEY (14TH): Are there any other questions for Dr. Jeffrey? Okay. Seeing none. Thank you very much for taking the time to come testify before us today.

DR. SEAN JEFFERY: Thank you.

SENATOR MARONEY (14TH): Mr. Clerk, is there anyone else who's not on our list of speakers?

SAMUEL CLARK: And with that, that's it.

SENATOR MARONEY (14TH): No? And I believe this is the last public hearing for General Law, so I just wanted to take a moment to thank our Clerk; to thank, Sam Clark for his work as a Clerk. I think he's done a great job. And it is difficult for all, this is new for all Clerks, the electronic public hearings. But, in addition to this being new, he is a new Clerk as well. And so, you've done a fantastic job, and I've heard that from a number of people. So, I just wanted to thank you for your work.

SAMUEL CLARK: Thank you.

SENATOR MARONEY (14TH): And --

REP. WINKLER (56TH): Maybe -- [crosstalk] Maybe he should conduct the training.

SENATOR MARONEY (14TH): [laughs] Great. Thanks for that suggestion, Representative Winkler. So, I think I did see a couple other people who seem to be echoing the sentiments that we really appreciate that work. And with That, I think, unless -- Representative Rutigliano, do you have any comments?

REP. RUTIGLIANO (123RD): Thank you for your time. And also congratulate, Sam, on it. Job well done.

SENATOR MARONEY (14TH): Great.

SAMUEL CLARK: Thank you.

SENATOR MARONEY (14TH): Thank you. So, thank you, everyone. With that, we are adjourned. Have a great day. Oh, and our next meeting -- actually, Mr. Clerk, before we adjourn, time and date of the next meeting?

SAMUEL CLARK: So the day is going to be next Tuesday, March 2nd. The time I will let you know as soon as we get that finalized.

SENATOR MARONEY (14TH): Okay, great. So, if Members could please hold March 2nd, and we will be, I believe, we will be looking to JF some of the consent, some of the Bills. So, thank you very much. And with that, we are adjourned.

SENATOR KISSEL (7TH): Thank you.