CHAIRPERSONS:	Senator Marilyn Moore, Representative Catherine Abercrombie
SENATORS:	Berthel, Cabrera, Lesser
REPRESENTATIVES:	Arora, Butler, Case, Cook, Dathan, Garibay, Goupil, Hughes, Mastrofrancesco, Santiago, Simmons, Stallworth

REP. ABERCROMBIE (83RD): Good afternoon, everyone. Welcome to the Human Services Public Hearing for today, February 16th. I'd like to thank everybody for being here. This is our first Public Hearing so, this should be kind of interesting to see how this goes. Just so everybody -- just a few ground rules. This is a live on YouTube. I think we're also being recorded on CTN. Whenever you speak to testify, if you could start with your name, who you represent, whether it's an agency or an advocacy group, what bill you're testifying on. The first hour will be to elected officials and agencies. And then from there we will rotate. The public will have three minutes. We really appreciate your attention to the three minutes. We have a lot of people that would like to testify today, and we want to give everyone the same equal treatment.

So with that, I think that the Commissioner still had a hard time getting on. Heather, is that correct? I don't see her.

HEATHER FERGUSON-HULL: I don't see her yet either, but I will. I know that we...

REP. ABERCROMBIE (83RD): Do we want to go to the Deputy Commissioner Brennan. Or do you want us to skip down the line and then come back?

HEATHER FERGUSON-HULL: It is your choice. It's up to the Deputy Commissioner as well. If she would like to testify.

REP. ABERCROMBIE (83RD): I'm asking her. Yes. Deputy Commissioner.

KATHLEEN BRENNAN: Representative, I am certainly willing to jump in. I know the Commissioner really wanted to be here, so I apologize for the technical difficulties. But if you'd like us to begin?

REP. ABERCROMBIE (83RD): Yeah, your choice. You can begin or we can go down the line. Whichever is your preference. What would you like?

KATHLEEN BRENNAN: I guess I'll begin for the good of the order. And hopefully the Commissioner, when she comes in, you'll beg her indulgence and just knock me off the screen.

REP. ABERCROMBIE (83RD): Absolutely, not a problem, Deputy Commissioner. So good afternoon, Deputy Commissioner Brennan. Thank you for being in here today.

KATHLEEN BRENNAN: Oh, well, good afternoon, Senator Moore, Representative Abercrombie and distinguished Members of the Human Services Committee. My name is Kathy Brennan. I am a Deputy Commissioner at the Department of Social Services, and unfortunately the Commissioner seems to be having technical difficulties. It was her very much intention and desire to be on this call. So, I certainly hope she can join quickly. I am here with several members of the staff at the Department of Social Services, subject matter experts who will be available to answer any questions you may have on the bills that we're here before you.

There are several bills that we are here to testify on. I'm going to wait on the ACT CONCERNING MEDICAID PROVIDERS, 'cause I know that the Commissioner really wanted to have the opportunity to speak to that particular bill. So if that's okay, I will start with Senate Bill 765, which is AN ACT

CONCERNING ELIGIBILITY FOR THE CONNECTICUT HOME CARE PROGRAM FOR PERSONS WITH DISABILITIES. This Bill in -- I'm sorry. The Connecticut Home Care Program for Persons with Disabilities provides up to 100people, ages 18 to 64 who have degenerative neurological conditions with home and community-based services.

The language in this Bill seeks to clarify in statute that the program is not intended for people who are otherwise eligible for Medicaid. This has been the longstanding practice of operating the program. And for that reason, the Department strongly supports this Bill.

Senate Bill 854, an act -- I'm sorry, 853, AN ACT CONCERNING THE STATEWIDE HEALTH INFORMATION EXCHANGE BOARD OF DIRECTORS. This seeks to expand the current membership of the HIE Board to include DSS, which plays the major role in the HIE as the Medicaid agency for the State of Connecticut. The Office of Health Strategy supports this Bill and the department also strongly supports this Bill.

Senate Bill 854, AN ACT CONCERNING A LIST OF THE 100 MOST DELINQUENT CHILD SUPPORT OBLIGORS. The Department is requesting the repeal of the requirement that DSS publish a list of the 100 most delinquent child support obligors. In part, this statutory provision would incur costs likely in the excess of $100,000 to reprogram DSS computer systems to compile and update such a list. It would require a hearing process to dispute identification on such list, thereby incurring additional budgetary and operational costs. It may place custodial parents and children at increased risks of abuse or harm due to such publication and would conflict with the modern approach to Child Support Enforcement, which seeks to encourage non-custodial parents to support their children.

Further, A DSS survey identified only five States that maintain such a list. None of which are in New England or the rest of the Northeast. And the States

that do publish a list, do so in a more restricted manner.

House Bill 6317, AN ACT PROHIBITING DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES TO TEMPORARY OR UNSTABLE HOUSING. The Department shares the concerns of policymakers and advocates around discharge of individuals from nursing homes to unstable living circumstances. That said, the Department does not agree that the best means of addressing the needs of these people is to maintain them in skilled nursing home settings. Instead, the Department is proposing to expand supports both through Money Follows the Person and the new CHESS Medicaid supportive housing benefit that is anticipated to be effective this spring. Both of which directly address the need for stable, accessible, and affordable housing in the community.

Representative, if you wouldn't mind, I do see that Commissioner Gifford was able to join, if I may pass the baton to her.

REP. ABERCROMBIE (83RD): Yes, that would be fine. Good afternoon, Commissioner. We're so happy that you're able to join us. You're in very capable hands with Deputy Commissioner Brennan. She was just on. She talked about Senate Bill 765, Senate Bill 853, Senate Bill 854. And she just started to talk about House Bill 6317. She did leave off Senate Bill 764. She thought that you wanted to speak directly to that. So, if you want to pick up from 6317, that would be great. And then we can go back up to the beginning of the list.

DEIRDRE GIFFORD: Thank you, Madam Chair and Members of the committee. Pardon, my tardiness. I had technical difficulties getting in. So, thank you to DC Brennan and DC Gilbert for joining me, and the other Members of the team from DSS. I'm very happy to be with you today. And I look forward to the time that we are all back together in the same room,

testifying on these important matters. So, thanks for your patience.

On 6317 as D.C. Brennan was articulating. We also share your concern about discharges of individuals to unstable housing. I think the main challenge we face here is that as you know, the Medicaid program does not allow us to continue to pay for nursing home services for individuals who don't meet the level of care, that is for nursing home level of care. And so, when an individual needs to be discharged, we agree that we should be working together to find stable housing. And we have been grateful for your partnership and the partnership of the legislature in developing the CHESS Program under the leadership of Kate McEvoy and her team. We're making very good progress on CHESS and anticipate that as we develop that program, we'll be able to serve as many as 750 people over the coming years. We're in negotiations now with our federal partners to get that program approved. And this should provide us with the kind of wraparound supports we need for these individuals to be able to access stable housing.

With respect to 6320, AN ACT CONCERNING THE AUTISM SPECTRUM DISORDER ADVISORY COUNCIL. This is simply language that would add Tri-Chair to this council. We believe that having an individual with a lived experience with autism or the parent of a person with autism as the Tri-Chair would be important and are fully supportive of this Bill.

With respect to 6416, AN ACT CONCERNING THE REMOVAL OF LIENS ON PROPERTY OF PUBLIC ASSISTANCE AND OFFICIARIES. This Bill would preclude DSS from pursuing the recovery of properly paid medical and cash assistance, unless such recovery was required by federal law or the property against which the recovery is made exceeded $250,000 in value. This would also require DSS to release all liens asserted under the current law, in order to secure the state's claim of recovery against certain assets,

including [inaudible] if such recovery would no longer be permissible after the Bill's enactment.

We do at DSS appreciate the intent of this Bill. There are a number of concerns with it -- with the Bill as proposed. But we would be interested in further conversations with you and the stakeholders about it.

Some of the concerns are the fiscal note approximately $18 million per year. Well, it would not allow recoveries from properties valued over 250,000, we don't anticipate that that would make a significant change in the estimated $18 million cost. It would also be challenging with respect to releasing the prior liens that DSS and DSS have, because there are many of them spread throughout local property -- local municipalities, and it would be a significant operational challenge to identify and release those existing liens.

We also anticipate that it would resolve in increases in hearings and appeals, contesting assessed value on property. And that would result in additional cost of implementation. So, for these reasons, um, the DSS is not supporting the Bill in its current form. However, as I mentioned, we would welcome the opportunity to engage in further discussion with you and with stakeholders regarding the Bill's underlying concepts and the intent of the Bill.

REP. ABERCROMBIE (83RD): And I think Commissioner, if you would like to speak about Senate Bill 764. I think the Deputy Commissioner was holding that for you.

COMMR. DEIDRE GIFFORD: Thank you. Thanks, Kath. This is an ACT CONCERNING MEDICAID PROVIDERS. Section 1 of the Bill would expand Medicaid State Plan Services to include acupuncture and chiropractic in a limited way. We currently, as you know, do cover these services if provided in a

federally-qualified health center or by a qualified physician. And chiropractic is covered at an FQHC or an outpatient hospital. There is some limited evidence that supports the use of both of these services for pain management. However, the evidence is more mixed when it comes to the use of acupuncture and chiropractic for other types of clinical indications or conditions. We are not supporting the current Bill, because the estimated cost of approximately $360,000 in state share is not reflected in the Governor's budget.

Section 2 of this Bill proposes to rescind prior language that required methadone providers to enter into risk-based payment arrangements with DSS. We had some discussions with you and other stakeholders regarding concerns about this provision, last year. We agreed that there might be a different approach. So in light of the concerns that we heard, we are instead proposing to take a more graduated approach. And this has been in consultation with our partners at EMS, to take more graduated approach to payment reform with this provider group by beginning to incorporate some value-based payment strategies into our 1115 Substance Use Disorder Waiver, which we are currently preparing along the EMS and getting ready to submit. That Waiver is out for public comment right now. Our goal with that Waiver is not only to bring the additional federal match for residential services that it would bring to the State, but also to ensure that we are providing the very highest quality services for these members and that we are adequately supporting these providers who provide incredibly important services to this population.

Section 3 proposes to pay nurse-midwives and podiatrists at parity with physicians. And we began conversations around our DSS payment for childbirth last session and we were interrupted like on so many things by the pandemic. But as the payer for over 45% of the births in Connecticut, we recognize and acknowledge the very significant contribution that nurse-midwives have made to improving birth

outcomes. And we are very grateful to nurse-midwives in Connecticut for their partnership and participation as providers in the HUSKY Program. At this time, DSS is recommending that we defer an immediate rate increase to nurse-midwives for the following reason. After we began discussions with you all last week, concerns around equity in health outcomes for maternity care, as well as our high rate of cesarean deliveries in the HUSKY Program, DSS began a process of looking more comprehensively at the way we paid for childbirth and maternity care in Connecticut.

So, we are in the process of developing what we're calling a maternity bundle over the course of the spring, including all of our provider-stakeholders that will include that payment bundle will include nurse-midwife services. And the intent of this new payment strategy is to pay on a basis of rather than if particular services for the bundle of services that we know are important to high quality outcomes for childbirth and to incentivize the use of things like, doulas and other types of alternative care strategies that we know can improve equity in our outcomes and also improve the quality of care and lower our cesarean delivery rate.

So, it's for that reason, because we have undertaken this process of beginning to look at our maternity bundle, that we would suggest deferring this conversation about nurse-midwifery payment strategy and we very much look forward to further conversations with you all about the bundle payment and the ways that it can be used to effectively address our equity and quality concerns in HUSKY. And we also would support maintaining our current payment strategy for a podiatrist in the HUSKY Program.

With respect to Section 4, which proposes covering peer supports under the Medicaid State Plan, we are very much in support of the role of peer supports both in recovery and in other areas of our service.

We recommend that instead of covering these services under the State Plan as a separate fee for service payment, that we continue to provide them on a statewide basis in ways that we already are providing peer support and again, in collaboration with our partners at EMS. And that is through our care management program at Beacon, which is our behavioral health administrative service organization and also through our value-based payment initiative, PCMH+, through which all PCMH+ practices have hired community health workers in order to extend their local care teams.

And I believe, Madam Chair, that should conclude our testimony. And we are here to take your questions. Thank you very much for the time.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. And thank you to Deputy Commissioner for your testimony. Quick question on Senate Bill 764. And I'm gonna ask my colleagues to raise their hand and for some reason, if I don't -- if you're having a hard time, please just wave also, because I know that some of us are having some difficulties with the technology. So on Senate Bill 764 that talks about the midwives. Did you mention in your testimony what the percentages of Medicaid pregnant women that go by midwives versus OB-GYNs?

COMMR. DEIDRE GIFFORD: No, I did not Representative and I don't know if Kate or Mike has that percentage. I don't know it off the top of my head.

REP. ABERCROMBIE (83RD): Kate or Mike, do you by chance know the percentage?

KATE MCEVOY: I regret to say I do not. We will certainly research that and circle back around with Heather.

REP. ABERCROMBIE (83RD): That'd be great. And when I call on someone, if you could just say your name, just so that everybody that's watching YouTube

acknowledges who's on here. Thank you for that. And I will go to my colleagues for questions. Representative Dauphinais, followed by Representative Hughes.

REP. DAUPHINAIS (44TH): Thank you very much, Madam Chair. And thank you very much, Commissioner Gifford Deputy Commissioner Brennan for your testimony today. I just have two questions. The first one has to do with the... Sorry, I'm getting my notes here, so I'm trying to do all online. It has to do with adding the Commissioner to the Senate Bill 853. Can you explain what value-adds we are going to have by adding the DSS Commissioner to this statewide health information? And if you could explain to me, how this is gonna improve the outcome?

COMMR. DEIDRE GIFFORD: Yes. So, with respect to the Commissioner being added to the Board, you may be familiar, but maybe not, that the primary source of funding for the design and initial startup of the health information exchange has been through Medicaid funds. So, it is in fact DSS that has been submitting in collaboration -- in full collaboration and cooperation with the Office of Healthcare Strategy. But it has been our agency as the single state Medicaid agency that is required to file with the feds at the Center for Medicare & Medicaid Services, all of their requests for funding that have come through that CMS funding route. So, we have been a very significant part of the development of the HIE.

Furthermore, with respect to the function of the health information exchange, when in fact it's operational, which we look forward to happening shortly. Of course, it's going to be very important for our HUSKY members to be able to avail themselves of the advantages of a statewide health information exchange in terms of having their results available between different providers, making sure that tests are not unnecessarily repeated, that care coordination can be more easily carried out, et

cetera. So, for those reasons, we thought it was important to have DSS represented on it.

REP. DAUPHINAIS (44TH): Got it. Thank you so much for clarifying that for me.

DEIDRE GIFFORD: You're welcome.

REP. DAUPHINAIS (44TH): My second question has to do with Senate Bill 854 and that concerning the list of 100 most delinquent childcare support. And I'm just wondering, the bills you're objecting to, it was a little concerning to me because I feel like there's many families that are losing out because they don't have the funds they need and this Bill I thought would hold them accountable. So, I was interested to hear your approach, but one of my question is about this initiative. Are there any other states that follow this that would basically have this and has this help the collection efforts made by agencies and other things to provide support for families?

COMMR. DEIDRE GIFFORD: Thank you, Representative. Those are really good questions and I'm glad you raised them because I think it gives us an opportunity to talk about the rationale behind this. And I'm joined by John Dillon who runs our Child Support Program at DSS. And he can fill in for me some additional detail. But, although I agree with you, it does sound logical that by publishing the names of the names of the obligors, they may be held accountable. In actual fact, I think when this has been played out in other states, it has had a number of unintended consequences, which could be potentially harmful to the children and families. Our Child Support Program in collaboration with a number of you has been working for years to really take a new approach to child support, which is around efforts at reunification and bringing the non-custodial parent more closely involved with the custodial parent and the children. And I think states that have used this type of public process

have found that it can be counter-productive to those efforts in terms of reunification. I also don't think it has borne fruit and John can support me on this, I think. I don't think it's borne fruit in terms of additional collections.

There are also legal challenges and I would refer you to our written testimony, which details those a little bit more, but there are potential legal challenges. And I think probably not fully theoretical safety challenges in some cases to the children and families when these names are made public. So, John, what would you add to my comment?

JOHN DILLON: Yes. Thank you, Commissioner. For the record, I'm John Dillon, I'm with the Department of Social Services Office of Child Support Services. I'm the Director of the Program. Everything the Commissioner says is correct. Many years ago, this wasn't approach that most states looked forward to using. According to the information we have right now, there are only five states remaining that use this.

No one in New England or the Northeast at this point does. We testified to this last year with you folks and some additional individuals. And since that time, actually one other state, Indiana, has discontinued the practice for the exact same reasons that we're looking towards. You would think that the money would -- it would be a better way to collect funds, when in reality, the individuals that are the most delinquent nine times out of 10 are those that are in a difficult way financially, job-wise, education-wise and many other things, including mental health and things of that nature. We really found that it does not offer what you would think. It almost works against the family approach and getting dad back with the children.

A few years ago, now we ended up, the Office of Child Support Services were put as the lead over the Connecticut Fatherhood initiative. And quite

honestly, what the advisory council with the initiative offers us, seems to provide even a better method of moving the needle forward than the most delinquent obligor posting does. I know I'm going to leave some out, but the Membership of that Committee includes Office of Early Childhood, Department of Education, Department of Veteran Affairs, Department of Corrections, Department of Labor, Department of Higher Education, Board of Pardons and Paroles and so on. We find that that really is the group that we can work with to try to reach these people that are in that bottom rung and really feel that removing this as the better way to go.

REP. ABERCROMBIE (83RD): And I would bring Senator Moore for volunteering to coach here that initiative along with DSS, as well.

SENATOR MOORE (22ND): Great. So, just for the avoidance of doubt, if somebody is delinquent and there is legal action that could be taken to recover child support via either salary, garnishment or other legal means, this Bill would not preclude that, is that correct?

JOHN DILLON: That is absolutely correct. There are a number of things in the arsenal of the program that are required under statute and federal regulation, income withholding and a number of different liens against insurance settlement and inheritance, things of that nature.

SENATOR MOORE (22ND): Great. Thank you so much for your presentation, and have a good afternoon.

JOHN DILLON: Thank you.

REP. ABERCROMBIE (83RD): Thank you Representative. Representative Hughes, I saw your hand up, but it's no longer up. Do you still want to speak?

REP. HUGHES (135TH): Yes, please. Thank you, Madam Chair. And thank you, Commissioner and your staff

for working with us and appearing before us. I just wanted to ask, and I'm sorry, I don't know the answer to this ahead of time, but the Section 3 about the nurses and the midwives and the childbirth maternity bundle, did that come out of the explicit recommendations of the MAPOC, maternity and childcare subcommittee? Do you know?

COMMR. DEIDRE GIFFORD: I do not. Kate, do you know the answer to that question?

KATE MCEVOY: Thank you, Commissioner. Thank you, Representative Hughes. the Commissioner's emphasis on maternity really spans from data that we have yielded from our current Obstetrics Pay-for-Performance initiative. So that really illustrates many of the points that you made around the prevalence of cesarean births and especially disparity matters for black and Hispanic women in terms of outcomes, both associated with birth and then also neonatal abstinence syndrome. So that was an immediate priority that she served us upon, assuming leadership at DSS that aligned perfectly with the work of the Women and Children Subcommittee led by Representative Gilchrest and Amy Gagliardi, their recommendations, particularly around the role of nurse-midwives, doulas. I think we have substantial alignment around the clinical validity. But then also the consideration of the power of a value-based payment arrangement, really to anticipate all of the elements of what promotes a positive birth outcomes. And it's for that reason that the Commissioner has catalyzed that effort at DSS. So, I think you'll find that there's a substantial compliment to the recommendations, proposed by the leadership of that committee.

REP. HUGHES (135TH): Okay, great. I mean, I'm all for a better strategy than legislation if it's already in in action. I just want to make sure that, I'm not really sure where these initiated from and I want to make sure we capture those best practices, if you will, or best recommendations. The Medicaid

in expanding acupuncture and chiropractic, especially for pain management, you mentioned the $360,000 of the State's share that is not currently in the Governor's budget, but what about $450 million unspent Medicaid dollars set aside. Is there a way to look at expanding those provider services under that savings?

COMMR. DEIDRE GIFFORD: Well, Representative, as reflected in the Governor's budget, there were savings, both because of an enhanced federal match, but also because of lower spend over the past year. But they were, of course, also matched by extraordinary expenses that have been incurred as a result of the pandemic. So, I wouldn't say that they're switching between expanded costs and prior savings. It's always not straightforward as you know. And so that's the reason for the agency's [inaudible].

REP. HUGHES (135TH): Okay. I do have first-hand experience with a lot of case management clients that acupuncture and chiropractic is the only thing that relieve certain chronic pain conditions from folks with like multiple myeloma and those kinds of conditions. So just, just wanted to flag that as a way of getting people not on opioids or benzos, but, you know, on non-medication pain management.

The other thing I was thinking about was you said maintain the current payment strategy on podiatry. And I've noticed in this pandemic, a lot of clients with diabetic foot problems that aren't getting cared for, and it's compounding conditions that are becoming way more severe. So I'm not sure what the care management strategy is except that a lot of these HUSKY clients are homebound and mobility challenged, if you would, to getting in to see those providers. So, I'm very concerned if we're not looking at ways to expand that, especially under this, you know, ongoing pandemic.

COMMR. DEIDRE GIFFORD: Thank you, Representative, and we fully agree, it's a critical component of diabetic care in particular. And I know our HUSKY program has been working hard to both measure quality for people with diabetes and make sure that they have the care management either through PCMH+ or through our partners at the administrative services organization. So point well-taken and we will continue to work to make sure that there is adequate access for people for those services. Agreed.

REP. HUGHES (135TH): Okay. Thank you. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Representative. Senator Moore.

SENATOR MOORE (22ND): I'm going to pass. Thank you all for being here, Commissioner. Representative, Hughes asked part of the question, but I'll wait to see if there are more questions regarding the acupuncture now for last.

REP. HUGHES (135TH): Thank you.

REP. ABERCROMBIE (83RD): Thank you, Senator. Commissioner, talking about House Bill 6416, which has to do with the liens. Two questions for you. The first one is, do we know what the percentages of individuals that we try to recoup the cash or medical assistance from? Do we know, out of Medicaid participants, like on a yearly basis, how many we try to recoup?

COMMR. DEIDRE GIFFORD: For medical assistance or for all the -- ?

REP. ABERCROMBIE (83RD): For all, for cash or for medical assistance, the participants.

COMMR. DEIDRE GIFFORD: I do not know if that number was reflected in our testimony. Graham, do you have any information on that?

GRAHAM SHAFFER: Hi, I'm Graham Shaffer. I'm an attorney with the Department of Social Services that works with our staff on some of the recovery issues. I don't think we have any numbers about exactly what percentage we attempt to do some sort of recovery on. But I can talk to you a little bit about the categories of Medicaid that we do attempt recoveries either because we're required to do so by federal law or because we do so as at State option. And that's generally focused on the provision of long-term care benefits. So, the folks in nursing homes or the people who receive home and community-based services for the people that receive those long-term care benefits, and when they're over age 55, we are required to go and do a recovery from their estates when they pass away. So, we always do those types of recoveries.

And then, at State option, we're allowed to try to do other forms of recoveries for any kind of Medicaid that's provided when the person is over 55 and we have elected that State option in most programs. We do not do it with the ACA expansion group for the low-income adults, because when that came about, we wanted to encourage people to sign up for that coverage. So we made the conscious decision not to do it at that time. In addition, I know a lot of the focus, it seems has been on real property liens that are placed on people's property before they actually pass away. That is also a State option that we have elected to do. So, if somebody does apply for a long-term care benefits and they have real property, we will place a lien on that property when we've made the determination that they cannot return to the community.

COMMR. DEIDRE GIFFORD: And so, Representative, we'd be happy to get you some more detail on numbers. And as I suggested in my brief remarks, look forward to

further conversation with you and other stakeholders on this Bill.

REP. ABERCROMBIE (83RD): Yeah. Any additional information that you could give us would be really helpful. So, thank you for that. And then Senate Bill 765, which is the one that clarifies the home care program for persons with disabilities. Is the intent of this Bill to make sure that individuals that are not eligible for Medicaid or other programs get the services they need under this program, since it is a limited program?

COMMR. DEIDRE GIFFORD: Yes. It is intended, as you know, the Program is limited to only 100 individuals per year, but the goal is to make sure that if the person would be served under Medicaid and has that eligibility, they could free up one of those 100 spaces for someone else who doesn't meet Medicaid eligibility. So, it's really to eliminate any duplication between the two programs and make sure they're both being used to their maximal extent.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. Representative Case, followed by Senator Lesser.

REP. CASE (63RD): Thank you, Madam Chair. Good afternoon, Commissioner. How are you?

COMMR. DEIDRE GIFFORD: I'm well, thank you.

REP. CASE (63RD): Just to follow-up with you real quickly on 6319. My understanding is there's two or three of these bills floating around in different committees, recovering dollars. The number $250,000 rings a bell in my head. Are you aware of any of these others on recovering?

COMMR. DEIDRE GIFFORD: 6319 or 631... I'm sorry. Which bill are you talking about, Rep. Case?

REP. CASE (63RD): The recovery of the dollars under the Public Assistance Program.

COMMR. DEIDRE GIFFORD: The Liens Bill?

REP. CASE (63RD): Yeah.

COMMR. DEIDRE GIFFORD: Yeah. I am not, but I don't know if any members of the team are aware of others of this nature. Graham.

GRAHAM SHAFFER: Commissioner. This is Graham Shaffer again. I believe there is one other bill that has similar, if not identical language that's been introduced at even the Finance Committee.

COMMR. DEIDRE GIFFORD: I believe that's 5332.

REP. CASE (63RD): Yeah. I was just curious on the similarities and looking through as the $250,000 mark rings a bell. And I'm just curious where that comes in and how that will impact. I'm sure we'll see it in defined language.

COMMR. DEIDRE GIFFORD: I think that does represent one of the challenges that we articulate in our testimony, which is kind of how one arrives at that valuation, which in and of itself is a process obviously, and then it could be contested. So, we agree that further conversation on that is important.

REP. CASE (63RD): It's received a lot and your staff has been wonderful with people who are looking to leave nursing homes, but still have to care of bills there and they have properties and trying to liquidate those. And it also comes into windfalls of monies that people got within the lookback time. I think it's more in depth than just putting something out there that we really need to look into it before we invent something substantial that could hurt somebody.

REP. ABERCROMBIE (83RD): Thank you, Representative Case. Senator Lesser.

REP. LESSER (9TH): Yes. Thank you, Madam Chair. And thank you, Commissioner Gifford for your testimony. I've also -- Just a couple of quick questions about the, the Lien Bill. I think that's 6416. Specifically, I'm reading your testimony. It concerns the liens that DSS currently has in place, particularly on real property. And I was just wondering, because I know that there's other legislation pending in the General Assembly that would concern the recording of liens. Does DSS always record liens? How do we know where those liens exist and where they don't?

COMMR. DEIDRE GIFFORD: Right. I think you're pointing to one of the challenges. The liens are recorded at the local level is my understanding. But I'll ask Graham to elucidate.

GRAHAM SHAFFER: Yeah, this is Graham Shaffer, again. That's correct, Commissioner. Those are recorded in the land records, all around the State, and in the typical scenario, what is required by federal law, it is noticed that we intend to place that lien and an opportunity for a hearing before we place it. So, typically we will make a determination that the person who has been admitted to a nursing facility is now not likely to be able to return to the home because of their medical condition. We will send a notice to the beneficiary and property owner, letting them know we've made this determination or to their representative. And then they are entitled to request a hearing about that issue before we record the lien. And when we do record it, we do go to the local land records to do so.

REP. LESSER (9TH): Thank you, Madam Chair. And if I could through you, just one clarifying question. So, I guess it sounds like there's a process, but are there a lot of liens that are therefore in limbo? How do we know what the scope is? Is that -- because obviously it would be a lot easier to understand the scope if you were recording these with the local

land use officials and town clerks. But if you're not, it's harder to get a handle on this. So are there cases where there are liens that have been -- that had gone through that hearing process that you just described that they have not been recorded? Or are there a lot of folks in limbo? What's the sort of the lay of the land on that?

GRAHAM SHAFFER: Thank you, Graham Shaffer, again. So, I mean, there should be really no limbo because we will notify the person, we're gonna place the lien. They have an opportunity to request a hearing. If they request it, the hearing will go forward and the hearing officer will decide whether the lien is actually appropriate to record, in which case it will be recorded.

If they don't request a hearing, we will then, of course, just record the lien. In the Medicaid long-term care cases, we afford 10 days from the date that we send the notice for them to request a hearing. And if they do so within that 10-day timeframe, we don't record it until after a hearing has occurred and a non-hearing officer has weighed in on the appropriateness of placing that lien. If they request it after 10 days, but before the 60-day timeframe, we give them for that, we will place the lien. But if the hearing officer decides it should not have been placed, then we remove the lien from the land records. I think one of our concerns is, you know, if the Bill, as we interpret it would require us to go out and remove all of those liens that have been placed over many years, including for cash assist beneficiaries, which may have been placed some time ago, and for owned property, that's never been transferred, for instance. That would be a pretty daunting undertaking, I think, if we're supposed to do that proactively.

REP. LESSER (9TH): So your comments are about retrospectively removing the existing ones and they would not -- there would be a different set of concerns about prospective pushback then].

COMMR. DEIDRE GIFFORD: That's correct, Senator.

REP. LESSER (9TH): Okay, great. Thank you. I have used up a lot of the Committee's time. Thank you, Madam Chair. Madam Chair, I think you're muted.

REP. ABERCROMBIE (83RD): Sorry. Thank you. Senator Moore, your hand is up. Do you want to speak now?

SENATOR MOORE (22ND): Yes. It is.

REP. ABERCROMBIE (83RD): Great. Thank you.

SENATOR MOORE (22ND): I'm having a terrible problem with internet using, using a couple of -- I think I've used up all my data. So I can't find some Bills I was looking at. But I wanted to ask Commissioner to go back and talk about Senate Bill 764 regarding the acupuncture. Can you tell me -- I mean, I'm looking at things from two lenses. One is the way of racial equity for health. So, when I looked at pain management and the care management of podiatry and the acupuncture. Is the pushback just about the budget that you're not in favor of at this time?

COMMR. DEIDRE GIFFORD: Yeah, I think that what we're saying is that the Governor's budget doesn't reflect increases that would support the services center. There is, as I mentioned, some limited evidence of efficacy for some conditions and indications and less evidence elsewhere. And we do cover these services as we reflected for some clinical settings, but decision in Connecticut today has been to keep those fairly limited. I think one concern we would have would be about the expansion of services beyond the fairly narrow scope that's currently described into areas where there was less clinical evidence for effectiveness and making sure that those surfaces could be circumscribed "for the indications that the Legislature intended."

SENATOR MOORE (22ND): So right now, they're provided by the federally-qualified health centers, is that correct? So, if you go outside of that area and you look at private physicians, do you have any idea what the scope would be to include them? What cost it would be?

COMMR. DEIDRE GIFFORD: Well, the cost estimate is relatively modest. And I don't know, Mike, if you can comment or Kate, if you have additional information about how many providers we estimated would join the program as a result of this change?

KATE MCEVOY: I'm happy to start just by clarifying, Senator Moore. Thank you for the question. Kate McEvoy, Director of Health Services. Qualified physicians are presently authorized to cover acupuncture, provide acupuncture services. We have a very low incidence of that utilization presently. This would propose to expand the coverage of services to licensed acupuncturists to their independent professionals who are separately licensed by the Department of Public Health. They attended a three-year program, and they have CEU credits. So, there's a set of requirements that each manages for them. So, this is an expansion for that limited purpose. And as the Commissioner articulated to me, would urge emphasis on pain management because that is where we see the clinical evidence and also where there's an intersection with the governor and the Commissioner's agenda around supporting individuals who have substance use disorder. And we have gap areas with effective pain management. So, I think that's what she was speaking too, but I certainly defer to Deputy Commissioner Gilbert, if you'd like to speak to the finance piece of this.

MICHAEL GILBERT: Thank you, Kate. Deputy Commissioner, Mike Gilbert. In particular to the finance piece, we had estimated a total cost of a little bit under $300,000 of which the State's share would be the $98,000 figure that you see, I believe.

And we can clarify this if we need to, but we had estimated that there probably would be only approximately 330 situations where there would be access to acupuncturist services if we were to expand to independent settings. So, the estimate is based upon that and we can provide some additional details around the estimate and how many visits we assumed to support the estimate with additional detail.

SENATOR MOORE (22ND): Thank you. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Senator. I don't see anyone else's hand raised, but are there any of my colleagues that do want to ask a question that weren't able to raise their hand? I don't see any. Heather, help me here. Am I missing anyone?

HEATHER FERGUSON-HULL: There is none as far as I can see, Representative.

REP. ABERCROMBIE (83RD): Okay. Thank you. Thank you, Commissioner. And thank you for your team for being here today. We really do appreciate it. Have a great day.

COMMR. DEIDRE GIFFORD: Thanks for having us. Bye.

REP. ABERCROMBIE (83RD): Next up is Mairead Painter, our Long-Term Care Ombudsman.

MAIREAD PAINTER: Good morning.

REP. ABERCROMBIE (83RD): Good afternoon, Mairead.

MAIREAD PAINTER: It's afternoon, yes. Thank you. Not sure what time it is. Sorry.

REP. ABERCROMBIE (83RD): Yeah. I know. Nice to see you.

MMAIREAD PAINTER: You as well. Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Distinguished Members of the Human Services Committee. My name is Mairead Painter. I'm the State Long-Term Care Ombudsman. I want to thank you for this opportunity to testify before you today on House Bill 6317, AN ACT PROHIBITING DISCHARGES FROM NURSING HOMES, RESIDENTIAL CARE HOMES TO TEMPORARY OR UNSTABLE HOUSING. The Long-Term Care Ombudsman Program is in support of this Bill to prohibit these discharges to temporary or unstable housing.

We believe that residents should only be discharged to situations where they can receive supports that are appropriate and necessary to stabilize their overall wellbeing. For nursing home residents, appropriate discharge planning should begin on the day of admission and reviewed at least quarterly. This addresses issues and concerns prior to the date of any discharge needed. This allows for time for appropriate referrals to be made to State agencies, programs and community partners. As the state expands access to programs like CHESS, that would better support individuals as they look for connections to be made. This would help facilitate housing and appropriate options.

When there's a lack of stable housing, many of these individuals returned to the hospital with higher levels of medical needs and require re-institutionalization. Residents have the right to a discharge that, unless an emergency is planned and meets their individualized needs, including stable housing. Not providing the stability puts the individual at risk. Also puts greater demand on the overall system. I want to thank you for your consideration and I'm available for any questions you might have.

REP. ABERCROMBIE (83RD): Thank you, Mairead. Thank you for all your hard work. We really do appreciate everything that you do. So just a quick question. Do

we know the percentage of individuals that are not being discharged to a proper location?

MAIREAD PAINTER: I do not have that information. We are looking to develop a system that would capture that better, but right now, I don't believe we have that information not at my office.

REP. ABERCROMBIE (83RD): And do you think we should tighten the statute that requires that when an individual goes into a facility that the discharge process should start at that point? Do you know how the statute is currently written?

MAIREAD PAINTER: For that component of it, of care planning and appropriate care planning that component comes from CMS. That's a federal regulation that we look at. We could put stronger parameters around that here at a state level. But that is a requirement, that is supposed to be looked at every care plan meeting on the potential for discharge and any services or needs around them.

REP. ABERCROMBIE (83RD): And do we have the ability to see if that is currently being done? Like how do we track that, right? How do we know that people's needs are being met from the time they come in? Or are they just being discharged without the proper steps being followed?

MAIREAD PAINTER: One the ways we look at that, we would only look at it if we received a complaint from the resident about their discharge planning. And then we'd look back at the care plan that the Department of Public Health, we have access to, the family has access to, to see if that was started upon admission. What were the barriers and how were those risks mitigated throughout the process? What referrals may have been made along the way?

REP. ABERCROMBIE (83RD): Thank you. I just received a text saying that there were about 10 cases last year that involved improper discharges, which, you

know, in my opinion, one case is one too many. So, thank you for that. Questions from colleagues?

MAIREAD PAINTER: Thank you, Representative. The 10 cases, we do hear about cases on involuntary when they go if the resident appeals them. If not there's many that leave, that we don't necessarily get an appeal on, where we're looking to have some better mechanisms to track that.

REP. ABERCROMBIE (83RD): Thank you. Thank you for that. I do appreciate it. I don't see any follow-up questions from my colleagues. If there is anyone that I'm not spotting, can you raise your hand? I mean, can you, maybe just wave into the camera if I don't see your hand raised? Okay, Mairead. You did such a good job. No questions. Thank you so much for your testimony. We do appreciate it.

MAIREAD PAINTER: Have a great day. Thank you.

REP. ABERCROMBIE (83RD): You, too. Thank you. We did reach the first hour for the elected officials. So CHRO, which is the Commission on Human Rights and Opportunities. We have to go to the public next and then we will rotate back and forth. So, our first person from the public is Matt Barrett, President and CEO of the Connecticut Association of Healthcare Facilities. Welcome, Matt.

MATT BARRETT: Thank you very much, Representative Abercrombie. And good afternoon also to Senator Moore and to the Distinguished Members of the Human Services Committee. My name is Matt Barrett. I'm President and CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center for Assisted Living. And I thank you for this opportunity to submit testimony on House Bill 6317, AN ACT PROHIBITING DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES TO TEMPORARY OR UNSTABLE HOUSING.

The proposed legislation provides that no nursing home residents shall be in voluntarily transferred or discharged from a facility to any housing where the health or safety needs of the resident cannot be met in accordance with Section 47-A7, or by an available and willing caregiver pursuant to Section 1995 35C. A significant body of state and federal law now prohibits the involuntary transfer and discharge of nursing home residents to the community, except for certain reasons, and only when the nursing home file detailed procedures to protect the due process rights of the residents and discharge planning process. These longstanding rules prohibit an involuntary transfer and discharge if it is medically contraindicated.

In short, a safe discharge is required and only allowed under specific situations such as the medical care that the resident requires can't be provided in a nursing home setting or the resident no longer needs nursing home care because the resident's condition has improved, or the health or safety of other individuals in the home is endangered. Strict notice, including a copy to the State's Long-Term Care Ombudsman must be delivered in writing within 30 days of the proposed discharge, and details of the resident's right to contest the discharge and the right to a hearing at the Department of Social Services must be included. The filing of an appeal stays the discharge until a hearing decision is rendered.

Moreover by Executive Order 7XX, Governor Lamont in June, 2020, for the duration of the public health emergency has suspended involuntary homeless shelter discharges, and any hearing or decision in connection with the involuntary discharge process. And further the Bill provides that a nursing home effectively inspect each potential discharge location and make assessments about the landlord's duties, which are outside of the purview of a nursing home and would be an unrealistic burden to place on them.

And finally acknowledging that housing instability strongly correlates to an individual's health with significant implications for the Medicaid Program and its utilization in nursing homes and in other healthcare settings. Connecticut has designed a new program to support individuals served by the Medicaid Program in access and retaining stable housing and meaningfully engaging with their healthcare goals and a new supportive housing initiative. And without restating the details of that, Commissioner Gifford's testimony really fully-explained the new CHESS initiative that will serve some 850 individuals who are experiencing homelessness and who have high Medicaid utilization with new housing vouchers and services. And so, we recommend addressing the underlying --

HEATHER FERGUSON-HULL: Excuse me, the three minutes is up. May you please summarize.

MATT BARRETT: Yeah. We recommend addressing the housing instability through the enforcement of this significant body of law that is now on the books, both federally and in the State of Connecticut, and moving forward with the CHESS initiative as the best possible opportunity to address these housing issues. And I thank you very much for the opportunity to offer testimony.

REP. ABERCROMBIE (83RD): Thank you, Matt. Thank you for your testimony. You know, your testimony says that there's a process in place, yet we have 10 individuals on the books that were improperly dismissed from the nursing homes, right. In my opinion, one person is one too many. Needless to say, there's a flaw in the system. And I think that's why we're here today. I agree that the CHESS Program is gonna be phenomenal when it's up and running, but we haven't gotten approved from the Fed yet, right. So, we can't even count on that at this point. So, I think it's really important for us to make sure that we have good policy that's gonna

protect our residents that are coming out of nursing homes.

MATT BARRETT: Right.

REP. ABERCROMBIE (83RD): Representative Cook.

REP. COOK (65TH): Thank you, Madam Chairman. And hi, Matt. Nice to see you. I just had more of a, I think, more of a statement than a question, but probably will lead into one. I take pause with the conversation of the nursing home doesn't necessarily have the means or the ability to check where residents are going after discharge, but I do think that we have a moral and ethical obligation to ensure that wherever they go, it is a safe and an appropriate living environment for the next steps. So, I guess so here's my question, Matt. So, if in fact, it is not the responsibility of the nursing home, then whose responsibility is it? Especially if the fact that resident does not have anybody else to advocate for themselves. And if we increase social workers, which is a direction that we had been looking to go through after our working groups over the summer, due to what we learned with COVID and the response, why would we not be able to give the social workers part of that responsibility and help ensuring the safety as the next steps as somebody leaves a nursing home setting?

MATT BARRETT: Right. Yeah. And good afternoon, Representative Cook. And I appreciate your question very much. And if I could just in leading into it acknowledged that the 10 cases that I think have been referred to in further testimony, aren't specific findings that in 10 situations, the nursing homes were found to have violated the process or the rules regarding involuntary transfers. My understanding was that those were cases in which an involuntarily transfer notice triggered a request for a hearing. So, I didn't understand that to be 10 cases in which the nursing homes were found to have violated the rules. There were 10 hearing requests,

and I don't know the disposition of all those hearings. I'm going to guess that in some situations, that the nursing homes had been found to have followed the process, and found had properly notified the resident and properly followed the rules regarding an involuntary discharge. I just don't know for certain, Representative Cook or Representative Abercrombie, what those 10 cases means.

But, Representative Cook, in terms of your question, you know, we have to address our testimony to the bills as written and as drafted. This Bill would direct us basically to follow up with the landlord to ensure that all of these duties and responsibilities for the landlord that are enumerated in in the Section of the Landlord Tenant Law that was cited in the Bill regarding repairs and plumbing and electricity, and a whole range of things that are the landlord's duties and responsibilities. It seems just completely improper that the nursing homes would have any authority or even ability to gain that information from the landlord, nor would the landlord have any duty or responsibilities to respond to our nursing homes' request for that information, even in the event, they requested it.

But your point about social workers, I think, is really well-taken that certainly the more social workers in the system and the greater amount of time that they're able to devote to the discharge planning process, which by the way, I believe begins on day one, without regard to whether or not the federal rules require it or whether the State statute or regulations spell that out in detail. The discharge planning process that I'm aware of in nursing homes really begins on day one. And it's part of actually the decision to admit that a resident is understanding that you will take duties and responsibilities to discharge the resident at the time being.

And it's also a concern I have about the way this law is written is that if a nursing facility has concerns that they won't be able to discharge because of these strict prohibits, even as merited as they are, it could interrupt the admission process for a great many people because their underlying situation through no fault of their own or through the nursing homes, is their housing instability. But the point about social workers, that absolutely is very well-taken and I appreciate it.

REP. COOK (65TH): So Matt, I guess here my question is though, right now, regardless of whether tenant or landlord, if I am leaving my nursing home placement to go home, I do a home visit. I'm supposed to be doing a home visit and they're supposed to be ensuring that the location of which I am going to next is appropriate, safe and a place for me. So what would be the difference if it was my own personal home, or if I'm going to a landlord-type situation, would you not want that landlord to be in that place to ensure that all of those things are safe? Because at the end of the day, would that not protect you as a facility to ensure that you did not discharge somebody to the next steps, to an unsafe location where they got hurt, as opposed to letting them go and taking no onus or responsibility on this?

MATT BARRETT: Right. I think it does. I think in situations where there aren't family members to make those evaluations and make those representations to the nursing home, then you would be relying on the resident in the event that there is no other fiduciary or family members. So the resident would be making their representations that concerning, you know, they're discharging to a safe place. Absent that, I don't know that there is a social worker that is actually doing it. I know the inquiries are made, but I don't believe there's actually a duty and responsibility on the law to follow through with

that, or the ability of the nursing homes to do that.

REP. COOK (65TH): So Madam Chair, just one final question to Matt, just for clarification then. So, I am Michelle, I'm leaving my nursing home and I'm going to transition hypothetically to home, to what was my home or what might be somebody else's home. Who goes with me currently in current law, who goes with me to check to make sure that -- that looked to do a home visit to ensure that that location is safe for me?

MATT BARRETT: I do not believe there is a representative from the nursing home that is actually doing that home visit, nor does the requirements require that. And so I think that we're relying on a lot of representations of family members. I do think that the number of cases regarding housing instability, although regrettably, I'm not able to say to you that we live in a state where we don't suffer from housing insecurity for so many people, and that those people -- And I'm grateful for our nursing homes are willing to admit those residents when they need them. But that their housing instability is not solved while they're at a nursing facility. I think it is a major issue and a failure of our social safety net. And I'm sure that's not an issue that isn't shared by the members of the Human Services Committee. But I don't think it's fair to ask the nursing homes to be responsible for addressing those issues.

While I think we should be partners and we should be coming to the table with that. And we were early supporters of this CHESS initiative because it does really sort of interrupt this recycling or this over-utilization of the system. And we're all in for that, but to put these requirements in place that I don't think we could adhere to, I don't think is the right way to go.

REP. COOK (65TH): So Matt, in closing, just with all due respect, there was in theory, a safe and appropriate discharge plan that was supposed to be in place for every resident as they transition out of a facility. And I do know for a fact, as I've spent tons and tons of time in a variety of different facilities, that OT and/or PT would do a home visit with the resident before they went. And if they could not find it, that it was acceptable, that resident would not be discharged and they would wait to a later date. So, I'm just totally unsure as to why we are saying that we don't do it. But in fact, there's already been practice to do it.

Short of the fact that maybe there's been a change during this pandemic situation for safety protocols, which still would blow my mind because we still have a responsibility for safe discharges regardless of a pandemic. But at the end of the day, I believe that we do have an ability and we do have a responsibility, and if we do not continue to do that, and that would include to ensure that utilities are okay and steps are okay, or a ramp is okay, then we are falling and failing our residents in their next transition of safe growth to their continued healing success. So, not need to be a debate, just wanted to make the statement, 'cause I know we do it for a fact and I want to continue that conversation, Madam chairman. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you, Representative, and thank you for your advocacy on behalf of individuals in the nursing homes. You've been on the front lines for this, Representative Cook, and we really do appreciate all your hard work.

Matt, just in final closing, I have to say that I think that the nursing homes have as much of a responsibility when it comes to discharge, just like hospitals do. And we've had some issues with hospitals also through this pandemic, discharging people and not making sure that they had an appropriate place to go or that they had appropriate

services. So I still believe that you guys have a responsibility. And I'm just gonna say, I don't think the nursing homes have been meeting that responsibility. I know you talk about the CHESS Program, but that also shows that people are being discharged to places that are not appropriate. So, thank you for that, Representative Arora.

REP. ARORA (151ST): Thank you, Madam Chair. And thank you Ms. Barrett for your testimony. My question to you is, what is the concern that you have? Is it that the nursing home does not have the ability to ensure to do that analysis, either the capacity or the resources? Or is it that there might be too many situations where you may not be able to ascertain the fact that that home is available safe, next home is available and there may be too many people who you could not discharge? And as a result, you would not admit people or not meaning you -- the nursing homes would not admit people knowing that there are people who cannot be discharged ever, because the real problem is not -- is an unstable home. So, there might be some very secular challenges of the unstable housing system, the nursing home is taking on. Or is it just what was being discussed the capacity to really make that analysis or that determination?

MATT BARRETT: Thank you very much, Representative Arora, for your question. I do want to state in really clear terms though that nothing abdicates or obviates the responsibility of the nursing facility under state or federal law or rules or under their obligations to provide adequate services to this population, to do nothing short of a safe discharge. Law requires a safe discharge and nursing facilities who violate the process and initiate and file involuntary discharge to an unsafe environment are in violation of the rules. And whether or not those full 10 cases mean that have been brought forward mean that in fact that the decision has been rendered, they have done so putting aside that question, you know, 'cause I don't know the answer

to it. But in no event, would nursing homes be able to, within the rules initiate an unsafe discharge knowingly.

The issue of capacity is an important question, but the better question, I think, Representative Arora is, how do you assure for a system that is going to encourage nursing homes to provide services to a population knowing that we have housing instability? And many of the persons who need homeless shelter services also have a range of other healthcare conditions and mental health issues and issues of substance abuse that land them, regrettably, in a hospital. And then they are not ready to be discharged really, basically into the community without services at that time. They need rehabilitation. And so even the homeless shelters themselves, and when this system is working the best and they're discharging from the hospital and it is a known person, and this is why this CHESS initiative is so important. They have done a data match of Medicaid recipients and the homeless shelter utilization process. And so, this CHESS initiative will allow us to identify people that fall under this category of that are at-risk and we can get to work on that right away.

But if you're saying to nursing facilities that their housing instability must be resolved by the time they're ready to be discharged, then I think it's going to be difficult. It's going to hamper nursing homes in their decisions regarding admission in the first place, let alone the challenges related to discharging because of the capacity issues you raised, but it's a systemic issue. And this is why this CHESS initiative gets to the root cause of this. But asking nursing homes to be essentially a transitional housing entity and there's no reimbursement for it whatsoever is really a harsh remedy to -- and putting a sort of a burdensome responsibilities on the nursing homes for a societal problem regarding homelessness.

REP. ARORA (151ST): Madam Chair, may I have a follow-up?

REP. ABERCROMBIE (83RD): Sure. Go right ahead, Representative.

REP. ARORA (151ST): Mr. Barrett, are you saying that this is because if you determined or you were unable to determine the safe discharge situation, and I'm a little bit understanding that if you have the ability to -- or if your members have the ability to understand that, that it would -- how would it be on you burden financially? With Medicaid or if they were not able to pay and they're self-pay patients, would they still have to pay you to stay there, right? Or Medicaid will have to reimburse you. Or if you find that they cannot be discharged to a safe place, now that's -- is that, you know, and perhaps it's my lack of understanding of this statute, that now they are no longer covered or they no longer have to pay?

MATT BARRETT: Yes. Thank you, Representative Arora. I think that was made clear in the Commissioner Gifford's testimony that there is no mechanism to assure for ongoing Medicaid payment when the resident no longer needs a nursing home level of care. And so in those situations, there's certainly no Medicaid payment. And as for Medicare, the other principal payer for a supportive nursing home care, if the recipient has been determined no longer to be improving under federal rules, then Medicare payment could be denied as well. But it is principally -- I wouldn't characterize this as a cost issue alone, although it is always important to point out that our struggling, and very challenged nursing homes are not really in a position to be able to be delivering care to a segment of the population and receiving no reimbursement for it whatsoever, which would be the facts present in the situation that you described.

But this is really, it's really an issue of how do you get to the root cause of it? I do want to continue to emphasize that the discharge must be safe. And so, in the facts way, a person discharging has medical needs and has very clear situations where they need medical follow-up, it's incumbent on the nursing home to do the extra investigation and follow-up that Representative Cook was talking about, but in the lion's share of these situations, the reason, why the Department of Social Services has determined that Medicaid payment is no longer gonna be an opportunity is because the person no longer has the medical needs. They no longer meet the level of care that would make them eligible to be receiving Medicaid payment in a nursing home. That's the part of past.

REP. ARORA (151ST): So are you saying that if they are eligible for Medicaid, then that's not a problem. Then you're fine with them as long as there should be a correspondence between Medicaid eligibility and your duty to hold -- to provide for the patient, if the Medicaid -- Is that correct?

MATT BARRETT: No, I think. If I understand you correctly, I'm focusing mainly on Medicaid because the issues of the underlying housing instability that we are talking about are very often associated with a person who is eligible for Medicaid. But the law, both state and federal does speak to your duties and responsibilities outside of the Medicaid program. And non-payment from a private payer could trigger involuntary discharge, but again, all of the rules regarding the safe discharge still apply.

REP. ARORA (151ST): Thank you, Mr. Barrett for those answers and thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any further questions or comments? Seeing none. Thank you, Matt, have a great day.

MATT BARRETT: Thank you, Representative Abercrombie.

REP. ABERCROMBIE (83RD): We're gonna move back to the agencies now. And I'd like to have Tanya Hughes and Cheryl Sharp from the Commission on Human Rights and Opportunities. Good afternoon, ladies.

TANYA HUGHES: Good afternoon. You ready? Ready for us?

REP. ABERCROMBIE (83RD): Yes, Madam.

TANYA HUGHES: Okay. Good afternoon, Representative Abercrombie, Senator Moore, Senator Berthel, Representative Case and Members of the Human Services Committee. I am Tanya Hughes. I'm the Executive Director at the Commission on Human Rights and Opportunities. With me is our Deputy Director, Cheryl Sharp. And following our testimony, we will be available for questions. We're here today to testify on HB 6318, AN ACT CONCERNING SERVICE ANIMALS.

The Commission appreciates the opportunity to testify today, and we appreciate the intent behind this Bill. We recognize that this can be a convoluted area of law and needs some clarification. And as the state entity responsible for enforcing Connecticut's anti-discrimination laws, including those pertaining to persons with disabilities who may use service animals, we really appreciate the opportunity to offer our thoughts on this Bill's current language. Our written testimony goes into some extensive detail, but for the sake of time, I'll just highlight some points. First of all, the Commission has some significant concerns with the changes made in Section 9 of this Bill with respect to the definition of disability under Connecticut Law.

As detailed in our written testimony, the Connecticut's definitions of disability are

intentionally broader than the definition found in the federal statutes regarding non-discrimination. State courts have held on more than one occasion, that being disabled under Connecticut Law is not the same as being disabled under federal law. Often individuals are excluded from the federal definition because the courts do not believe the individual to be substantially limited enough. In Connecticut, we try to protect as many of our residents as possible from being subjected to discrimination.

We do support, however, the changes to Section 10, which allowed for expanded access to places of public accommodation for people with disabilities who have a service animal. The language is inclusive of all persons with disabilities instead of only a few select disabilities. Further the language addresses the needs of people with disabilities and trainers to have access to public places to train their service animals.

Finally, the commission has concerns with the mandate of Section 13 of this Bill as written. The Commission will often post information on our website to give information to the public about their clear rights and responsibilities under the law. Our concern is that this Section asks the Commission to set out permissible methods for property owners and landlords to determine whether an animal is in fact, a service animal. And this may constitute some improper rulemaking under the current case law.

Another concern regarding this issue is that the Commission takes complaints from people who believe their landlord or a business owner illegally denied them their right to use a service animal.

So, the Commission on Human Rights understands the need to clarify this area of law. And we really appreciate the opportunity to offer testimony and we want to offer our services to the Committee to work

with you. And we'd like to answer any questions that you have at this time. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Tanya. Cheryl, did you want to add anything to that?

CHERYL SHARP: I don't really need to add anything. I'm really here to answer any questions if there are, because I've been a trial attorney for decades on handling these types of complaints that are being filed with our agency. So, if there are questions that that need to be answered, that's my purpose here today.

REP. ABERCROMBIE (83RD): And Cheryl, weren't you part of our work group back in the fall of 2019?

CHERYL SHARP: Yes, I definitely was.

REP. ABERCROMBIE (83RD): Okay. I thought you looked familiar, so welcome.

CHERYL SHARP: Thank you.

REP. ABERCROMBIE (83RD): Questions from colleagues? Wow. You did such a good job. There aren't any questions Oh, Representative Cook.

REP. COOK (65TH): Thank you. Madam Chairman. I'm a slow to the hand rise. Sorry. So, I want to thank you both for being here and for what you're doing. So if you could clarify for me, just a tad bit on the Section 9, where you were discussing the definition of disability and then our difference between the federal law and the Connecticut law. Could you specifically give an example on how that would relate to maybe some complaints that you've had in the State of Connecticut versus what you -- I guess we'll stop there. So what you've had in the state of Connecticut?

TANYA HUGHES: So the State of Connecticut law is much more broad than the federal law. Under federal

law, there are several court decisions, which indicate that a person is not disabled because their life activities are not substantially limited which is the requirement under federal law. Under State law, you just need to have a chronic condition. The concern that we have is that the definition of disability is broken out into four different types of disabilities, whereas under federal law, it's not broken out in the same way. And so what would happen potentially is that individuals who would be protected under Connecticut law would not be protected under this new definition. Under Connecticut Law, you have physical disability, mental disability, intellectual disability and learning disability. And those are distinct and they are found in different sections of our statute and they mean different things, depending on where they're located.

And so, you may have an accommodation case where a person needs to be accommodated in their employment. One of the most riveting cases that I had was an accommodation case where all that needed to be done was that a table needed to be raised by about two inches and it would have required to have four bricks put under the table. And there was a gentleman, he was a paraplegic, he was unable to fit under the table and would have to take his wheelchair apart in order to work. We want to make sure that he is covered under the definition of disability. And so, in that case, the federal question is whether his major life activities are substantially limited by, what he deems to be a disability. Under Connecticut law, it's whether there's a chronic physical impairment. And so not only in that case where this individual obviously had a disability, but in other cases, such as if someone has Bell's Palsy or things that are chronic or can be persistent cancer, which can be in remission, but then come back. Those types of disabilities are covered under Connecticut law.

And certainly 10 or more years ago, there were cases that involved individuals who had cancer, where there was a question as to whether cancer was a disability, because it could go into remission or a person was in remission. But the problem was that the employer would still deem them to be disabled and treat them differently and offer these protectional reasons for taking certain actions against them. And it was really because of their disability.

We want to make sure in Connecticut, because the law has -- it's taken decades to develop that we don't roll back some of the protections that we have. And federal law is catching up with us, actually, one of the groundbreakers and leaders as it relates to anti-discrimination laws. And so we just want to protect that.

REP. COOK (65TH): So then if we narrow this down and I respect and thank you for the description of the four types. I didn't realize that it was broken down that deeply. But let's go to service animals specifically. As I know that this is part of the major intent. How do we protect, two-folded, how do we protect the residents with disabilities that truly need a service dog or a service animal? As opposed to those that are falsely identifying as a service animal needer and then putting business owners in compromising situations to where it jeopardizes them in with lawsuits and the like. Because you know as well as I know, that I could go online right now and get a certificate for my dog and all of a sudden, now he's a service animal, but that might not be the dog that has been trained and there to protect my knees. So I would, in theory, be able to bring him into a restaurant, but at the same time, he's not the one that should be there. And so, I'm doing a disservice for the people that need it.

I'm also doing a disservice for the restaurants or other businesses that are really trying to protect all of their customers and clientele by the abuse of

what in theory is now really shortchanging folks that need a service animal. How do we get to the root of the crux of that problem?

TANYA HUGHES: Yeah. And that's always been the debate. The few bad actors affecting the ability of those who need the service and need to have their service animals. And our Legal Department can work with the Committee on the language and tweaking it. So that issue is squarely addressed. It sounds like you're talking about the difference between a service animal and a support animal. Some people need service animals and some people need support animals in schools and places of public accommodation, like you're speaking of. But we have to be really careful in drafting the language and the crafting of it because you don't want to exclude --We don't want to an unintended consequence and start excluding individuals that were not intended to be excluded. If we're trying to catch a couple of bad actors, then we can artfully do so with some language tweaks that I don't want to do here on the spot, but that certainly, we can work with this Committee to have done. Because I think it's important and it does need to be balanced and we do have to take into consideration, you know, he business owners and we do. As we think this language here we know does not affect if there was a tort action, any ability for a business owner to file a claim against an individual who was engaging in some improper conduct or against someone who has a service animal that suddenly acts inappropriately and does some damage.

So, I don't think that the language here, I know that the language here doesn't in any way impact that right or ability to file some form of tort action. And so, I think that the businesses are protected to that end, but the language does have to be designed in such a way-- And it's a word here or there, that will ensure that everyone who's intended to be protected is protected while not compromising the existing definition under our statutes, which

allow us to protect children in schools, for instance, to protect individuals with disabilities in places of public accommodation, in the workplace and so forth. Because that is what we have a major concern about. I think I can stop there unless there, do you have another question or did I answer -- ?

REP. COOK (65TH): I understand exactly what you're saying and I respect the situation. I mean, you know, we've gone as far as to see support pigs and a variety of other things where I truly think that is a -- And it's very hard to say that because I don't want to say that there's not somebody that might need somebody to be there, but it becomes an abuse of a situation where it really compromises other folks. And in my community, I have a few restaurants that are truly being pushed to the limit on this when people are bringing their animals in that are clearly not service animals, but by law or definition, they're not allowed to ask for a certification or, you know, fill in the blank ID to say that you need that service animal. So now this business owner or these business owners in theory are really put in harm's way for a variety of things. Somebody gets up to walk to the restroom and they trip over an animal that is supposed to be an alleged service animal or a support animal, you know, then they get sued. Because somebody says, "Oh they are here because they need them to be here.", but really, not necessarily.

So I think that moving forward, I want to protect the business owners. I also want to protect those people in need of a service animal or a support animal, you know, apples to oranges in that regard. I think that what we're talking about is protecting both sides of this conversation. So, I do welcome us trying to figure out a way to navigate the language to ensure that there are protections for both, because I think it's just as valuable for one as the other. Especially now that we've seen businesses really struggled through the pandemic.

This has been going on many more years before the pandemic. I don't want to see any more businesses close because they're being sued because of a misuse of what is an alleged service need. And so that's kind of where I'm at. So I appreciate that. Thank you, Madam Chairman, for your time and thank you both Cheryl and Tanya for your information. I appreciate it.

TANYA HUGHES: Thank you.

REP. ABERCROMBIE (83RD): So, Tanya and Cheryl, I would really appreciate any language that you would send us, if you would send it to Heather Ferguson-Hull is our administrator for Human Services. That would be greatly appreciated.

I do just want to clarify for people that are watching this and also for our members, this is strictly about service animals. We do not acknowledge therapy animals, or support animals in this legislation. That the intent of this legislation was to really make us more in compliance with federal law. There was a work group that I put together in the fall of 2019, and it had apartment owners on it. It had the FAA, the Airport Authority on it because they have a role. CHRO role was part of it. There was a big group, disabilities rights, and then also people that were using service animals to talk about what's really going on. So there was a lot of work put into this Bill. So any help that you can give us to clarify the language would be greatly appreciated.

TANYA HUGHES: We look forward to that opportunity. And how soon would you like that information?

REP. ABERCROMBIE (83RD): Tomorrow. (Laughter)

TANYA HUGHES: Okay.

REP. ABERCROMBIE (83RD): Time is not -- As possible would be great because we really want to try and get

our bills done in a timely manner. And because, it's just a different session. So I don't want to give you two weeks and then realize that we hadn't touched base. So as soon as you get it would be great.

TANYA HUGHES: Absolutely. Thank you for the opportunity.

REP. ABERCROMBIE (83RD): Thank you. Any further questions or comments? Okay. Seeing none. Thank you, ladies. Have a great day.

TANYA HUGHES: Okay. Bye-bye.

REP. ABERCROMBIE (83RD): We're gonna go back to the public and up next is my good friend, Anne Ruwet from CCARC Inc. And she will be followed by Senator Paul Formica. Hi, Annie. Jay, do have something to say?

REP. CASE (63RD): Well, she is on mute. She is your good friend, but she is my constituent.

REP. ABERCROMBIE (83RD): Okay.

REP. CASE (63RD): She's still on mute.

REP. ABERCROMBIE (83RD): Annie?

HEATHER FERGUSON-HULL: I don't think she knows how to unmute.

REP. ABERCROMBIE (83RD): Annie, there you go. So you didn't hear all my words.

ANNE RUWET: No. No. You're the only one that could get away with calling me Annie, but I loved it, was really familiar. I love you. Anyway. Thank you for the opportunity, all of you and thank you for your public service to the people of Connecticut, particularly people with intellectual disabilities, who I serve. I am the CEO of CCARC. We are in the

Greater New Britain community. We provide day and residential supports along with some clinical services to adults with intellectual disabilities. I also reside in Torrington. And Representative Jay Case, I'm a supportive constituent of yours. I love the City of Torrington.

But thank you for this opportunity to provide testimony and support of Section 2 specifically of HB 6319, AN ACT CONCERNING PAYMENT RECOVERIES AND INCENTIVES UNDER PUBLIC ASSISTANCE PROGRAMS. This proposed legislation has come to you over the years in many different ways. And I'm gonna remain optimistic that it will pass this legislative session with your support.

This is an important program, which allows community non-profits to retain any savings at the end of a contract term and reinvest those savings into the provision of services. Unlike other State contracts with for-profit contracts, building bridges or whatever, what other contracts that might have, non-profit providers who contract with the State are treated differently. We are required actually through the mandate, through OPM to return any realized gain. And in more recent years, we haven't had much gain, back to the State, rather than reinvesting in the services that some of which are actually under-funded. So as a State contractor providing those essential services to people with disabilities, we have an expectation, the State has an expectation, that we operate and manage all of those State funds efficiently. And we comply to all the State guidelines and the expectations that they have of providing those services.

It is always confused by self, as well as our volunteer board of directors that our industry doesn't have the ability in a good year, a good year-end, which is June 30th, to re-date retain any of those savings. This gain would allow us to apply to savings for additional supports for people, and as I mentioned, you know, to also fund some of those

services that have been inadequately funded through our contracts. It is also a help in our annual budget planning, which, you know, we start planning our budget for July one and sometimes, April and May to really ensure that we have better salaries, wages for the individuals who support our services. And our staff has, you know, all of you had done a really good thing and did increase the hourly wages. But that was at $14 an hour and we're going to be faced with the increase in the minimum wage soon. But the Innovation Center Program is a way to support nonprofits, considering the state's fiscal challenges and years of underfunding or services.

As mentioned above, this is not the first time we have come before the Committee to stress the importance of flexibility in funding for nonprofits. But this year is unique in that COVID-19 has demonstrated exactly how illogical it is that nonprofits were forced to pay money back to the State in the midst of a deadly pandemic. Since we provide 24-7 services to ensure that staffing levels are adequate, it has --

HEATHER FERGUSON-HULL: Excuse me, your three minutes are over. Please summarize.

ANNE RUWET: It's a good Bill, please pass it. And I'm here for any questions that you might have. Long time coming.

REP. ABERCROMBIE (83RD): Yeah. Thank you. Thank you, Anne. And thank you for what your agency does, especially through this pandemic. I know that we've had different communications throughout the last year about what's going on. Your agency does a great, great job with individuals. So, I really, on behalf of the State of Connecticut, I want to take the opportunity to thank you for that.

Could you tell us if you were able to retain these dollars, approximately how much do you think you

would have coming this June and how would you use those dollars?

ANNE RUWET: So with DDS contracts, we have to do an eight-month financial report to the State, so it sort of projects out what monies we have left in our contract and what we're actually gonna utilize those funds for the remaining of the fiscal year. This year, probably none. And to be honest with you, for the past several years there's been very little money to return to the State. And I can probably say that's true with most of the other providers. But it would give us the opportunity to really look at our salary ranges for our employees. 80% of our 300 employees are doing direct care services to people with disabilities. And as I mentioned, it's 24-7. So honestly it would increase -- help us to increase or at least manage our plans for better salaries for our employees.

REP. ABERCROMBIE (83RD): Thank you. Representative Hughes, followed by Representative Case.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you, Anne, a colleague from the early nineties where we go up to the Capitol every year and beg for more investment in the non-profits, and providers like yourselves. So you're really speaking to that -- decades of underinvestment and how we have to compete with State-run agencies for parody, especially in paying our direct care staff. And can you speak a little bit, are you still struggling with that, with the disparity in overnight staff wage versus during the day shift, if you will?

ANNE RUWET: Right.

REP. HUGHES (135TH): Because that came up a lot in the long-term care working group Oversight.

ANNE RUWET: Yeah, because it's a shift, and you're really talking about the third shift, you know, usually from 10 until 6 in the morning, we tend all

of our staff are now awake staff. So, to be honest with you, we pay them the same wages that we do for any other shifts, because they are difficult positions to fill.

REP. HUGHES (135TH): Right.

ANNE RUWET: So it is, you know, at this point, we don't have that disparity, like we've had in the past where we had some homes that actually had sleep shifts.

REP. HUGHES (135TH): Right.

ANNE RUWET: The employee could asleep unless that individual needed help. None of our homes have sleep shifts anymore. And I appreciate your advocacy, Representative Hughes, as a long-time advocate for our services. So grateful for that. So thanks for being so.

REP. HUGHES (135TH): So my point is, I think there's a little bit of leftover perception that, you know, we could do it cheaper with the private sector, the nonprofit sector, and it's the same quality of professionalism and direct care. And we're held to the same standards of staff-to-client ratio. And like you say, overnight is not easier because you still have incredible supervision of your clients. And a lot of them do not sleep as we well know during the night all the way through and need very, very careful supervision and are medically fragile. So, I just, yeah, I just wanted to help explain to our colleagues why it's so important to invest those dollars back into the services because they are direct services with very low overhead.

ANNE RUWET: And I think the DDS Commissioner who I know didn't speak on this Bill, but I do know, I mean, most of the services within the State of Connecticut are provided by the nonprofit community. Only a small percentage are provided by the State.

So we are continuing to compete. Oftentimes, I lose some of my best staff to State service and really, with no disrespect for State employees, they're able to pay more than we are for the same work. So thank you for noting that and educating others. Appreciate it.

REP. HUGHES (135TH): Thank you, Anne.

REP. ABERCROMBIE (83RD): Thank you, Representative Hughes. Representative Case, followed by Senator Moore.

REP. CASE (63RD): Good afternoon, Ms. Ruwet. How are you?

ANNE RUWET: Good afternoon, Representative Case.

REP. CASE (63RD): Hey, so we've had a bill like this before and Rep. Abercrombie, maybe you can help me out a little bit. So there was a pilot program to try to help out a certain amount of -- and a lot didn't fit into this. Am I correct with that?

REP. ABERCROMBIE (83RD): Yeah. So, we did a pilot back in, I think it was 2016-17 about that timeline. And what we did was, we left it up to OPM and we made it "may" give them a percentage instead of a "shall". And I will say to-date, they did not give back any of the dollars to any of the providers. So that's why in this Bill, we want the language to be stronger. We do believe between the lapses in Medicaid, which this year are $450 million. We know next year is gonna be well over $200 million because we're still getting the 6.2 increase in Medicaid. Plus, the fact that this year's budget had a surplus of -- I thought it was around $170 million. There's plenty of dollars in the system that they don't have to take these dollars back from the providers.

REP. CASE (63RD): Okay. So, in talking with you on this, we want to make sure, because part of this was, you know, not only that you run a proper

program, but you run lean, you know, and you make sure that you have dollars, but if you don't have any incentive for those dollars that are left over, why would you want to run lean when you know you have to turn dollars back when you're doing things properly with the dollars that you can. So, I want to be very cautious of this because it was said earlier that it could be used for raises and things, but you have to be careful because if you don't have that money the next year, and you did those raises because you had other projects that fell, this was more set for, I believe and somebody can correct me if I'm wrong, that the monies coming back had some parameters in the Bill that we had before of maintenance stuff, capital stuff, programs, how to better your programs, but it didn't really get into labor because we weren't sure because if you did that upgrade, you'd have to maintain that as a nonprofit. Well, we don't have to make sure that you're gonna get this same amount back next year. Am I correct in saying that?

ANNE RUWET: Right. And I didn't -- I mentioned wages as an example, but certainly, I mean, the cost of doing business period, you know, increases. Whether it's your insurance, you know, for the benefits, medical, dental, all of those increase, as well as just the cost of doing business, whether it's our insurance company that covers the property liability of our homes, of our properties, everything increases, but yet, you know -- So, you can't just address wages. I use that as an example.

REP. CASE (63RD): I guess my point really is this money has been earmarked for your nonprofit. You're the executor of that nonprofit, you should be able to use that money till it's depleted out of the account. Just because you do a good job and you have dollars leftover, you could actually move forward and help more people. I just get very concerned when we do... And trust me, this is the biggest population. And Representative Abercrombie talked about it all the time. That is the most under-

funded, less paid, but do the most work. And you can't take a program like this and say, "You're gonna take those extra dollars and put it towards salary and maybe towards a little step surge in each employee, but you have to be careful because then that has to carry on a year after year. And this isn't the type of program that's gonna do that. We'd like the money to stay with you. It's been earmarked for you. It's been earmarked for your facility. But I think there's parameters, and I think you have to report to OPM on how you spend money in dollars. Is that correct?

ANNE RUWET: And there's all kinds of financial reporting with our contract with DDS, probably more than some other state agencies throughout the year. So it is... I mean, honestly the State needs to monitor their money. I certainly have a high respect for their charge. Our charge is to do with the money, the expectations of that contract. And yes, we are lean and mean, not always mean, but we certainly are lean.

REP. CASE (63RD): This is not a population that we want to keep taking dollars back from you.

ANNE RUWET: Thank you.

REP. CASE (63RD): We want you to have the most to expand in most and service the most people that you can. But I thank you for what you do. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you. Representative Case. Senator Moore.

SENATOR MOORE (22ND): Hello, Ms. Ruwet. How are you?

ANNE RUWET: I'm very well, thank you.

SENATOR MOORE (22ND): So thank you for the work that you do. And I've run a nonprofit for 20 years

and I've had a state grant and I had to give money back. And I knew that I could have used it the next year to do some of the things that popped up during the year as a result of the grant that I had not recognizing -- Sometimes it just creates more work for you that overflows into the next year and you don't have the funds to cover it. And then you end up cutting back. So, I did hear what Representative Case said, because when you mentioned salaries, I thought about that, that how would you be able to sustain that? So, I knew that wasn't the only thing on your mind, but there are other services that you could provide. There are certain things crop up in the way of insurance, that you could use the money for, also. So, I just wanted to thank you. And I just wanted to mention that I understand being in that position of having money left over and knowing I could have used it for some infrastructure stuff that I could not have used it.

But also that during the year you have a plan on what you want to do. And sometimes everything doesn't work out. And you don't get to do as much as you'd like to, because it might've cost you even more than what you budgeted for. So, then it would carry over into the next year, but that money would be taken back. So I support this effort and I thank you for the work that you're doing.

ANNE RUWET: Thank you, Senator Moore.

REP. ABERCROMBIE (83RD): Thank you, Senator Moore. Rep. Arora. You're on mute, sir.

REP. ARORA (151ST): Thank you, Madam Chair. And thank you, Ms. Ruwet, for your testimony. And it's so very nice to meet you. I've heard such great things. So really, you know, from my colleagues, I appreciate the opportunity. I just have a clarification, the question. The clarification is, these are contracts which I'm assuming are a fixed price that the DDS or any agency gives you X dollars. How do they know that if they came on the

budget? In the sense that if somebody gave a private company and I've done most, you know, although I've been involved with nonprofits more work than private companies… If somebody gives a private contract, saying, even from the government that you will build this road for, you know, $25,000 and it came up to 20 or 25, or even sometimes it's 26. It is what it is, right. So how does, in this case, they ask you to say, "Okay, how many hours have you spent?" or things like that. How does it work in a fixed price contract? It is what it is. You got it for 25,000, you were smart and you were doing it for 24. You keep your thousand, you know, and I understand it because you're non-profit. It's not going to anybody's pocket, but it's going to the general good. So, am I mistaken in that kind of assessment?

ANNE RUWET: I love your question because that's the difference between a state contract to build a bridge and a state contract really to provide, you know, essential services to people. So, we typically through DDS have a three-year contract. And so, they look at the number of people we serve. and actually, there's a rate system of which how each individual is paid, how much money we get to support that individual in whatever service area.

So we are, you know, the accountability of our work for all of those services, whether it's providing residential or day is very, very tight. I can tell you that. And you would want that as a state legislator and as OPM sort of determines, but that is the issue. OPM has cost-accounting principles that we have to comply with, and this is one of them. That if we have any gain at the end of the fiscal year, we have to return it. So that's all we want to change is to treat us like, you have been in a private industry, doing good work, but it's really a disparity in terms of how we're treated with our contracts. So you understand it well, thank you.

REP. ARORA (151ST): No, I appreciate that. Now a follow-up question, Madam Chair, if you may allow?

REP. ABERCROMBIE (83RD): Yes, please proceed.

REP. ARORA (151ST): Now does that really mean, and maybe, you know, you may not, but I want to make sure that I ask this correctly, that if the number of hours is more, that you do get paid more in a sense that, you know, let's assume for a moment that they expected you to serve 500 people over the three years for, you know, and let's say you serve 510. So, under the existing contracts, do they end up, you know -- I want to be fair in terms of, is it a fixed contract or is it, what we'd call a variable contract. In the variable contract, if you do 490, they say, give back the 10. If you do 510, then you get paid more. Then you know, then I can see where the State is fair. Well, however it is okay up to 500 and you have to build your capacity. And then, you just had 490, now that's different. You built your capacity for 500, the availability for 500. So, it would be fair to let you keep the, you know -- So I'm just trying to understand it's much in the nature of contracts. So a little more would be, color from you would be really appreciated.

ANNE RUWET: So, if you have 500 people, each one of those individuals has a different rate. So, it's not, the contract isn't necessarily for 500 people for this amount of money in bulk, or, you know, in one contract here. It is really, each of those individuals has a different rate for whatever service we provide. So it also, because we work with people with intellectual disabilities, they have different needs. So, some people may need a staffing ratio of one person to four, another individual may need a one to two. So that's why the individual rates, which we can have a whole another conversation about rates, but probably not at this forum. I'll share that for Appropriations. But, the rates, oftentimes are really inadequate for the services that we need to provide, but that's how it sort of works in our contract. It's not by numbers. It's each individual person has a different rate.

REP. ABERCROMBIE (83RD): And if I could just intervene for a minute for Representative Arora, for your understanding, it's sort of like a-la-carte type of system, right? So, it could be Cathy Abercrombie needs two services, but for some reason she's only getting one service because she no longer needs the other. You have to remember that these plans are not in stone because we're talking about human beings and their situations change. So sometimes what happens is, you know, that person who was perhaps a $10,000 service plan now becomes an $8,000 service plan. So, there isn't any flexibility in the system for nonprofits, like Annie's group to be able to take those dollars and reinvest them in someone else that may need other services. So that's why it's not a apples-to-apples type of contracting system like you would do in the private sector. I hope that's helpful.

REP. ARORA (151ST): Oh, no. That is indeed helpful. The confusion I've always -- I'm having is basically it's a variable cost a-la-carte, as you said.

REP. ABERCROMBIE (83RD): That's right.

REP. ARORA (151ST): Then what is the fixed -- How's there an overage because is there already a preset number that, okay, you will, you know, one person needs -- the person who needs extra care will get paid in $1,000 a month and who with more care will pay 2,000 at the end of the year. We sum up, you serve this many people with less, by the chart or the menu. And then what do you compare? How is their overage or how's there leftover because upfront there's also a dollar number set.

REP. ABERCROMBIE (83RD): No, because you're not -- because the service plan changed. Right. So, it's sort of like the money follows the person.

REP. ARORA (151ST): I see.

REP. ABERCROMBIE (83RD): You're giving me under my service plan $5,000, and for some reason, through the services I've been getting, I don't need that extra service. So, I may be down to $4,000. There's that extra thousand. And within the contracts, these non-profits don't have the ability to take those dollars and use them for someone else or to add someone to the system. And that's what we're saying in this, is that these nonprofits should be able to manage their dollars. That's all we're saying, right. And, and there's checks and balances in place through the Medicaid audits that we do, that we can make sure that they are using them appropriately, because I often hear from people, especially on Appropriations, "Well, you know, how do we track the dollars? How do we know they're using them appropriately?" I think as a state, we have a very good tracking system when it comes to auditing our nonprofits. Is that -- would you agree with that, Anne?

ANNE RUWET: Yes. So, it's such a complicated system of care. And I think you did -- you know, if you have an individual, we have individuals who are aging, so think about your parents who age, their needs may change as they age more. We're facing that quite a bit within our system of care with our aging clients who have Alzheimer's-Dementia because of their Down Syndrome. So it's the State, you know, it's all individual-based, needs change. But really, it's our contract, please let us, you know, do what's best for it. We all have a volunteer board of directors who have a fiduciary responsibility. We do annual audits, independent audits. I mean, we are our Oversight, in terms of our fiscal contract, is very strong. And I wouldn't want it any way -- any other way. So, thank you all for the questions. I appreciate it.

REP. ARORA (151ST): Thank you. Thank you, Madam chair. Thank you, Ms. Ruwet for your answers and information. Appreciate it.

ANNE RUWET: Thank you.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any further questions or comments? Okay. Seeing none. Thank you, Annie. Have a great day.

ANNE RUWET: Thank you. I appreciate it.

REP. ABERCROMBIE (83RD): Thank you. We're gonna go back to elected officials and we have Senator Paul Formica, who is up next. And after Paul, we will go back to the public who still has three minutes. And Lauren Ruth will be the first up. Good afternoon, Senator.

REP. FORMICA (20TH): Good afternoon, Madam Chair. Good afternoon, everyone. And a big thank you to Heather for navigating the web world, getting me somehow attached to this meeting. I'm not quite sure what magic strings she pulled, but I appreciate all the efforts. So I'll start with my testimony. Chairs Moore and Abercrombie, ranking members Berthel and Case and the distinguished members of the Human Service Committee. I am Senator Paul Formica. And today I wish to testify in support of raised Bill 6320, an ACT CONCERNING THE AUTISM SPECTRUM DISORDER ADVISORY BOARD.

As a Co-Chair of the Intellectual & Developmental Disabilities Caucus and as an employer, who benefits by creating work opportunities for those, with intellectual and developmental disabilities, I have come to learn and appreciate the struggles and the successes of this population and their families. It is very important for the many who are developmentally disabled, but not helpless, to engage deeply with their community in ways that are meaningful and rewarding, both for the individual and their families. I can also attest that there are many benefits for the community, as well as in our business -- our staff benefits as well.

The Bill as proposed Autism Advisory Council would give a voice to the voiceless. These voices will then be able to share perspectives and expectations on life's challenges and opportunities. These voices through the Advisory Council will be best able to offer compelling insights into what support and programs can then be developed into best practices moving forward.

Those with autism and IDD should be given every opportunity to lead full and meaningful lives, engaged with their communities. After all, isn't that what our collective charge as legislators is to try and provide for any and all of our citizens. I was very great state that we serve. Thank you, Madam Chair for your time today and for your strong consideration of this Bill.

REP. ABERCROMBIE (83RD): Thank you Senator. And thank you for your work as the Co-chair of the IDD Caucus. Questions? Jesus, you did such a good job, Senator. No questions.

REP. FORMICA (20TH): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you very much. Have a great day.

REP. FORMICA (20TH): Thank you, you, too. And thanks again.

REP. ABERCROMBIE (83RD): So now we're gonna go back to the public. And just as a friendly reminder, if you could state your name, what bill you're testifying on, you'll have three minutes and then Heather will just let you know if you've reached the three minutes. So first up we have Lauren Ruth from the Connecticut Voices for Children. Hi Lauren. Welcome.

LAUREN RUTH: Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and esteemed members of the

Human Services Committee. My name is Lauren Ruth, and I'm testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization, working to ensure that someday, Connecticut is a thriving and equitable state where all children achieve their full potential.

I'm testifying in support of House Bill 6416. Connecticut system of placing lands on the homes of the former public assistance recipients often referred to as a poverty tax contributes to the inequity faced by people of color and low-income families. Ending this practice is the just and moral thing to do. Only Connecticut and New York place lands on property for cash assistance programs at the State level. Unlike most States, Connecticut treats cash assistance as a loan requiring individuals to repay if they sell or refinance their home or receive a legal settlement or inheritance. This practice is a barrier to low-income families, building the wealth they need to reach self-sufficiency. We applaud the important step of ending this practice and we further advocate to expand the language in this Bill to mitigate the impacts of benefits cliffs, another practice creating unjust burden and debts for working families. We understand that there's a Bill sent to the committee, focused on these cliffs and we plan to testify for that Bill should it come to hearing. Benefits cliffs refer to situations where an increase in income leads to an abrupt decrease in the monetary value of services or in the discontinuation of access to a benefit program altogether. When costs are larger than increased earnings, parents may choose not to advance their careers. Taking action to smooth cliffs will provide families with some certainty that they have helped meeting their needs now during the pandemic and in years to come as the minimum wage increases and families face new cliffs.

This week, we plan to publish a report modeling the impact of benefit cliffs in Connecticut. We will email it to the members of this Committee, as well

as posted on our website. Our report examines cliffs related to SNAP, HUSKY health, Section 8 and Care for Kids. This is only a subset of programs and policymakers should examine other benefit programs for cliff effects.

Our recommendations include holistically aligning the eligibility levels of Connecticut's various benefit programs, increasing asset limits, adding a transition year and ensuring that all programs have gradual sloped phase adds, creating earned income disregard similar to Vermont and New Hampshire, restoring HUSKY eligibility for parents back to 201% of the federal poverty level and adjusting the marketplace plans accordingly, so that low-income families can access the Connecticut Silver Plan with cost-sharing reductions, allowing families 12 months of continuous HUSKY enrollment regardless of income changes, investing in Connecticut's workforce or creating universal access to affordable high-quality childcare. Three steps toward this vision would be increasing the eligibility limit for first-time applicants up from 50% of the state median income, capping family childcare home payments at 7% of household income, and permanently expanding access to parents looking for new work while unemployed or participating in educational pathways, raising the gross income limits for SNAP to 200% of the federal poverty level, raising the state earned income tax credit to at least 30% of the federal governments and creating a state child tax credit of at least 15% of the federal child tax credit that's fully refundable with no phasing.

This will help further support families who are very low income and get rid of some of the various barriers to self-sufficiency. And I thank you for your time and hope to be able to answer questions you may have.

REP. ABERCROMBIE (83RD): Thank you, Lauren. You'll do fine. So, don't worry about it. And thank you so much to the Connecticut Voices for all the work that

you guys do. You have been a great resource for us as legislators with all the research that you have done in the past. So, we really appreciate you being here and testifying. Questions, colleagues? Seeing none. Thank you, Lauren. Have a great day.

LAUREN RUTH: Thank you.

REP. ABERCROMBIE (83RD): Up next is Dan Davis from the Connecticut --

[UNIDENTIFIED SPEAKER]: Hi. Hello. I'm gonna grab Dr. Davis. Okay, hold on for one moment. HEATHER FERGUSON HULL: You want the camera on?

DR. DAN DAVIS: Camera on.

HEATHER FERGUSON-HULL: Perfect.

DR. DAN DAVIS: Hi, there.

REP. ABERCROMBIE (83RD): Hello, Dr. Davis, thank you for being here.

DR. DAN DAVIS: Oh, well, Hey, thank you for the invitation. Hello, Senator Moore, Representative Abercrombie. I think you're back in there. Senator Berthel, Representative Case and all the members of the Human Service Committee. My name is Dr. Dan Davis. I'm a practicing podiatrist in the City of Bridgeport for the last 40 years. And I'm here to discuss Senate Bill 764. It's a Medicaid bill proposed to achieve Medicaid payment parity for podiatrists. Most recent data from Thomson Reuters reveals that podiatric physicians do more ankle and foot surgery than any other profession in medicine. That's Thomson Reuters right here in Stamford, Connecticut.

I apologize for the phones in the background, but this is probably the best spot. So I apologize.

REP. ABERCROMBIE (83RD): No problem, sir.

DR. DAN DAVIS: Good enough. Bottom line is that Senate Bill 764 is gonna direct the Social Services Commissioner to implement the parity between podiatric physicians and positions in the Medicaid program. Right now, we are paid at 90% of the physician's fee. It's just enough to say, well, why not 100 percent? We're in a rare country where we fight discrimination of any kind. We recognize discrimination is inherently wrong and for years, podiatrists have performed the same procedures as allopathic and osteopathic counterparts, but we have received less payment from the Department of Social Services for the same services rendered. These are procedures that utilize the appropriate CPT codes that described the medical and surgical services provided for to patients and CPT codes do not discriminate by age, race, gender, or profession.

If there's still a doubt for those of you on the Committee who don't know about the training of a podiatrist. We have four years of college undergraduate, four years of medical school, where we sit side-by-side with medical students. We take the same courses. We take the exact same tests. We have the same professors. Except at the end of the day, when they get to go home, we take additional courses on the foot and lower extremity. Our residencies are three years mandatory minimum where we do more cases in our three years than all the five years and fellowships of anybody within orthopedics or anybody close to this profession. We have -- That training has been validated by the California Medical Association who has against substantiate effect of our education is literally, with the exception of OB-GYN, equal to that of an allopathic or osteopathic student. Our obligation is to know the lower extremity better than anybody else and we do. We're a part of the medical team in nearly every wound care center in the United States. We provide limb salvage care in this country. And here in Bridgeport, where one in four diabetics in

this country will end up being or developed a lower extremity ulceration.

The Center of Disease Control, the CDC has predicted that by 2050, one out of three Americans are gonna be diabetic. You can already do the math about how many people are going to suffer from diabetic ulcerations and possible limb loss. We recognize that the Duke has just recently done a study where one visit to a podiatrist by a diabetic reduces amputation rates by almost 56% and saves the healthcare system $3.1 billion, with a B, billion dollars a year.

HEATHER FERGUSON-HULL: Excuse me, doctor. The three minutes is up and please summarize.

DR. DAN DAVIS: Summarize is that we are on the front line of COVID. We're on the front line of diabetic care. I'm on two limb salvage centers. We're providing a service to really underserved part of the people in Connecticut under Medicaid. It's wrong that we should be paid less than everybody else. We have the education with the training, we do more than anybody else. This is inherently wrong and it's discriminatory and it's time to put an end.

If I might add one last thing, please beg your indulgence. We brought this in front of the legislature before, actually in front of the Supreme Court, not for Medicaid, but actually for commercial insurance. The head of United Healthcare under oath in front of everybody there, said, "Podiatrists are the best trained that we have. They have the least complications, most efficient care." And they turned to him and said, "Then, why are you underpaying him?" And he said, "Because I can." That particular defense used the fact that Medicaid pays us less to prevail at the Supreme Court level. It is time to change that and I beg your indulgence to please support 764 and move it forward and end this discrimination now. I thank you for your time. I'll take any questions if you have them.

REP. ABERCROMBIE (83RD): Thank you, sir. Senator Moore, followed by Rep. Dathan.

SENATOR MOORE (22ND): Good afternoon, Doctor.

DR. DAN DAVIS: Hi there. Senator Moore, how are you?

SENATOR MOORE (22ND): I'm good. I've had the pleasure of meeting you a couple of times and talking to you about the work that you're doing up at St. Vincent's Hospital. If you would just share the difference that what you're doing makes to a person who had an infection in their toe, saving the toe versus how it could expand to the leg and the difference that makes in communities of color, where they have high disparities, but also high incidents of diabetes.

DR. DAN DAVIS: Well, that's a great question. We practice limb salvage and I'm blessed to be on two limb salvage centers. We are the busiest section there on both of the limb salvage centers. It is easy to amputate a toe. And you'll say, "Oh, it's just a toe." But nobody within 50 miles of Bridgeport says it's just a toe, because I will be on them like white on rice. You lose a toe, there is a 20% chance that they will lose a second toe in the first year and 50% chance that they will lose a second toe by the third year. We save the toe. You save the foot, you save the foot, you save the leg, you save a leg, you save of a life. If a diabetic loses a leg below the knee, 68% will be dead in five years. Above the knee, 82% will be dead in five years. We have signed their death warrant. If we save that toe, we can actually begin to say you actually evolved ultimately, you'll end up saving their leg and their life. So it's a lot of work, but it's worth it. This is an underserved committed group. Go ahead.

SENATOR MOORE (22ND): What percentage of your patients are on Medicaid?

DR. DAN DAVIS: At our limb salvage center, probably more than 50%, easily pop will be 65 in my office probably 30%.

SENATOR MOORE (22ND): So the Commissioner Gifford, when she was on, she said she believed it would cost another 300,000, 98% would be the State's share. When I think about how many individuals you could serve, I see it a worthwhile service and support the Bill. And I thank you for the work that you're doing. I physically saw the work that you were doing. I think it's really amazing, how you can change someone's life from not losing their whole limb and work on just, focused on a certain part of the body in the way of a foot, 'cause it changes the whole person's life when they lose a limb. And I've seen people progressed to the point where both limbs were removed because it wasn't acted on them appropriately or they didn't have the proper insurance sometimes, to have some of the work done.

So, I am truly indebted for the work that you do here in Bridgeport, especially when we see so many people with comorbidities and we see the amount of people who are dependent on services that are not available, probably because there're not as many people like you to do that work. so I thank you for that. Thank you, Dr. Davis.

DR. DAN DAVIS: I appreciate that. If I might add the most recent statistics show that if a diabetic loses a limb and they do happen to live, it'll cost the insurance over a million dollars during their lifetime providing the limbs, the service of physical therapy, the wound care, and every other part aspect of healthcare, that one limb by itself, you lose it and they live. It's a million dollars in the course of the time in the lifetime of that patient. We save more limbs than that. Our limb salvage rate in this particular area here is 97th

and 98% versus the rest of the country, which is 58 to 62%. I know Senator Moore knows this, but St. Vincent's Medical Center provides us the opportunity to use on anybody in this community with the tools that we need live umbilical tissue with STEM cells, live placental tissue to salvage those toes, to salvage the foot, to salvage the limb, and it does save their life. And they could not understand how their amputation rate dropped from 14 amputations a month to less than four every six months now. And they asked us, how did we do it? And I said, "Thank you for giving us the tools. Because as long as we have the tools, we'll keep saving the limbs." And they said, "Can you do it more?" And I said, "We're right there."

SENATOR MOORE (22ND): Thank you, Dr. Davis. Thank you. Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Senator. Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair. I'm having connectivity issues so, I've turned off my video for a minute.

Thank you, Dr. Davis, for your testimony. This is really interesting. I hadn't appreciated how much your services really can impact people who suffer from Type 2 diabetes, or type 1 diabetes. I'm guessing both forms of diabetes. Is there any sort of, like if somebody has, like an ailment of foot, they come in. Is there ways, does that help you diagnose maybe worse conditions? Like if somebody does have diabetes and left untreated, they didn't know from their doctor, but they come to you because of a foot ailment, do you help diagnose more serious conditions like diabetes?

DR. DAN DAVIS: What an excellent question. We are usually the first line of defense almost -- on so many comorbidities beginning in foot, peripheral vascular disease is probably one of them and all of

the peripheral vascular surgeons within this area. A, they know me. B, we all have each other's cell phones because peripheral vascular disease is rampant, not just in diabetics, but in so many areas of population, especially Medicaid patients. We work together and I have to say, we're blessed in this area of the country. We work together as a team and my whole attitude is you give me a little blood, I'll give you a lot of healing. And that's what, again, I've got a great partner who does the same philosophy.

We honest to goodness, we work about a 14-hour day every day, but we can do with a smile on our face because we do limb salvage. We do that digital salvage. We pick up the peripheral vascular disease. We pick up the neuropathic disease. We work with the neurologists here. We need their help. We work with infectious disease extremely well because a lot of times they cannot even feel an infection in their foot. We worked together once again, as a team at our limb salvage centers. We can do the proper referrals, everybody working together within the medical community. The sad part is we're doing all the work that everybody else is, and they're paying us less.

REP. DATHAN (142ND): Presumably, you are detecting these things earlier than, you know, people would -- just normal annual GP checkups. Is that what you're saying?

DR. DAN DAVIS: That is correct.

REP. DATHAN (142ND): And then presumably if you are catching these earlier, then you have more successful outcomes as well as being less expensive. Would that be a fair statement?

DR. DAN DAVIS: Absolutely. Earlier you catch it, the better chance we have a better limb salvage. No question about it.

REP. DATHAN (142ND): Great. Thank you so much, Dr. Davis.

DR. DAN DAVIS: I appreciate the question. Thank you.

REP. ABERCROMBIE (83RD): Thank you. Representative. Any further questions or comments?

DR. DAN DAVIS: I want to thank you for the opportunity, Madam Chair. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you, Dr. Davis. You're welcome. Have a great day.

DR. DAN DAVIS: Please take care, everybody.

REP. ABERCROMBIE (83RD): You, too.

DR. DAN DAVIS: Thank you.

REP. ABERCROMBIE (83RD): Alison Weir from Hartford Legal Aid.

ALISON WEIR: Good afternoon.

REP. ABERCROMBIE (83RD): Followed by...

ALISON WEIR: Go ahead.

REP. ABERCROMBIE (83RD): One moment, Alison. I'm sorry, followed by Matthew. I think it's -- Dr. Davis, please sign off. Followed by Matthew and I hope I'm saying it correctly, Maneggia. Hi, Alison, welcome.

ALISON WEIR: Hi, Representative Abercrombie, Senator Moore, Representative Case and Senator Berthel. Thank you so much for allowing me the opportunity to testify. My name is Alison Weir. I'm a Policy Advocate and Staff Attorney at Greater Hartford Legal Aid. I'm here testifying on behalf of GHLA, New Haven Legal Assistance Association,

Connecticut Legal Services to urge the Committee to strike the second section of HB 6319, concerning the incentives under public assistance program and to enact HB 6416, an ACT CONCERNING THE REMOVAL OF LIENS ON PROPERTY PUBLIC ASSISTANCE BENEFICIARIES. The legal services organizations have some concerns that HB 6319 could create an incentive to cut corners by limiting services or even denying services altogether for individuals, for whom such savings are not likely to be achievable. Since every dollar saved could even do to reduce services, could inure the contractors benefits.

We certainly understand the desire to increase funding available to the nonprofit service providers in Connecticut who do Yeoman's Work providing human services and had been severely under-funded for years. But we believe the best way to ensure that service providers receive the funding they need and deserve is to adequately fund them in the first place. The proposal creates a temptation, even if no provider acts on it to put the services provided by the contractor against the bottom line, while allowing the State to say there's increased funding available to providers without ever increasing the budget line item for services.

As Representative Case noted earlier, there is currently a pilot savings program in the statute that hasn't really been adequately implemented to see if it actually does result in savings. We urge the committee to modify that statute to the extent that it's necessary to ensure that we have a proper pilot program before expanding it to all programs.

Additionally, we urge the Committee to pass 6416 and eliminate property liens against public assistance beneficiaries on property. Connecticut is only one of two states that places a lien on property for those who receive cash assistance. Property liens discourage families from building wealth and aggravate the extreme wealth disparity in Connecticut. If we're serious about assistance being

a help rather than a hindrance to families in need, we should remove the threat to families who are able to escape poverty and build wealth will lose that foothold in the middle-class by having this lien hanging over their head. To the extent that I could, I'd like to modify my written statement to urge the Committee to not only reduce the property lien to $250,000 of value, but yes, remove the property lien altogether. With that, if there are any questions, I'd be happy to take them.

REP. ABERCROMBIE (83RD): Thank you, Alison Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Welcome, Alison. So, as far as 6319, I appreciate some of your comments and, you know, I would hope, and I know that there's checks and balances that any non-profit that we give dollars to are gonna use the monies properly. And they have to report back to OPM on how their dollars are spent. But if by chance, there is dollars left over, they should be able to keep that because that money's been budgeted for them. It's not an incentive for them to cut corners because they do have mandate. They have to report to the State of Connecticut, how they spend it.

So, I mean, and we don't know, it's not a perfect world, but I would hope, and I think my good Co-Chair would say the same, that any non-profit out there, because we're dealing with the most vulnerable population, would not cut corners. And any dollars that we can get them, that they were able to hold over or carry over, they get to keep. So that's the premise of it. And when you go to question 6416, I can agree with you on that. And I think we're working on an amendment to bring it down to 100,000. I think it's in another committee right now where they're talking about lottery winnings, and then talking about windfalls dollars and if that happens with somebody who's currently getting cash assistance, is that something because they spent their money on that, do they get to keep that or do

they need to pay back? I think there was some questions on two or three different bills. This Bill doesn't spell that out specifically. I think that if that's the intent on it, on windfalls that came through, can we benefit the state with that?

ALISON WEIR: Understand. as I understand this bill, Representative, this is really for property liens, especially someone managed to get a house, and given the property value in Connecticut, 250,000 really doesn't buy you anything at all. And even if you are able to find a house for under 250,000, that doesn't guarantee that you'll have $250,000 worth of equity. So someone could get a little bit of a foothold, say $30,000 of equity on a $300,000 house, the way the Bill is written right now, the State could take the property for a fairly minuscule public assistance bill.

REP. CASE (63RD): Right. I agree with you that 250 is way too steep, the authors of the Bill, it's way too steep and we it to be looked at, but I appreciate you coming today. I just really want to make sure that, you know, that non-profits are here for us. I appreciate.

ALISON WEIR: I understand. And we don't, we don't mean to discourage the intent of the non-profits. We just worry about the temptation and we really, really would like to see the pilot actually sort of implemented to show what can be achieved -- incentives can be achieved through this.

REP. CASE (63RD): I would like, and as the good chair and I've talked in years past, I would like to see the monies that are appropriated for those nonprofits, stay with the nonprofits.

ALISON WEIR: Fair enough.

REP. CASE (63RD): That's where we are, where I am. Sorry, Representative Abercrombie.

REP. ABERCROMBIE (83RD): No, that's fine. Any further questions or comments?

ALISON WEIR: Thank you for the opportunity.

REP. ABERCROMBIE (83RD): Sorry. Representative Arora.

REP. ARORA (151ST): Yes. Thank you, Madam Chair. Quick question. Do you think... Thank you for your testimony. I have a quick question. Do you think that would change behavior for the non-profit? Is that the question the point you were trying to

ALISON WEIR: No, we're just afraid there's a bit of a temptation, so. And we really, the biggest thing we want is to see non-profits adequately funded. And we're also afraid that sort of gives us the State an out by saying, "Okay, well there's money available." So they incentivize and save. When we really want to make sure that they're properly funded in the first place.

REP. ARORA (151ST): Okay. Can you give a little -- It feels to me, you understand this really well. Can you give us a little detail as to what behavior, or as you said, temptation, what is the behavior -- ?

REP. ABERCROMBIE (83RD): Representative I'm gonna kind of interrupt you there? It isn't really a proper question to ask someone that's testifying against a bill. It's her opinion as to why we should be cautious with the Bill, but I don't believe that the question should be asking what her opinion is about the non-profits and what they might do. I don't believe that question should be asked in this arena.

REP. ARORA (151ST): Okay.

REP. ABERCROMBIE (83RD): If you want to ask it differently, that would be fine, but it's not appropriate the way you're asking the question.

REP. ARORA (151ST): Sorry about that. And I appreciate your point there. Madam, let me rephrase or ask, what are the kinds of behaviors should we be guarding against?

REP. ABERCROMBIE (83RD): Nope. Again, Representative, that's not her place to talk about someone's behavior. She's telling you why she's concerned about the Bill from a legal point of view, but it's not really appropriate to ask her opinion on a non-profit's behavior.

REP. ARORA (151ST): What kind of concerns may arise here, not in behavior, in actuality.

REP. ABERCROMBIE (83RD): And I think she answered that by saying to you that she thought that they would not fulfill their requirement to making sure that all of the individuals get the services that they're supposed to be getting under the financial dollars that they get from DSS?

REP. ARORA (151ST): No, the question, perhaps we're trying to think about here, Madam Chair, is that, would there be a reason to ask for more upfront, because knowing that later on, you could, for use of the right word, to basically overbid as a system, because all non-profits would know that if the services came under, the remaining would be theirs. This is just -- that's the question...

REP. ABERCROMBIE (83RD): But it's not her place, sir. It's not her place. It's not her place. Her job is, she's legal services, so she should give an opinion. I don't believe that that's a proper question to ask her in this forum.

REP. ARORA (151ST): Okay. Okay.

REP. ABERCROMBIE (83RD): Any other questions?

REP. ARORA (151ST): Appreciate the time. Yes. The other question on the $250,000 to $100,000 limit, what would be the -- do you think that the limit should be defined with equity? Would that be the right thing rather than saying the lien should be on an amount? Should it be -- is your suggestion that it should be tied to just the equity in the house?

ALISON WEIR: We would prefer that there'd be no limit, honestly, just because I think it's very difficult to sort of between the value of the house and the equity. Then you get into the question of, so I think, we would just refer no limit.

REP. ARORA (151ST): So there should be no limit on the --

ALISON WEIR: On the property, yeah.

REP. ARORA (151ST): That'd be 500 during any month. Okay. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any other questions or comments. Seeing none. Thank you so much, Alison.

ALISON WEIR: Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): And we really do appreciate your support on this. Moving on to Matthew Maneggia, who is an acupuncturist. Good afternoon, sir. Thank you for being here. Followed by Michele Johnson, followed by Luis Perez.

MATTHEW MANEGGIA: Hello, can you hear me? Sorry. I switched over to my phone. Just give me one second, please.

REP. CASE (63RD): We can hear you.

MATTHEW MANEGGIA: Okay. Thank you. Dear Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and embers of the Human Services Committee. My name is Matthew Maneggia. I'm a licensed acupuncturist, practicing in Glastonbury. I'm also a Board Member of the Connecticut Society of Acupuncturists, which is the state professional organization for licensed acupuncturists. And I am, excuse me, speaking in support of Senate Bill number 764.

Although the Coronavirus pandemic has stolen the spotlight over the last year, we are still very much in the clutches of the opioid epidemic. In fact, with job loss and economic devastation for so many, the pandemic has only exacerbated this opioid epidemic. In my 14 years of practicing acupuncture in Connecticut, I've seen the acceptance of this medicine grow by leaps and bounds, not only by the public, but by the medical community as a whole. Unheard of when I started practicing, my office now routinely receives multiple referrals from medical doctors every week. Doctor referrals have become especially common since the realization of the profound dangers of prescription narcotic pain medication.

Unfortunately, many of those referred to acupuncture by their doctors are on Medicaid and we have to inform them that our services would not be covered by their health insurance. In the past year, between the pandemic and the social justice movement, the gross inequalities, not just in healthcare, but in our society as a whole have been laid bare. There is not only a strong desire among the Medicaid population for our alternative treatments for chronic pain, there is a great necessity.

At the start of the hearing Commissioner Gifford and her staff did mention that if Senate Bill 764 passes, they would like to see it limited in scope to pain management. And I can assure you that pain management is indeed all that our organization is

asking for in terms of coverage. They also mentioned the very modest increase to the overall Medicaid spend that would accompany passage of this Bill. Under 100,000 was the projection for acupuncture specifically, but I would respectfully disagree and suggest that acupuncture would in fact, generate a cost savings over time, as it is very significantly less expensive than almost any other pain management option, including surgeries, invasive procedures, and of course, prescription pain medications, which as we all know, carry a huge societal cost.

At this time, most private health insurers offer coverage for acupuncture, likely due to their realization of the cost savings I'm suggesting. In early 2020, the CMS, the Center for Medicare & Medicaid Services, added acupuncture as a covered benefit for Medicare, specifically for the treatment of chronic low back pain. And the US Department of Veterans Affairs has offered acupuncture to veterans for years at independent licensed acupuncturist offices through their community care network. Both Medicare and the VA cover an initial round of 12 acupuncture treatments with additional treatments allowed if progress can be demonstrated, indicating medical necessity. In my opinion, it is far past due that we offer these relatively inexpensive, low-risk healthcare options to the most vulnerable among us.

And I thank you for your time. I do urge you to pass this Bill along through the Appropriations Committee. Thank you. I'm here for any questions.

SENATOR MOORE (22ND): Thank you, sir. I've taken over from Representative Abercrombie. I'm Senator Moore. Would you just pronounce your last name for me please?

MATTHEW MANEGGIA: Sure, Senator Moore. Thank you. It's Maneggia.

SENATOR MOORE (22ND): Maneggia. Thank you. Any questions? I don't see any hands up. This is my first time. Heather, do you see any hands up?

HEATHER FERGUSON-HULL: I don't, Senator Moore.

SENATOR MOORE (22ND): All right, then. Thank you, sir, for your testimony.

MATTHEW MANEGGIA: Thank you.

SENATOR MOORE (22ND): Next is Michele Johnson. Is Michele here?

HEATHER FERGUSON-HULL: I don't believe she's currently in the Panelist Room, but we can return to her later on if she signs in, we'll let you know Senator.

SENATOR MOORE (22ND): That's fine. Thank you. Luis Perez, followed by Ariel Herron.

LUIS PEREZ: Yes. Thank you very much, Senator Moore. And good afternoon, Senator Berthel, Representative Case and Members of the Human Services Committee. As President-CEO of Mental Health Connecticut, a 113-year-old, nonprofit, and as Vice-Chair of the Board of the Alliance, The Voice of Community Nonprofits, I appreciate the opportunity to speak to you in support of Section 2 of House Bill 6319, AN ACT CONCERNING PAYMENT RECOVERIES AND INCENTIVES UNDER PUBLIC ASSISTANCE PROGRAMS, which would fully implement the innovation incentive program.

As my colleague, Anne Ruwet, well-stated earlier, this program would allow community nonprofits to retain any savings at the end of a contract term and reinvest those savings into the provision of services. Current practice doesn't allow for this, as you know, and the State's contracting policies

mandate that any funding not applied to programs and services in the previous year, be returned to the State. What's most important is that if expanded and put into practice, the innovation incentive program would promote efficiency and support Connecticut nonprofits' ability to operate using smart business practices. We are nonprofits, but we are businesses after all. And we need to have best practices, not only in the provision of our services, but also in the way that we conduct our business.

Community nonprofits are one of the largest industries in Connecticut, and yet, we're most under-funded. The value of seeing community-based nonprofits as an investment in Connecticut's future outweighs an outdated and inefficient for practice that serves no one. It's time to shift our infrastructure so nonprofits across the State can be supported to reinvest those dollars in the future of Connecticut residents. This is not the first time, as you know, that we have been before this Committee to stress the importance of flexibility and funding for nonprofits. But this year is unique, as you know, in that COVID has demonstrated exactly how illogical it is that nonprofits would be forced to pay money back to the State in the midst of a deadly pandemic that has caused a great amounts of outflow of dollars that have been either not completely funded or not completely supported.

Our experience at Mental Health Connecticut in 2020 proved that being nimble is critical to success. On a dime, we had to shift programs, roles, how we work, when we work and what we deliver to care of the people we serve and our staff. Living in a code red-type situation of a pandemic, and social unrest will not be our new normal moving forward. But it's clear that strong resilient organizations like Mental Health Connecticut must do all we can to be flexible and agile for any unexpected situations that come our way and that includes our financial stewardship. Note that the word "incentive" in the Bill might be misinterpreted as being analogous to

other models. For example, the Medicare Shared Savings Program that allows for cost-cutting measures that lead to delivery of low-value care and can cause harm to recipients of services. This Bill is not one of those programs. Despite support from this Committee for the nonprofit community since 2017 including passing two laws, Public Act...

HEATHER FERGUSON-HULL: Excuse me, three minutes are over. Please summarize.

LUIS PEREZ: Absolutely. I thank the Committee for this important bill and I urge you to support Section 2 of House Bill 6319.

REP. MOORE (22ND): Thank you. Are there any questions? Representative Case.

REP. CASE (63RD): I was wondering if you're gonna see me, Senator.

SENATOR MOORE (22ND): I do see you.

REP. CASE (63RD): Hey Luis, thank you for your testimony, both you and Anne. You know, you're correct. It's not an incentive. It's -- you're contracted through the State of Connecticut. You get a certain dollar and if things happen to work out for you, that you have a little bit of a windfall, we're not talking millions of dollars here. We're talking, you know, and I'm just gonna throw in a 10, 15,000, but it's not an incentive. You can reinvest it into your programs and that makes for a better place. What I'm trying to get at is this is dollars that have already been here earmarked in a budget. Why should we take them back as the State of Connecticut? It's a budget that's been passed by the people, has been passed by the legislature, the Governor. Let's just make it so that our most vulnerable people have a life, you guys can do the best you can with the dollars that we contract with.

You have been quoting as I said before, Bill to the State of Connecticut that is above and beyond, so you're not gonna do anything that's gonna harm anybody. And if that was to be found, your contract would be pulled. So for people to say an incentive, maybe, as you say, that's not the correct wording, but if there's dollars there and you can go do something to enhance your program at the end of the year, go for it.

That's what we're trying to push forward because for us to grab it back and use it for something else, that's not why it was put as a line item in the budget line item in the budget. But thank you for your testimony.

LUIS PEREZ: Thank you, Representative Case. I appreciate your support. And you're right if we could reinvest those dollars. We operate 26 different residential facilities in the State of Connecticut. People that are recipients of our services should not have any less than what you, myself, our family members, a loved-one, should have in terms of the quality of a facility, right. Let it continue. And we have a lot of wear and tear, as you can imagine. So those would be the kinds of dollars that we could use in order to maintain our facilities, certainly mitigating, certainly not salaries as you pointed out earlier, but because that annualizes, right, and we can't. But we could mitigate, for example, the rising cost of healthcare.

We experienced a 30% increase last year in our healthcare benefits to our staff. This year we're looking at about a 29%. So those are the kinds of things that we could mitigate because otherwise our staff based on their salary structure, would have to then be -- would be eligible for either Medicaid or Access Connecticut Healthcare. So, it is a way of also supporting staff, not only our program participants, but also in terms of being able to titrate those dollars in a way that makes sense.

REP. CASE (63RD): Agreed.

SENATOR MOORE (22ND): Representative Case. Are you good, Representative Case?

REP. CASE (63RD): Senator Moore, I'm perfect. Thank you.

REP. ABERCROMBIE (83RD): That's debatable.

SENATOR MOORE (22ND): Yeah, just to press, you know, I had no idea. As being -- I live in Bridgeport most of my entire life, and I know how important nonprofits are to our community. It is when I came to the Senate that I realized how much work nonprofits really do to sustain the State of Connecticut, that the State itself does not have the capacity, the Bill, the ability or infrastructure to handle all of these citizens that need help. And I think that -- I've seen RFPs come out and you go as lean as you can when you're -- you know, cause you want to be able to do the work and you go very lean. And it's not usually on salaries that I see that people go high. It's usually on other things that they need to do to sustain their programs, to build the infrastructure. So I appreciate the work of nonprofits. I understand the importance of them. And I don't see this as an incentive either.

Well, as I said earlier, I had to give back money but in the following year, I was short because the work I did this year increased the amount of people I needed to serve. And then I didn't have that money to be able to serve them, right. And I could have used some of that to put some back into the programs to help people who identified additional needs. You start out doing one thing for them, and then you realize if you do them in a holistic approach to public health, you realize there's other things you could have done to help them. So they don't come back into your system again. You don't exasperate

the problem. So I appreciate the work that you're doing and understand it fully.

LUIS PEREZ: Thank you, Senator Moore.

SENATOR MOORE (22ND): You're welcome, sir. Representative Arora.

REP. ARORA (151ST): Thank you, Madam Chair. Thank you, Madam Chair. Thank you, Mr. Perez, for your testimony. And you know, upfront, I have to say that I'm supportive of this Bill. I just am asking questions because we need to understand that's the purpose of the Committee. I'm a supporter of all non-profits personally in every single way. And I would like to thank all of you for the excellent work you do, which we are as citizens really indebted to you. So please, you know, do not consider that I'm not supportive. I will be supporting this Bill.

My question is just to understand that does something like this create incentives for -- behavioral incentives to bid differently or to provide services differently? I'm just asking from a point of view of, you know, yes, this is one way to give more money and we should provide more dollars. I'm committed to that. Or I like that idea. I support that idea. But from an incentive's perspective, what does this do for those who bid on contracts or once you have a bid, once you have a certain contract, when you perform on a contract, can you -- can you talk to that?

LUIS PEREZ: Sure. And what I can say to that is that there is a rigorous reporting mechanism. my agency is funded by the Department of Housing, by Department of Mental Health and Addiction Services. We receive DSS, third-party reimbursement through Medicaid. we're also funded federally. The rigor of reporting, both on the quantitative, as well as the qualitative. We have report cards that come out every quarter with benchmark, state benchmarks, in

terms of the quality of services, the satisfaction of our program participants and the progress that they have made towards their individual recovery plans. In addition to that, we have an annual audit and we're subject to the single state audit requirements

So I can tell you that in terms of the rigor of the reporting we need to do, the State of Connecticut does very good due diligence in terms of that. I think that what we are seeing here is an opportunity for organizations, as it was stated earlier, if you work to put out a bid for a bridge and that bridge comes in at a lower cost, you don't go to Tomasso and ask them for money back. And so why would that be the case? Again, and we're private nonprofits, that's IRS designation, right, to make sure that we are able to use our resources to the best of -- and on behalf of the residents of Connecticut. That does not excuse us from our fiduciary responsibility and stewardship of the dollars that are awarded to us by the State of Connecticut in providing the best quality care, the highest quality care, and also to provide workplace environments for our employees that are conducive to both retention, but also, recruitment.

And these dollars would facilitate, especially when we're seeing workforce decline. This would allow us to improve on our facilities, would allow us to mitigate costs that are unexpected. And therefore, you know, one fall and your workman's comp is going to double the next year, right? Until you are able to show improvement. So those are the kinds of things that we take huge hits on without any support from the State. And these funds would enable us to be able to meet those responsibilities.

REP. ARORA (151ST): Well, I appreciate that answer. You convinced me. You know, I had to ask it and listen, we need to --

SENATOR MOORE (22ND): You really convinced us. Representative Arora, it's definitely convincible.

REP. ARORA (151ST): Well, listen, that's my job. I gotta do my job, ask questions, you know, for and against. Sometimes I'm taking two sides of the debate myself, because I'm a big supporter of non-profits and sometimes asking tough questions, but that's my job. I hope you understand, but thank you for your answer. Thank you for your testimony and the excellent work you do. You know, I really appreciate that. Thank you, Madam Chair.

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

REP. CASE (63RD): Thank you, Senator for a second time. And just to clarify, what was just spoken about. I liked your analogy with a contract and bids through a contractor. But when we're working with DSS or DDS, you are a provider, getting paid and you're reporting. You're not going out and bidding for a project. You're actually just a supplier of a service. You can do that service at a cheaper, or you can do something within that contract that allows you to report out that you did things under the State guidelines. That's where the extra money is. It's not a contractor, but I just wanted to -- Rep. Arora is probably just listening, 'cause there's other things going on. It's not a bid. You're a supplier. We pay you what we feel the rate is, what monies are left. We just want to make sure that they go to the right place and that would be the nonprofit.

SENATOR MOORE (22ND): Any other questions? I don't see any. Thank you, Representative Case for that clarification. I don't see anyone else. Mr. Perez, I might need to keep you on speed dial.

LUIS PEREZ: Yeah, please do anytime. Senator Abercrombie, good to see you.

REP. ABERCROMBIE (83RD): Nice to see you, too.

LUIS PEREZ: Again. Thank you for your time and for your consideration. Appreciate it.

SENATOR MOORE (22ND): Thank you. So next up is Ariel Herron.

ARIEL HERRON: Hello. My name's Ariel.

SENATOR MOORE (22ND): Go ahead, Ariel. Thank you.

ARIEL HERRON: I am a nurse-midwife in Connecticut, and I am the current Co-President of the Connecticut ACNM Affiliate. ACNM is the American College of Nurse-Midwives. So, I am here today and I thank you for this opportunity to support the ACT CONCERNING MEDICAID PROVIDERS, obviously, the portion about reimbursement for midwives.

So, Commissioner Gifford did speak highly of our care and I appreciate that. She also spoke about bundles and although those are important going forward, this Bill would address this problem right now.

So the thing about midwives is that there has been decades and decades of data and studies and articles and research on our outcomes and how good our outcomes are with our women. Some of those outcomes include decreased C-section rates, lower induction rates, lower use of anesthesia and even higher breastfeeding rates. So, what's really important to understand about these things is that there's always a trickle-down effect. So, you think about something like C-sections, that's pretty obvious right off the bat. You're saving a lot of money if you have providers who have a significantly lower C-section rate, and I can tell you, we do. And coming up, down the road, Dr. Arky is one of my colleagues who will be speaking to those numbers. But when you think about the trickle-down effect, it's not just the initial cost of a C-section versus a vaginal birth.

It's the cost of that woman's next pregnancy, which is now high-risk if she's gonna attempt a vaginal birth after cesarean section. It's the cost of yet another C-section and the complications that can come with multiple surgeries. There's a trickle-down effect with, you know, the increased risk of wound infections if the surgery was performed unnecessarily.

When you look at breastfeeding rates, well, women who breastfeed their babies, they actually have protection, some protection offered by breastfeeding against breast cancer and ovarian cancer, and even postpartum depression. And these women that need this extra care, this extra time, this extra education and these improved outcomes are Medicaid women.

So, what this Bill would do is just give us the same pay if we attend a birth that our physician colleagues would get for attending the same birth, not for doing anything different. And it seems like it's not that important, but I will tell you what happens is if, you know, it's a kind of in a roundabout way. If you're not being reimbursed, then it's a deterrent to maybe hire more midwives or hire midwives and use them for births. Let's say that a midwife is on call with a physician. If a physician is in the room during the birth, they're getting paid more. So why would they -- why would they let the midwife do it?

I'm really, really blessed in my practice that the doctors do value our care. And they let us go attend those births. I've actually attended four births already in the last 16 hours. So, I'm currently in my call room. So, this Bill is just really important because it will increase access. And that's what these women really need.

SENATOR MOORE (22ND): Thank you. I really appreciate the work that you do. I'm gonna take Representative Dathan in just a second. I really do

appreciate the work you do. I've learned a lot by being around, being on this Committee, but also, I'm a big fan of Call the Midwives. I've watched the whole series from beginning to end. It is so interesting on how this all began and the difference they made in the poor ghettos and in England. I'm just taken aback about the difference that you can make in a life of a woman by giving them so much consultation and time. And I compare that to the days when you could walk into a doctor's office and she would sit and talk to you about everything, about your health, instead of being on this time thing that someone else is taking your blood pressure, weighing you and you get these couple of minutes with the doctor because of the pay systems that you serve a purpose that for women who would not have that time to have someone to talk to them.

And so, I really do appreciate the work that you're doing and I find it particularly important in a community of color, where people may not have the ability to sit and talk to someone that they feel comfortable with. That is when you say you've done four -- you've helped four deliveries today, or -- ?

ARIEL HERRON: Yes.

SENATOR MOORE (22ND): That's amazing. That is absolutely amazing. So, I salute you for the work you do, and I understand the importance of it. So I want to thank you for that. And it's nice to know a real-life midwife, except the relationships I've built with the women on TV.

ARIEL HERRON: Thank you very much. And you said it perfectly. Really, the secret is time. It's spending time with women and that's something that you can't replace with anything else, really. So that's a huge piece of this work. And also, ACNM is doing a tremendous amount of work right now to try and get more women of color and people of color into the midwifery profession. So, if you ever visit their website. it's tremendous.

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

REP. DATHAN (142ND): Thank you so much. I just wanted to say, thank you for your presentation, Ariel. I had two of my births were done by midwives and it made such a difference, because I had the ongoing relationship with the midwife all the way through the pregnancy, and then postpartum.

My first question to you is, what services do you do to help women postpartum? You mentioned, you know, getting better breastfeeding rates, but is there any other sort of monitoring services that you do to ensure better outcomes post-pregnancy?

ARIEL HERRON: One of the things, we just recently implemented with Women's Health Connecticut because I am, I worked for Manchester OB-GYN Associates, somewhere affiliated with Women's Health Connecticut, is we started offering every single pregnant patient a two-week postpartum visit in addition to a six-week postpartum visit, as well as earlier follow-up if they have any high-risk conditions such as elevated blood pressure. Because in the past, women would go a whole month and a half before they ever saw us again. And so. this did come down from -- I think this may have come down from Medicaid or State, this idea. But we offer it to every single patient, both private and HUSKY, which is our Medicaid. So, I think that's made a difference. Women know they can call us for anything. We have, you know, triage nurses who are always in the office. So, we're taking steps for those things.

As far as breastfeeding, one of the things with that is, you know, talking about it before it becomes a postpartum issue. So, talking about it during prenatal visits. I even talk to my annual patients about this. I tell them, "Did you know that breastfeeding can help protect your baby from

asthma, allergies and diabetes and obesity?" And again, when it comes down to the trickle-down effect, you think of all those extra doctor visits if a baby developed severe asthma versus a baby who is exclusively breastfeeding, maybe they only have a mild case of asthma. And in these kind of protective effects, it's important to teach women about these before the day of their birth.

REP. DATHAN (142ND): I fully agree, and I am so pleased to hear that. My second question is, what can we do to, as the legislature, to help more women of color enter in this field? I think it would be help birth outcomes in other parts of the State. I just wanted to know your expertise, you know, is there any ideas that you have that we can help to diversify the field?

ARIEL HERRON: Yes. So ACNM is working on that, you know, a lot. We actually -- The Co-President is Kristal Velazquez. She couldn't be here today. She was working on a subcommittee. I mean, even things like Career Days. I mean, COVID has, you know, to some degree, limited the amount that we can be out and about, about teaching women about this as a profession when they're in high school.

There's more opportunities for scholarships for women of color. That's already happened. That's already happening. There's even talk of, even if it's not necessarily financially needed, just to kind of get more women of color in the field. Don't quote me on these numbers, but I think we have about 10% representation in the midwifery profession nationwide. Whereas when I looked up women of color as far as OB-GYNs, I think it's only about 5% but again, don't quote me on those. I don't have that exact data, but it's definitely something we're working towards. And ACNM is number one on their list of to-do's right now.

REP. DATHAN (142ND): Wonderful news. Thank you so much, Ariel. And I appreciate all the work you do

and get some rest, so that you can deliver another four babies tomorrow. Take care.

SENATOR MOORE (22ND): Thank you, Representative, thank you. Rep. Goupil.

REP. GOUPIL (35TH): Yes. Thank you very much for testifying on the Bill. I don't know if you have an opportunity if you can speak a little bit to the support of nature in regards to mental health for women who are going through labor and then also you did touch a little bit about post pregnancy, what is available to you. I am very cognizant of the fact that midwives are very involved with a lot of women who are in advanced maternal age and are a nice layer in to what is provided either through an OB-GYN or those going straight into the hospital for delivery. So, again, I was looking for, if you want to be able to providing more information about the support of mental health component of your role?

ARIEL HERRON: well, I don't know if I'm gonna answer this perfectly, but one of the things that makes midwives so different is this kind of like holistic and social support we provide. So, when I see a woman during their visits in the office, I'm not just focused on whether she got her flu shot and what the baby's heartbeat is. I really like how are you doing? How are you coping, you know? Has there ever been any history of anxiety or depression? Do you have a therapist? Have you ever thought about a therapist? We can hook you up with, you know, therapy telemedicine. So we're always kind of assessing for these things.

We also do something, this is again a Women's Health Connecticut -- I don't know if it's a measurable outcome, but we every trimester check on women with something called a PHQ-2 or PHQ-9. These are depression screens. So, we're constantly checking in, checking in, checking in, and saying, you know, even once they go home, we teach them, the baby blues are totally different than postpartum

depression. The baby blues is normal from sleep deprivation and a little hormone dip. You're gonna cry for no reason and feel a little crazy. And then about two weeks in, you're gonna feel a lot better. And if anything is progressing. And it's always, it's just so much teaching. I think that's something really different about midwifery care. It's kind of, you know, that checking in, that education, that teaching. And there's more midwives to follow me who can speak to this.

There was also one question that was asked earlier, which was what's the number of HUSKY patients, Medicaid patients in Connecticut currently delivered by midwives? The data I have from ACNM is a little bit old. It's from 2010, but it's only about 11%. So even if this Bill passes, we're not talking, this is not a tremendous amount of money the State is spending, but this may allow more midwives to be hired. This will allow more midwives to practice to their full scope. Because I know already of midwives who don't deliver at the hospital because they could make the practice more money in the office. You know, those kind of things. So it's like, it's a -- it's a detriment. And I think for all the benefits we offer and all the outcomes that have been shown for so long, it's kind of a no-brainer.

SENATOR MOORE (22ND): Thank you.

ARIEL HERRON: Thank you.

SENATOR MOORE (22ND): Is that it, Rep. Goupil?

REP. GOUPIL (35TH): Yes, Thank you very much.

SENATOR MOORE (22ND): Thank you. Ms. Herron, I heard you mention annual visits. I didn't realize you did that also.

ARIEL HERRON: Oh, yes. So, nurse midwives are advanced practice nurses, and we have a minimum of a Master's degree, certified nurse midwife. And so, we

can see women all the way from adolescence through post-menopause. So I can prescribe hormone replacement therapy if it's appropriate, and teach young women about their bodies, and prescribe birth control, you know. Insert IUDs as well as take care of women all through their pregnancy and attend their birth. So we have an amazing niche, and I already know that something we're not even talking about, which is the shortage of OB-GYN providers on the horizon. We're the way to help fix that, because it can be a collaborative care environment where we'd lighten their load and we could help see patients in the office and we can make call easier.

In Connecticut, we're kind of saturated with OB-GYNs. It's probably not gonna be a big deal here, but all over the country, it's a big deal and you're gonna see more midwives in real life.

SENATOR MOORE (22ND): Thank you. Any other questions? I don't see any. Thank you. I appreciate your testimony and the work that you do.

ARIEL HERRON: Thank you.

SENATOR MOORE (22ND): Take care. Next is Cori Mackey.

CORI MACKEY: Hello, thank you.

SENATOR MOORE (22ND): Hi, Cori.

CORI MACKEY: Senator Moore, Representative Abercrombie, Representative Case and Members of the Committee. Thank you for your time today. I'm here to testify in support of House Bill 6416, AN ACT CONCERNING THE REMOVAL OF LIENS ON THE PROPERTY OF PUBLIC ASSISTANCE BENEFICIARIES. I’m the Executive Director of the Center for Leadership and Justice. And we are home of the Greater Hartford Interfaith Action Alliance.

We first ran into the issue of welfare liens during our recent campaign to rid Hartford of notorious slumlords. We were successful in compelling HUD to remove three contracts worth over a million dollars each from slumlords who owned over 250 units of housing. As you may know, from hearing about that story, residents experienced years of trauma in these conditions. After they were successfully relocated, we worked with them to file a class action lawsuit against their owners. And literally, within 72 hours of these residents filing this lawsuit, the State of Connecticut sent letters to many of them who had been on state assistance, some going back over 25 years. These letters were aggressive and also threatening in tone and let them know that if they were successful in winning this class action lawsuit, and there was some settlement given, that they would owe that money to the State for the assistance they had received. The letters they got had receipts from Walgreens and Rite-Aid from prescriptions they had purchased for their kids from 25 years ago. It was really alarming and frankly, disgusting.

Upon doing more research to figure out what these welfare liens were, we realized that they don't just affect folks in that situation, but they also impact homeowners. And you've heard testimony on this already, so I won't reiterate all of it.

CORI MACKEY: -- receipts from Walgreens and Rite-Aid from prescriptions they had purchased for their kids some twenty-five years ago. It was really alarming and frankly, disgusting. Upon doing more research to figure out what these welfare liens were, we realized that they don't just affect folks in that situation, but they also impact homeowners. And you've heard testimony on this already. So, I won't reiterate all of it. But folks who own a home get back on their feet after being on State assistance, go to sell that home 20 or 30 years

later, realize the State has placed a lien on their mortgage, which is in first position, and they can't sell the home without having to repay that lien. Or even worse, if they get into foreclosure but the mortgage company is willing to help modify that loan, the State can choose to not allow that to happen unless that lien is repaid at resulting in a number of foreclosures throughout the State. And one of the most basic consequences of this is the fact that wealth is not able to be passed on from one generation to the next, disproportionately affecting women and families of color.

So, the list of all the reasons why this is outdated policy and horrific go on and on. We are only one of two states that continue to practice this and it just needs to end now. However, the current Bill as written includes a $250,000 homestead exemption. We are not in favor of this. That is far too low. We want to eliminate all real estate, as well as eliminate all legal sediments from being a source of recovery for these liens.

This Bill also includes some language that would inadvertently expand the State's right to go after DOC liens, Department Of corrections liens. And we don't believe that was intended to be there, but we need to get that fixed in this Bill as well. And with those things, we offer strong, strong support for this and hope that you will support it, as well. Thank you.

SENATOR MOORE (22ND): Thank you. I don't see any questions. I do want to congratulate you on your action that you did in part for, by watching very closely, it was encouraging for people to see that you could stand up to these landlords. Landlords who have been absent and who did not even live in the state and have many properties, to know that you could stand together, stay together and make that happen. So, I do salute you. I think it was a huge win, not just for Hartford, but for a lot of low-

income people who live in tenements that are run by absentee landlords. So, thank you for that.

CORI MACKEY: Yeah. Thank you.

SENATOR MOORE (22ND): Any other ones? I don't see anyone else, but thank you.

CORI MACKEY: Thanks.

SENATOR MOORE (22ND): Next, Linda Iovanna.

LINDA IOVANNA: Yes. Hi, thank you. Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Service Committee. My name is Linda Iovanna and I'm the CEO of MARC Community Resources. And I'm here to indicate my support of HB 6319, an ACT CONCERNING PAYMENT RECOVERIES AND INCENTIVES UNDER PUBLIC ASSISTANCE PROGRAMS, WHICH WOULD FULLY IMPLEMENT THE INNOVATION INCENTIVE PROGRAM. MARC Community Resources is a local chapter of the Connecticut Arc and provides residential, day, vocational and employment services to people with intellectual and developmental disabilities.

Our services are offered in Middlesex County. We serve people as far as the Shoreline and into Hartford County. We have over 240 families connected to our organization and about 150 staff. It is vital to nonprofits that we be able to retain any savings at the end of the fiscal year and reinvest those funds back into our organizations, whether it is for project implementation, investment into programs, expansion or to enhance services. Current Connecticut practice does not allow for this. The State's contracting policies mandate that any savings we realize must be returned to the State. If an agency is contracted to complete services at a specified rate and does so and is able to be efficient and provides exemplary services on -

- under budget, it should be allowed to reinvest said savings back into the organization.

Right now, MARC has a long capital improvements project list. Necessary items that we continue to put off because we do not have the funding. We have been able to address some of these items with awards from the nonprofit grant punt in the past, but that too has not been funded for two years now. We have projects such as sidewalk repair, pavement, new fans, defensive driver training, window replacement, and accessible outdoor eating. These types of projects are too costly to complete with the savings we may realize in any one given year, and thus would require savings to be accumulated over time. Only with an ability to save, can nonprofits like MARC plan for long-term projects, growth and program enhancement. The innovation incentive program would not require additional funding as payment to nonprofits is budgeted and is for services rendered. This is not the first time that we have come before this Committee to stress the importance of flexibility in funding for nonprofits. But this year, COVID-19 kind of demonstrates exactly how illogical it is that we're forced to pay back money.

Since the start of COVID-19, MARC has spent over a million dollars in PPE, cleaning supplies, touchless thermo scanners, UV lights for HVAC systems, air purifiers for COVID-positive homes, virtual services, technology upgrades, and training, extremely high turnover and employee retention, hazard pay and all while losing fundraising dollars in donations that have been redirected to COVID initiatives.

Organizations like MARC's were asked to reopen mid-July and to increase the percentage of the people returning to programs through the fall. We must do everything that we can to create a safe environment in which we can provide services. Families and program participants rely on us to keep our doors open and to provide quality services. We must have

adequate funding to do so. Despite, support from this Committee, I'm -- [crosstalk]

HEATHERMS. FERGUSON-HULL: Excuse me.

LINDA IOVANNA: Yes.

HEATHER FERGUSON-HULL: : Excuse me. The three minutes are up and please summarize.

LINDA IOVANNA: Okay. Thank you. Basically, just thanking you for your past support, we're urging you to implement the Bill and thank you for your time and consideration. And I'm happy to answer any questions that you may have.

SENATOR MOORE (22ND): Thank you, Iovanna. You know, you brought up something that no one else had mentioned regarding fundraising and loss of dollars that normally would offset some of the things that you are able to do in the given year and. [indiscernible] of the funding has gone to feeding people and other services. So, I appreciate you bringing that up. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good afternoon, Linda. I just wanted--

LINDA LOVANNA: Hi.

REP. ABERCROMBIE (83RD): --to say thank you for coming to testify. You guys do a great job. You're a neighbor of ours over in Meriden. So, I just want to say thank you for being here. Just a quick question. Do you know approximately how much you would have to give back this year? Do you have that roundabout amount?

LINDA IOVANNA: You know. This year is so unique because of PPP loans. And we don't -- we've applied for forgiveness, but we don't know whether or not we're going to receive it. So, I wouldn't even venture a guess. We haven't even done a forecasting

yet. I would, I'm going to venture to guess, maybe $200,000.

REP. ABERCROMBIE (83RD): How about in a non-COVID year?

LINDA LOVANNA: I have seen, so I've been here about five and a half years, and I've seen great fluctuation. I've seen years where we've had, you know, maybe it's $20,000, you know, we're almost like right near that zero line. And then years where it's been you know, maybe $150,000. So, it depends on, on the year and the circumstances, how many vacancies we've had, that does affect things quite a bit.

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

SENATOR MOORE (22ND): Any other questions? Comments? Well, thank you.

LINDA LOVANNA: Thank you. Have a great afternoon.

SENATOR MOORE (22ND): You also. Tamika Riley, followed by Doug Ardrey. Hi, Tamika.

TAMIKA RILEY: Hi. Dear honorable Marilyn V. Moore. I'm sorry. And Catherine F. Abercrombie Vice-Chairs and Distinguished Members of the Committee. Thank you for the opportunity to present my testimony today. My name is Tamika Riley. I'm a resident of Hartford and a student in the Masters of Social Work Program at the University of Connecticut. I am here in support of House Bill No. 6416, an ACT CONCERNING THE REMOVAL OF LIENS ON THE PROPERTY OF PUBLIC ASSISTANCE AND BENEFICIARIES.

Research has found that the outdated practice of recovering public assistance, not only deters individuals from seeking help and their time with lien, but the practice also discourages recipients from becoming homeowners and causes serious,

psychological and emotional distress. Everyone has the right to have their basic needs met and to employ a practice which deters individuals from seeking public assistance, is unethical. A home is also one of the largest wealth-building assets in America, providing stability and financial security to families. Taken away the financial resources a family has managed to build over time, only perpetuates a cycle of poverty and encourages dependence on public assistance program, rather than self-sufficiency. I ask you to consider the psychological and emotional distress one must experience upon realizing that everything they have worked for will be taken away. Placed in liens on the property of public assistance beneficiaries renders them powerless and the decision to not only sell, but also will their property to loved-ones. As you might imagine, this deeply pains and frustrates, and traumatizes families. In closing, I asked the Committee to help Connecticut families thrive by supporting House Bill No. 6416. Thank you.

SENATOR MOORE (22ND): Thank you, Tamika, for that testimony. And I'm sorry, you're in Hartford University?

TAMIKA RILEY: Yes. I'm at the School of Social Work at University of Connecticut in Hartford.

SENATOR MOORE (22ND): Congratulations.

TAMIKA RILEY: Thank you.

SENATOR MOORE (22ND): Any questions? Did I miss anybody? I don't see any hands up. Thank you for going into this field. We're going to need you now more than ever.

TAMIKA RILEY: Thank you so much for your time.

SENATOR MOORE (22ND): All right. Take care. Doug Ardrey.

DOUG ARDREY: Yes, good afternoon. Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and Members of the Human Service Committee. My name is Doug Ardrey. I'm the CFO of SARAH, Inc. I'm sure some of you guys are probably familiar with us. But our organization provides early intervention, birth-to-three services, as well as employment day support and some residential services to adults with intellectual disability, developmental disabilities. And in our current capacity, we serve approximately 1,400 families and individuals per year. Our organization has been in existence for over 60 years and employs approximately 130 Connecticut residents and operates in five Connecticut Counties.

Thank you for the opportunity to provide testimony in support of Section 2, HB 6319, an ACT CONCERNING PAYMENT RECOVERIES AND INCENTIVES UNDER PUBLIC ASSISTANCE PROGRAMS. I know you've heard four or five other people talk about this, so I don't want to be too redundant, but you know, as the CFO of SARAH, Inc., my responsibility is to maximize every dollar of revenue that comes into the company. And we strive to run our business as efficiently as possible and spend very wisely. I'm actually from the private sector. So, this is -- this is my first CFO job in the nonprofit world. So obviously in the private sector, we are always running as efficiently as possible, trying to, you know, create some surplus at the end of the year for, you know, bonuses and other things that happen in that world. But so, I-- you know, kind of brought those same principles here and run the business that way. It is a business and we do run it very efficiently.

So, at the end of the year, we do -- we usually do end up with some surplus. And you know, our choices are to either kind of spend that money down before the end of the year, or we have to give it back. And I don't think either one of those are probably the best options for our business, but that's kind

of what we're in for. So, allowing us to keep those surplus dollars would enable us to strengthen our balance sheet and increase our reserves for future economic downturns and other unforeseen circumstances such as the current pandemic.

So, I'll kind of -- looking at it from the from the financial perspective. The innovation incentive program is a creative way to support nonprofits considering the State's financial challenges by letting us keep the surplus at the end of each year would allow us to make investments in our business that current funding does not allow for such, as investments in, you know, vehicles, other capital projects, other equipment, you know, things that are kind of out of the norm of our -- of our normal funding. And you know, in the past you know, we work hard to get grants. We have brought in some grants. We -- the nonprofit grant has been, you know, something that we've used in the past, but again like Linda had mentioned previously, that that hasn't been funded for two years, so we haven't been able to use that. And the -- you know, improving donations, too which, you know -- we have the same issue, you know, the donations aren't as strong as they were, you know, in the last couple of years. So, but improving the financial strength of the nonprofits is-- I look at it as a win-win for both the funding agencies and the service providers. Because, you know, the stronger we are, the stronger that we are, you know, at providing services to our community.

So basically, you know, that's basically what I have. I don't want to kind of, you know, talk about the same stuff that everybody else talked about, but the -- you know, I just want to thank you for your time and for your consideration related to, you know, HB 6319. Whatever questions you guys have, I'm happy to answer them. If there's any left on this subject,

SENATOR MOORE (22ND): Representative Abercrombie, followed by Representative Case, have questions for you. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair, Doug, I'd be curious and this isn't something that we would need right away, but I'd be curious on your thoughts as to how we do as a state. One, with the Medicaid audit. I'm not sure if you've been around long enough to actually be -- go through one; compared to what's done in the private sector, I'd be really, you know, and it could be a quick email, just outlining some of your thoughts. I would appreciate that.

DOUG ARDREY: I would -- Just quickly, I would say that I'm from the private sector, but not in this industry.

REP. ABERCROMBIE (83RD): Oh, okay.

DOUG ARDREY: So, you know what I mean? I'm, I'm, I've worked in telecommunications and other stuff like that. So, I've really just my first experience with even doing that. But I will say that I have been through one Medicaid audit in two years ago here. And it's a very interesting process. Let me say, so --

REP. ABERCROMBIE (83RD): You could say it's a nightmare. We all know what it is.

DOUG ARDREY: I wouldn't say that --

SENATOR MOORE (22ND): Representative Abercrombie, I will say you know it isn't very kind. .

DOUG ARDREY: I won't say --

REP. ABERCROMBIE (83RD): Give him another-- give him a couple more sessions.

DOUG ARDREY: Yeah, one thing I will say is I -- it's very interesting that extrapolation process that they go through. I will tell you that something.

REP. ABERCROMBIE (83RD): yeah.

DOUG ARDREY: I've never seen that before. It's like -- but anyways but we did very well with our audit, I will say, so --

REP. ABERCROMBIE (83RD): Good. Well, thank you. Thank you for being here. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Representative Case.

REP. CASE (63): Thank you, Madam Chair. You bring up a word extrapolation, Representative Abercrombie, right? One of our first meetings, I believe in Meriden and that word came out when we were discussing it at a public hearing, and it's like, what they do with the word extrapolation is incredible. And it really hurts a lot of businesses and nonprofits. So, I just wanted to say, you know, I agree. And as you've probably heard from the previous people that I've talked with, the money's put in the budget, the money's there for you. You're not going to cut corners for the most vulnerable people that are out there.

I think to the lines of some of the questions that Rep. Abercrombie had in the past. Do you have any idea in a non-COVID year what dollars would be returned? I mean, I used to be on the Board of Directors of a local Arc and, you know, we would always find ways to give a stipend to. [indiscernible] or do something that you could do within the confines of the dollars. But it's an interesting time. It's an interesting year. I'm not sure what people have left over. But I'd really, you know, we did this this pilot program, I really want to see this move forward because I think

we're -- we're cutting ourselves short for our nonprofits.

DOUG ARDREY: Just to answer your question, I would say I've been here for five years and I've seen, I think the first year I was here, there was, it was very negligible. I don't know, maybe $10,000. So, in the neighborhood, but I've seen years as high as $200,000, you know, and plus. If I had to-- if I had to look at this year, there's -- it really depends what happens the last two months of the year. Because right now, DDS -- DDS has been, you know, pretty kind to our business. And they've -- they've really supported us through this COVID situation, like phenomenally.

And so, but, but their fiscal year payment wise to us ends in April's last payment. We have two months left in the year from a payment perspective. And if they don't continue on funding us the way they are, we could take kind of a dip. So that would hit my surplus, but it could be probably a hundred thousand dollars plus this year, if they continue on through the end of the year. So --

REP. CASE (63): And what is your anticipation? if you had that $100,000 budget to do projects around the facility, would you do upgrades, would you do something to enhance the program?

DOUG ARDREY: Yeah, probably all of those things. I mean, I get your point about the salary situation. It is -- it's challenging, 'cause if you increase that every year, then it's, where's that money for next year. That is, you know, so I would probably use this money more for capitalized -- capital projects. We have -- we have a fleet of 32 vans and, you know, we're always, you know, several of those are always coming up for that need to be renewed or re-leased and we're trying to buy those now so that we actually own them. And so, I'd probably do something along those lines.

There's always program equipment that we could use; laptops, computer, you know, lots of different things along those lines. Because especially now with the technology, we're, you know, virtual and we've changed a lot on what we're doing with the technology side. So more like, you know, hard -- you know, capitalized I would say projects and things along those lines that we'd probably invest that money in.

REP. CASE (63): Well, I thank you for coming forward. And I think anytime we put a bill on for the nonprofits that has the dollar figure in it, we're going to get everybody to come here and talk about it. That's important because that's our job and Human Services is trying to make you guys as whole as possible because of the job you do for the State. So, thank you very much. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. I don't see any other questions.

DOUG ARDREY: Okay. Well, thank you guys. I appreciate your time.

SENATOR MOORE (22ND): Thank you, Mr. Ardrey.

DOUG ARDREY: Thanks.

SENATOR MOORE (22ND): Next is, Jenna LoGiudice.

JENNA LOGIUDICE: Good afternoon. Yes, LoGiudice.

SENATOR MOORE (22ND): LoGiudice?

JENNA LOGIUDICE: Yeah. I am a certified nurse-midwife. I am thanking you guys for your time today and here to speak in favor of SB 764, the ACT CONCERNING MEDICAID PROVIDERS. Clearly in my role as a midwife, specifically the midwifery portion. So, my colleague, Ariel, who's president of our midwifery affiliate here in the State, I am co

secretary of that affiliate. I've been a certified nurse midwife for 12 years, largely in the Waterbury and now New Haven communities. I am an Associate Professor and I direct an educational program for midwifery students at Fairfield University. So full-scope practice and also in academics. I'm writing really, you know, and sharing orally today, similar points to my colleague, Ariel, and I -- in the opening when everyone was sharing, I wanted to just clarify again, that our data from 2010 says that midwives in Connecticut attended 11.7 of all HUSKY births, and the more recent from 2018, we attended about 10.33 of all Medicaid births here in the State. So, it's held pretty steady over the past decade. I just want to share that.

I also want to reiterate what my colleague Ariel shared because they think many times people forget that midwives are full-scope providers. We are talking, you know, many people think of us traditionally just in the birth setting, but we are from adolescence through, you know, post-menopausal care with women. Not just in the birthing setting. I know that the maternity bundle was also brought up in the beginning and that would be great down the road, but for right now, we're lagging behind our peer States in pay parity for midwives. So, I want to list the States that currently pay midwives and OB-GYNs the same for births. So that would be Massachusetts. That would be Vermont, Maine, Massachusetts, New Hampshire, Rhode Island. All of those States have pay parity for midwives and OB-GYNs for the same service.

That is a fact that as an educator of midwifery students, they may be more likely to get a job out of Connecticut. When again, our bordering States are doing this and giving pay parity to midwives for equal work as OB-GYNs.

There, you know, given, given the fact that I have a vested interest in promoting more midwifery students, it's to benefit the birthing women and

birthing people and families to have successful outcomes. But our State needs to have a system where practices can hire midwife then know that they're paid at the same level as their OB-GYN colleagues for the same work.

The other pieces that I just wanted to share, rate currently DSS reimbursement for a vaginal birth is about 7,800 versus almost 11,000 versus cesarean births. So, a $3,000 difference. As my colleague, Ariel, had highlighted earlier, midwives have a decreased cesarean rates in terms of when we provide care, we more than more likely outcome is a vaginal birth. So, there's a cost saving for parents in this --

HEATHER FERGUSON-HULL: Excuse me. Three minutes are up now and if you can just summarize. Thank you.

JENNA LOGIUDICE: I will absolutely summarize. You know, as both a recipient of midwifery care and a practicing midwife and educator myself, I fully fully support SB 764, and would like to see Connecticut on par with our bordering states and our colleagues. And I'm happy to answer any questions. So, thank you all.

SENATOR MOORE (22ND): Thank you for your testimony and thank you for the work that you're doing. You're in my neighborhood so, I'm glad to have you.

JENNA LOGIUDICE: Thank you so much.

SENATOR MOORE (22ND): Any questions or comments? Seeing none. Thank you.

JENNA LOGIUDICE: Thank you all, have a great day.

SENATOR MOORE (22ND): You, also. The next person is Stephanie Welsh.

JENNA WELSH: Hi, thank you. Good afternoon. Thanks to the Human Services Committee for your time. My name is Stephanie Welsh and I'm a certified nurse-midwife in practice in Northeastern Connecticut serving a diverse population of women and families. I'm also as [Jenna], a member of the midwifery faculty at Fairfield university. I'm the Vice-President of the Connecticut affiliate of the American College of Nurse-Midwives. And I'm the Midwife Representative on the State's maternal mortality review Committee. I'm testifying in support of SB 764 AN ACT CONCERNING MEDICAID PROVIDERS. So, I have a number of reasons to be concerned about pay inequities for nurse midwives in Connecticut.

The most important as others have spoken of the effect on the growth of the midwifery workforce and the availability of enough midwives to care for all of the women who need us. As Jenna mentioned, we are surrounded by States that have achieved pay parity, all of which have a larger per capita number of midwives. And most of whom recognize our potential for decreasing maternal mortality. There is definitely a correlation between pay equity and the percentage of midwives working in a given state because our care is associated with improved outcomes and lower use of costly intervention. Certainly, Connecticut has a vested interest in growing the workforce.

I also assume, based on commissioner Gifford's comments, that maternity bundles will include some form of pay equity for midwives. However, as others have said, it will not be implemented immediately and will not address non-maternity services provided by midwives.

For example, a large percentage of the care we provide is gynecologic and preventive care. And we spend a great deal of time providing contraceptive care, including popular long-acting reversible

contraceptive, such as IUDs, which have resulted in plummeting rates of teen pregnancy.

The majority of midwives in Connecticut are employed by physicians in a group practice compared to those physicians. We spend more time with patients and spend more time focusing on preventative care and contraception than our colleagues. I am employed by such a practice in which the recent expansion of midwifery services has allowed midwives to attend 60% of all vaginal births and provide more than a third of all annual exams and contraceptive care visits. Though, our patients are better served and more satisfied with the newly expanded midwifery coverage. Our practices income has dropped, which is a direct result of the reduction in Medicaid payments.

There are reports of practices such as ours that decide it's not worth it to have midwives take care of women with Medicaid insurance or replace midwives with physicians who see more patients in less time and are reimbursed at a higher rate. Because midwives decrease the use of costly intervention and provide needed care to underserved women in the State of Connecticut certainly has much to gain by instituting income parity, to incentivize hiring of midwives. And this should help ensure that the midwifery workforce is able to expand to meet that great demand. So, thanks for your time. Happy to answer any questions.

SENATOR MOORE (22ND): Thank you. Representative Hughes has a question for you.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you, Stephanie. Can you talk about the bundled payment or the bundled service model? Would that be something you'd recommend for midwife parity in Medicaid?

STEPHANIE WELSH: I have only half snippets of the details so, I can't really speak to how, how

Connecticut is setting up potential bundles. I do think Polly Moran who's coming up in a few speakers has a little bit more information than I do because she's been working with Commissioner Gifford on the -- on the matter.

REP. HUGHES (135TH): Okay. Thank you for your work. I totally support midwives going from, you know, all the way through to maternal health outcomes and improving baby and maternal health and reproductive health, in general. So yeah, we need to -- we need to we need to fix it. So, thanks.

STEPHANIE WELSH: Thank you.

SENATOR MOORE (22ND): Thank you, Stephanie. I don't see any more questions for you. So, we'll go to Lori Stewart, followed by Tanya Walker, followed by Jennifer Brett. Lori? Do you see her? [indiscernible] Oh, I see Lori.

LORI STEWART: I'm here. I'm coming. .

SENATOR MOORE (22ND): Are you okay?

LORI STEWART: At least I think I am, all right.

SENATOR MOORE (22ND): Hi.

LORI STEWART: -- How is your day?

SENATOR MOORE (22ND): Hi, Lori.

LORI STEWART: Hello. Good afternoon. Madam Chairs Moore, Abercrombie, Vice-Chairs Lesser and Garibay, Ranking Members Berthel and Case and the Distinguished Members of the Human Services Committee. I am Lori Stewart and I represent the Connecticut Catholic Conference, the Public Policy Connecticut Catholic Public Affairs Conference, the Public Policy Office of Connecticut's Catholic Bishops. Catholic teaching states that society has a moral obligation, including governmental action

where necessary, to ensure opportunity, meet basic human needs and pursue justice and economic life. That said, I present testimony today supporting the intent of House Bill 6416.

My testimony this year may sound very similar to last year's. When I testified in this matter last year, I had just participated in a press conference regarding welfare lien repeal, and it heard compelling stories from two women who had utilized public assistance in their younger years. They had long-since transitioned to gainful employment, home ownership, were participating fully as citizens and enthusiastic about doing so. By all accounts, they had checked all the boxes had passed the sign that said "Into the middle-class here" when their progress and their lives were derailed by scarlet letters, WL, welfare lien etched onto their personhood, essentially for life. A branding that they were unaware of. They didn't realize they still carried it.

In our popular culture that celebrates figures such as Horatio, Alger, Cinderella, Oliver Twist, to name a few, we're exhorted to pull ourselves up by our bootstraps and to keep believing in the American Dream. In the case of welfare recipients, many do continue to believe in the American Dream and cling to hope for a better future and a brighter tomorrow. Even when those ideals seem more tagline and cliché than tangible. So, imagine how devastating it is to work, earn, and save, to get your boots.

First one, and then the other, because you couldn't procure them as a pair. Imagine further that because you had never owned such a pair of boots, you didn't know they came with bootstraps. So, then you pushed harder to grab a hold of at least one of the bootstraps. And then through diligence, determination, persistence, you ultimately grasp that other elusive bootstrap between your fingers. And just when you're poised to finally put strap to boot and finish the pulling process to stand up on

your own two feet, someone comes out of nowhere and snatches your boots, both boots, and the straps, both straps, and your socks, the rug you were standing on and the floor from beneath you.

Unfortunately, all of us are vulnerable to unforeseen circumstances. 2020 is a case in point. Any situation could catalyze a domino effect and thrust any individual or family into situational poverty, which by its own definition is temporary, but just as wealth begets wealth, situational poverty in the absence of proper intervention can beget generational poverty. A past quote-unquote "situation" should not set someone up for the potential cycle of generational poverty. For families leaving welfare, the ability -- the availability of supports can be key in making a lasting transition to economic self-sufficiency. That comes from the United States Conference of Catholic Bishops in their article, Temporary Assistance to Needy Families. HB 6416 can be such a support. The Conference or just the Human Services Committee to please pass HB 6416. Thank you.

SENATOR MOORE (22ND): Thank you. I don't see any questions for you, so thank you very much for your testimony.

LORI STEWART: Thank you very much, Senator Moore.

SENATOR MOORE (22ND): Next is Tanya Walker. Tanya, are you here?

TANYA WALKER: Yes.

SENATOR MOORE (22ND): Okay. I see you. Welcome.

TANYA WALKER: Thank you. Good afternoon. I would like to thank Representative Abercrombie, Senator Moore, Senator Berthel, Representative Case and Members of the Human Service Committee for the opportunity to testify today. My name is Tanya Walker and I'm a resident of Bloomfield and I am

also a graduate student of the University of Connecticut School of Social Work.

I am here today to support HB 6416, AN ACT CONCERNING THE REMOVAL OF LIENS ON THE PROPERTY OF PUBLIC ASSISTANCE BENEFICIARIES. In a time of need and despair circumstances may lead on, no other option to seek -- other than to seek support from the State, thinking it as a means to get back on their feet. But many do not know that this is a loan. Anyone who received benefits from temporary family assistance, State-administered general cash family assistance and State supplemental cash assistance, the State can recover such funds by attaching liens to property. This practice is antithetical to the Department of Social Services' mission statement, which states that it provides quote "Person-centered programs and services to enhance the wellbeing of individuals, families, and communities in order to ensure --" again quote, "a Connecticut where all have the opportunity to be healthy, secure, and thriving." Welfare means punish the poor and those who encounter misfortune that is out of their control. I am again asking to support HB 6416. Thank you.

SENATOR MOORE (22ND): Thank you, Tanya, for that testimony. Are there any questions for Tanya? Seeing none. Thank you, Tanya.

TANYA WALKER: Thank you.

SENATOR MOORE (22ND): Next is Jennifer Brett, followed by Polly Moran.

JENNIFER BRETT: Thank you. Senator Moore, Representative Abercrombie, Senator Bethel, Representative Case and Members of the Human Services Committee. My name is Jennifer Brett. I am the founding director of the acupuncture Institute at the University of Bridgeport. And I'm testifying here today in support of SB 764, an ACT CONCERNING MEDICAID PROVIDERS. The University of

Bridgeport acupuncture Institute clinicians have been working at Optimus Health Center in Bridgeport to offer acupuncture services as an alternative to prescription medications, including opioids, for pain relief, anxiety, depression, musculoskeletal issues, and other conditions that affect the quality of their life.

Many of those served in this environment are looking to reduce or eliminate their pain medications. During the first year of acupuncture services being offered part-time at Optimus, we saw a significant reduction in opioid prescriptions in the Optimus patients. That trend has continued as more clients look for pain treatment alternatives. If these individuals were not clients of Optimus during the past three years, they would not have been able to access acupuncture services.

Acupuncture has historically been unavailable to the medically-underserved communities in Connecticut. The profound results that acupuncture has on chronic pain, syndromes and other chronic functional disorders without the use of expensive prescription medications, makes acupuncture and related Chinese medicine services a significant medical option for those suffering with these chronic disorders. Licensed acupuncturists would have the opportunity under SB 764 to be of service to this underserved community in fulfilling their healthcare needs, helping to address the opioid epidemic by broadening options available for pain management and other chronic conditions, as well as having an impact on their mental, emotional wellbeing and everyday activities. Adding licensed acupuncturists to the list of providers through Connecticut Medicaid Husky is an important step for healthcare equity in Connecticut. Thank you.

SENATOR MOORE (22ND): Thank you. I'm very familiar with, well, [inaudible] and Optimus?

JENNIFER BRETT: Yes.

SENATOR MOORE (22ND): Thank you for the work that you do in the community. And I know without Optimus and that connection, you would not able to so, thank you. I don't see any questions for you. So, I would just thank you for taking the time to bring us that testimony.

JENNIFER BRETT: Thank you very much for listening.

SENATOR MOORE (22ND): You're welcome. So, the next is Polly Moran.

POLLY MORAN: Hello. Good afternoon, everyone. Thank you for your patience. I know you guys have long days these last couple of weeks, so I appreciate your constant engagement and support. Thank you, Chair, Senator Moore and Representative Abercrombie, and all of you Members of the Human Services Committee. I am writing in support of SB 764 an ACT CONCERNING MEDICARE -- MEDICAID PROVIDERS ON BEHALF OF THE MIDWIVES. So, section Three. I've been [indiscernible] for 30 years.

I'm going to try to hit points that my colleagues have yet to hit. And just kind of wanted to educate you all a little bit, if you aren't already aware, that there are in fact are 26 states that support parity for Medicare -- for Medicaid reimbursement for midwifery services rendered the same services as physicians. And in fact, in the ACA in 2010, the Medicaid -- the Medicare program, the federal government increased reimbursement and mandated pay parity for midwives with similar services. Once again, I want to reiterate that we are full-scope. So interesting, I think, of the midwives, that you'll hear from today, aside from somebody who does policy later on, I only am in the office and in fact, am a provider that deals in vulvar vaginal disorders. So, I actually get consults from consults from all over the State. And yet my patients that I see for long specialized

consultation, I still only get the 90% that may be my physician colleague would get.

So, we order labs, we prescribe medications, we interpret labs. We send people to providers. And in fact, in a recent survey within the ACNM, our professional organization, 39% of midwives recognize themselves as one of their primary responsibilities is to do primary care. So, when Commissioner Gifford talks about the maternity bundles, that is great and we're very excited to work on that and Representative Hughes, I'd be happy to talk a little bit about that. I think that that [Amy Romano], actually, she is working on some national issues around that, even though she's a Connecticut-based midwife so, she, I think, will address this a little bit more too.

But you know, when doctor -- when Dr. Gifford talks about maternity bundles, that is just part of our care. So, this whole other aspect of our care, if we put in an IUD, if we see an annual visit, if I have my 70-minute consultation on vulvodynia, we're still getting paid less for the same service that we're providing. And that will be even if we go to maternity bundles and do that, which I do think is like a very innovative reform to maternity care, it still doesn't get at the fact that we are not being paid for the services that we are rendering. And it does, as everyone has already talked about to get that kind of pay does incentivize for graduates to stay for midwifery practice to thrive and to allow greater access to midwifery care that does. I think in the long run, not only helps to set a Connecticut, but helps the women of Connecticut and their families.

The-- When we talk about the -- Oh, one point I want to make is that there was a five-year span where St. Raphael was the vulvodynia clinic down at Yale New Haven. They did that --

HEATHER FERGUSON-HULL: I am sorry to interrupt but your time is up. And if you could please summarize, thank you.

POLLY MORAN: Okay. Just -- just in a five-year span, they did over 5,000 deliveries and their overall C-section rate was 21.4%. And that was with an 80% of the cases were DSS patients. So right there is a huge difference than the average 34% C-section rate. I don't know if I should answer Representative Hughes. Yeah, she's waving. Yes. Is that okay? [Crosstalk]

REP. HUGHES (135TH): Can I -- can I ask permission from you, Madam Chair, to comment on the point Polly put forward?

SENATOR MOORE (22ND): Let me make sure Ms. Moran, you finished -- you got your summary in?

POLLY MORAN: Sure.

SENATOR MOORE (22ND): Okay.

POLLY MORAN: I'm not -- you'll hear from one of us.

SENATOR MOORE (22ND): Representative Hughes. Yes.

REP. HUGHES (135TH): Yeah. I just wanted your take on the parity for midwife services and adequate in terms of the proposal to bundle in terms of the value and expansion of the services to our Husky and Medicaid folks.

POLLY MORAN: So, because we don't have yet a bundle and in fact, the literature doesn't have one particular bundle and which services, this would be a Connecticut production. So, the reforms that we're looking at would be taking -- kind of stepping away for fee for services and looking at how do we do a more integral, comprehensive approach to maternity care. So, I think in that, just that alone, goes very beautifully with midwifery

philosophy that looks at the women and the woman and her intern as, you know, an integrated system.

So, it'd be looking at how do we approach a continuum of comprehensive services that rewards quality, but also then would yield cost savings. So, there's a lot of challenges to that I think, and I am very pleased that Commissioner Gifford is inviting midwives to participate as stakeholders, because I think we really will -- we'll have doulas. We'll have, you know, I think one thing that I wrote much more in my testimony was just about how we answer the call to more equity and more access and what that means for especially low-resource communities.

But that is where we think best practices and where an application of kind of a comprehensive approach would yield better outcomes. And so basically, it would be rewarding better outcomes that -- and using best practices and stepping away from just like doing feed by feed, by feed, by feed. But we would be the -- all the ones you all saw would be the ones that determine what that would look like for Connecticut and how to best serve women. I think that we're all excited by the possibilities. We don't know exactly what that will look like at the end of the journey, which is why I support the initiative of SB 764, because we don't know when we're going to get that. And frankly, Representative Abercrombie and Senator Moore have known that I've been up in front of them for a few years now. And we've been -- kept saying, "Oh, we think we can." And everyone's for it because we do great work, but it isn't happening. We're always told to wait until the next time. So hopefully this time is our next time and we are more than enthusiastic to work with the Commissioner on creating a better health care model for women and their families in the future, for sure.

REP. HUGHES (125): Thank you, Polly. So, your recommendation is go forward with this proposal while you're working on a bundled service model?

POLLY MORAN: Absolutely. I mean, for me, the maternity bundle will help me -- like this is big in my practice 'cause I'm almost all GYN. So, the maternity bundle does it doesn't really affect my practice. So once again, I get 90 -- with the maternity bundles, I would still get 90% basically of what my physician colleagues get. Well --

REP. HUGHES (125): Thank you, Madam Chair. This is helpful.

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

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Thank you, Polly, for coming before us to testify and giving us your thoughts on the bundle rate and then also what we need to do. But just kind of a little bit of background from my colleagues. I think that the time has come for the parity for the midwives. I don't believe in DSS's testimony that that takes away from the bundled rate. I think the bundled rate, from what I'm seeing and what I've heard from DSS, is more about the women. It's expanding postpartum from, you know, six weeks to a year. It looks more at the pregnant mom and the effects afterwards long-term. So, I -- so I agree with Polly, I think doing the parity now, they can still do the bundled rate. It doesn't have to be either, or. I think they can roll the bundled rate and the parity into one. And that's why I'm really concerned about us waiting and seeing what the bundled rate looks like. So, thank you, Polly.

POLLY MORAN: Thank you all.

REP. ABERCROMBIE (83RD): We really appreciate you taking the time.

POLLY MORAN: Thank you all.

SENATOR MOORE (22ND): Thank you. I don't see any other questions for you.

POLLY MORAN: Okay. Thank you so much, good luck with all your decisions.

SENATOR MOORE (22ND): Take care.

POLLY MORAN: Yep.

SENATOR MOORE (22ND): Next, I have Farlyn Charlot-Wadley, followed by Ben Shaiken, followed by Jeffrey Freiser. Is Farlyn in here?

HEATHER FERGUSON-HULL: There she is.

FARLYN CHARLOT-WADLEY: Hello.

SENATOR MOORE (22ND): Hi, how are you?

FARLYN CHARLOT-WADLEY: Hi, good. good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case Members of the Human Services Committee. My name is Dr. Farlyn Charlot-Wadley, and I am a doctor of podiatric medicine practice in New Haven, Connecticut. I am testifying today in support of SB 764, an ACT CONCERNING MEDICAID PROVIDERS, a Bill proposed to achieve Medicaid payment parity for podiatrists.

So, to give you the background about myself, I moved to Connecticut about 14 years ago. And my training at Yale Medical Hospital, I chose to stay here in Connecticut because I loved working in the community where we see patients who are, you know, high-risk with diabetes, poor circulation, kidney disease, heart disease. And these are the patients who I see predominantly in my practice. And we also train like residents. We have 15 residents we train in our program and, you know, we encourage them to stay in our State.

I feel that the more participation that we have from our residents, for them to stay in our state there have -- the patients -- the people in the community get this high quality of care where they can have access to the resources that they need. And also, the podiatric education and treatment needed to prevent the potential foot problems that we see.

So, we have a very busy practice in New Haven and we customize our care for each -- each person and regardless of like their insurance. But what does not change is that the standard of care that we do provide and the biggest -- we know one of the factors that because we're not getting equal pay for the things that we do, it just seems like very unfair. And that is why, you know, I am here at testifying today to ask that you support this Bill 764. Thank you for listening.

SENATOR MOORE (22ND): Thank you, doctor for that testimony, and I'm glad you stayed in Connecticut, also. Is there anyone who would like to ask the question? I don't see any hands up, so I will just thank you for your testimony and taking the time to come talk to us today. Thank you. Next is Ben Shaiken.

BEN SHAIKEN: Hi, good afternoon. Thank you, Senator Moore. Good afternoon to you, to Representative Abercrombie, Senator Berthel, Representative Case and Members of the Committee. My name is Ben Shaiken. I'm the Manager of Advocacy and Public Policy at the Alliance where the Statewide Association for Community Nonprofits, who as you all are intimately aware of, provide central services in every city and town in Connecticut, serving half a million people in our state and employing 117,000 people.

I want to thank you for the opportunity to provide support in -- of Section 2 of HB 6319. You've heard from a number of our Members earlier today, and

there's a few more coming up after me. You have my written testimony, so I just wanted to highlight a few quick points rather than read from it. You've -- you've seen us here in the past on this issue. This is our third bite at the apple in or fourth, I should say in about, in the last -- in the last five years. But it's a really important issue and it's one of those things that nonprofits have been talking about for a long time, the importance of which has really been highlighted and accentuated by the COVID-19 pandemic.

So I just you've, you've heard from some folks about what the Act of sort of returning state funding is like. But I want you to just think about, you know, life in Connecticut last May and June towards the end of the State fiscal year, where we were then in terms of the State's COVID response and talk a little bit about where nonprofits were then in terms of trying to manage what their reality had been over the last three months and what their life would look like moving forward into the summer. You know, many organizations didn't stop providing in-person services. And so, they struggled as did all healthcare providers through March, April and May through a really scary and deadly time where, you know, we were all figuring out how, you know, what PPP is necessary -- what PPE is necessary, what how to get it. And then there was a significant shortage and the nonprofits were, like every other organization, trying to provide for their staff and, you know, scrambling, spending every penny that they could to purchase PPE anywhere that they could find it.

For nonprofits that were able to switch services to be delivered remotely, they had significant unbudgeted expenses having to purchase technology overnight. And then come May and June last year, were contemplating reopening those services in one way or another as the State entered its sort of phase of reopening that happened right around that time.

So, in the midst of all of that, many organizations, although not all, had access to paycheck protection program loans, which at that time, although this deadline was extended multiple times since by Congress -- At that time, those, those deadlines were that money needed to be spent within a few weeks and amidst that entire environment, the State said to nonprofits, "We need you to return any unspent state funds that you have at the end of this fiscal year." That happened amidst the State's receipt of nearly one and a half Billion dollars in federal funding that they received through the Coronavirus Relief Act. And when we asked our Members around that time, what is it that you need most from the State in terms of in terms of fiscal help right now that what they said was flexibility.

We need the ability to take this money that we have right now and spend it however we need to spend it to keep our clients and our staff safe. And so unfortunately, because of this sort of practice that the State has with Health and Human Services contracts to, to recoup any unspent space -- state dollars, those funds went back to the State this year.

HEATHER FERGUSON-HULL: Excuse me, three minutes is up. Please summarize.

BEN SHAIKEN: Thank you. So that's just an example. I'm happy to talk about the details of the Bill. That's an example of why it's really important now and I hope the Committee will pass this Bill and will open up the ability for all nonprofits to retain unspent revenue at the end of a fiscal year and incentivize then being more innovative organizations. Thank you very much.

SENATOR MOORE (22ND): Thank you, Ben. I see Representative Case, and I've had this conversation with you, so I think I've been now five years with you guys. Representative Case.

REP. CASE (63): Thank you, Madam Chair. I just wanted to say, thank Ben, keep up the fight. We've spoken to a lot of your people here today. You know, it's just something that we have to go through. I probably will work with Representative Abercrombie and others. I'd like to see if OPM can give us a final dollar of all the non-profits of what was given back over the past five years, just to see what's there, you know. Any dollar, as you always say, when you're walking through the Capitol halls, is a dollar well-used in the nonprofit area. So, you know, like I say, when it's -- when it's in the budget and it's in a line item, it belongs there and it needs to be used.

BEN SHAIKEN: Thank you, Representative, if I could just sort of respond to that question. I know it's been something that you all have asked of some of the folks who've testified before me, you know, how much have you given back this year versus last year, et cetera. And one of the sort of -- one of the things that's most interesting, I think about this is one, while this Bill would certainly stop that practice and allow nonprofits to retain funds that they may have given back in past years. What we're also hoping is that it will -- that it will incentivize them to be more innovative. That right now, you know, the incentive is for nonprofits to spend as much of that money as they can in that contract year to try to put it into things whatever they can get sort of allowable into their contract. And it's not to say that it's being misused at all, but we think that this -- that this Bill would sort of change the paradigm in terms of how nonprofits think about the funding that they receive from the state and how they can invest in more long-term projects, whether those are capital improvements or innovative new service delivery systems, or whatever. Things that they, you know, right now don't have an avenue through state funding.

So I think that'll be really helpful number to understand what's happened in the past. But in our, in our opinion, when this Bill finally passes hopefully this year, that we'll, we'll be able to see a real shift in how organizations think about their funding and how they're able to innovate in a way that it's going to be hard to capture just by finding out how, you know, how much was paid back in years past.

REP. CASE (63): So, Ben, thank you very much. And I just want to say, you know, it's gonna be easier for a nonprofit to figure out how they can save then to figure out how they can spend, because the more they spend that means they're going to get that money the following year, but we keep talking about it an incentive. And I just want to reassure, and I think you will too. The nonprofits aren't going to cut corners to save money so they can keep State dollars. It's just their incentive to do things differently so that we can have monies to improve the nonprofits.

BEN SHAIKEN: Yeah. Thank you. And I heard the testimony from earlier and you know, I think our -- If you asked any of the folks who are testifying today, about what the different and various measures the State has in place to ensure the services that they're, that are being delivered are of the highest quality, the ability of the State to recoup unspent funds is very, very low on that list. The contracts that these providers have with the State have very stringent quality control measures in place that are completely independent of their funding stream. And so, you know, I appreciate the concern that was expressed earlier about you know, about perhaps a perverse incentive being created here. But I just want to assure the Committee that the State has a multitude of different checks and balances in place within its contracting and licensing systems to ensure that the services are of the highest quality.

SENATOR MOORE (22ND): Thank you for that, Representative Case.

REP. CASE (63): Madam Chair, I'm all good. Thank you, Ben.

SENATOR MOORE (22ND): Thank you. Thank you, Ben. Jeffrey Freiser.

JEFFREY FREISER: Senator Moore, Representative Abercrombie, Representative Case, Senator Berthel Members of the Committee. I am Jeffrey Freiser from Meriden, Connecticut, and I strongly support passage of HB 6318, an ACT CONCERNING SERVICE ANIMALS. Although having heard the earlier CHRO testimony, I would share the concern that the Bill should not narrow the definition of disability. But I'm testifying today to give the Committee my particular perspective as a volunteer puppy raiser. My wife and I foster puppies, who will, when they're between 14 and 18-months-old, continue on to intensive training as guide dogs. The experience has been incredibly rewarding.

We do the basic puppy training; sit, come, stay, but most importantly, we socialize the puppies to a wide variety of environments. When they become guide dogs, they must be -- They must be completely comfortable and well-behaved in any setting, such as a busy supermarket, a quiet restaurant, a moving bus, a loud train. Therefore, it's critical that puppy raisers with their puppies and training have full access to public transportation and public accommodations. And so, the Bill provides that puppy raisers have the same access as persons with disabilities. This is particularly important because the federal ADA does not include puppies in training and its coverage. So, Connecticut must specifically provide for it.

In addition, the Bill clarifies that puppy raisers may indeed be volunteers, and need not be employees of the training school. Current State statutes are

inconsistent in this matter. Section 46-A-44 includes volunteers and its provision while 46-A-64 excludes volunteers, limiting its provisions to only employees of guide dog schools. Schools that train animals are typically small non-Profits with very modest budgets, heavily dependent on volunteers. If only paid employees could raise the puppies, the number of service animals desperately needed by people with disabilities would be reduced dramatically.

So, I thank the Committee for raising the Bill and a special shout out to Representative Abercrombie for her many patient conversations with me about these matters. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Jeff. I always appreciate my conversations with you. I do appreciate you being here and I, you know, and I do thank you for raising the concerns that you had. I think in the last email, you were pretty comfortable with the reasoning behind some of the language. I did connect you with a couple of the people that were on the working group from 2019 to kind of explain the rationale behind that. So, but that's, you know, that's how we do good policy, right by getting people in the room and talking about how we got to where we are. So, I thank you for that. Any questions, colleagues? Seeing none. Thank you, Jeff, for waiting. We really appreciate it.

JEFFREY FREISER: Thank you.

REP. ABERCROMBIE (83RD): Have a great day. Heather Gates, followed by Sarah White. Hi, Heather.

HEATHER GATES: Hi. How are you?

REP. ABERCROMBIE (83RD): Good, nice to see you.

HEATHER GATES: You, as well. So, I'm Heather Gates and I'm the President and CEO of Community Health Resources. And I'm here to testify in support of HB

6319. CHR is an essential provider of mental health substance use and primary care services. And we're serving all ages and then serve over 27,000 children, families and adults every year. About 60% of our funding comes from the State of Connecticut. And then the balance comes from the federal government, Medicaid, Medicare, private payers, and foundations, et cetera.

It is an understatement to say that the extraordinary challenges we've faced operating during this pandemic highlight the need for a change to the antiquated policies that have been in place for decades related to revenue retention. Last March, we were faced with making decisions on a daily basis about how to continue to provide life-saving services, methadone maintenance, housing for the homeless, residential treatment, crisis teams, outreach to families, outpatient clinics, and school-based clinics to just name a few. We did not shut down a single one of our programs over the last year. We have continued to operate. We had to buy PPE for the first time. I didn't even know what PPE meant when we started this a year ago. Now I know the ins and outs of all of it. We had to give staff hazard pay of course to keep them and compensate them and to thank them for their extraordinary work. Retrofit our facilities and cars, purchase software and computers for telehealth and of course, add staff. This all cost us a little over a million dollars annually. The same time we saw a steep drop of revenue of about $750,000 and this year alone, our revenue's down about $2 million. In all honesty, we were panicked about whether we were going to survive and we could not trust that the State was going to be there for us because they haven't been.

In the end, we received some help from the State and federal governments, but it was not enough to cover all the costs. We had to furlough staff. We are not a provider that was eligible for the PPP loans because of the size of our workforce. The lack of

revenue retention just added to our very precarious financial situation. If we had had adequate reserves going into this, we would have been able to retain all of our employees and know that we were not going to go bankrupt. At the same time, the restrictions placed on our grants meant that we couldn't even use all the excess money in one program to help with another. In the end last year, we paid back $445,000 while we had to dip into our own reserves to pay for all the other things that the State was not covering for us.

We know the need for mental health and substance abuse services is greater now, more than ever. And yet the current contract rules prohibit providers like us from using unallocated funds to address these needs.

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

HEATHER GATES: Yep.

HEATHER FERGUSON-HULL: Thank you.

HEATHER GATES: So, the pandemic has really showed us how dangerous this business model can be and, in my mind, Connecticut deserves better. And so, do us as a nonprofit provider community. So, thank you for your time and I'm happy to answer any questions.

REP. ABERCROMBIE (83RD): Thank you, Heather. And thank you for what you do. We really do appreciate it. Questions, colleagues? Seeing none. Thank you, Heather. Have a great day.

HEATHER GATES: Thank you.

REP. ABERCROMBIE (83RD): Sarah White, followed by Alice Forrester. Hi, Sarah?

SARAH WHITE: Hi. Thank you. Representative Abercrombie, Senator Moore, Representative Case and

the other Members of the Committee. My name is Sarah White and I'm an attorney at the Connecticut for Housing Center where I focus on foreclosure prevention. And I'm here to testify today and supportive HB 6416, an ACT CONCERNING THE REMOVAL OF LIENS ON THE PROPERTY OF PUBLIC ASSISTANCE BENEFICIARIES WITH AMENDMENTS.

I've submitted written testimony, which explains the problems with this poverty tax, especially for homeowners and people in foreclosure. And I just want to pick back up where Cori Mackey left, with the need for -- to repeal welfare liens and make two -- three amendments to the Bill so it really gets at the heart of the problem with welfare liens.

So as written, the Bill does still allow liens on homes valued at $250,000 or higher. And we agree that there should be no more liens on real property regardless of their value. And we found in our experience that the mere existence of a lien has caused our clients to lose or almost lose their homes to foreclosure. And typically, this has been because the State would not subordinate the DSS lien, even when the homeowner qualified for a loan modification. One of our clients lost her home and became homeless because even though she qualified for a loan modification, which she could afford, DSS would not agree to subordinate the lien. And you know, ultimately even though she lost her home, the State didn't even get a single dollar from this foreclosure. Then this is a property now that's worth over $250,000 so, it wouldn't even be protected if this Bill were passed as is.

DSS liens also mean that, you know, people can never build equity in their homes and a cushion to get through hard times. And some of these liens can be quite large, five figures, even six figures, especially if it's for old medical assistance, medical insurance that someone received. We know that home equity is the major driver of the racial wealth gap, which DSS liens on homes perpetuate.

I agree with the DSS Commissioner that the valuing the $250,000 limit would also be unwieldy. And it would also not help out people in more expensive parts of our State, where there are simply no family homes available under a $250,000. Over the summer, we had some Trinity students do research in the land records and identified thousands of welfare liens that are recorded. And many of these were in communities in Fairfield County, where there are few, if any -- few, if any properties under a $250,000. So, like we said, we do support the full repeal. As to the administrative burden of releasing all of these liens that the DSS attorney mentioned, I just want to mention that this would be a one-time burden for DSS and the State is far better equipped to release the liens and have homeowners deal with this burden when they need to refinance, when they need to sell their home or they're in foreclosure. And in our experience, most folks aren't equipped to do that and it's just a very complicated process for them. So, you know, having the State release the liens on a one-time basis would be better overall. And we also suggest eliminating liens on lawsuit, settlements, and judgments. This is money to compensate people for concrete losses, things like medical Bills in the past or for the rest of their lifetime, or lost earnings.

HEATHER FERGUSON-HULL: Excuse me. Three minutes is up, please summarize.

SARAH WHITE: And so, and then the final change. We also agree that the language in Section One, allowing for mortgages for people with incarceration liens should also be removed. And we understand that it was just inadvertent. And thank you so much. I'm happy to answer any questions if people have any.

REP. ABERCROMBIE (83RD): Thank you, Sarah. Thank you for your testimony. We really do appreciate it. Representative Mastrofrancesco.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. And Sarah, thank you so much for your testimony. Would you be able to give me an example of maybe a client or somebody that you worked with about a lien that they had on their home and how they lost it? Were they on -- what type of services were they on through the State? Was it because maybe parents, I'm thinking of parents were in a couple, one was in a nursing home. They had to pay privately. And is that home one person on title 19 and the other person is not, and then they had, there was a lien put on their home? Can you give me a scenario? Would you mind?

SARAH WHITE: Right. What we typically see is folks who are in their teens, early twenties received cash assistance or medical assistance for themselves and their kids. And currently medical assistance does not result in liens, but anything prior to 2014 is treated as a debt. And as you can imagine, those amounts get really big and we've even heard of the state going after people for, you know, medical, medical bills going back to the 1950s. So that's typically what it's there for.

The situation I mentioned where the person lost her home, I believe that she'd received some cash assistance very early on and some medical assistance and, you know, used it the way you're supposed to as temporary help and then became self-sufficient. But unfortunately, because of this old welfare debt, you know, hanging on, it ended up kind of crushing her, her dream of home ownership.

REP. MASTROFRANCESCO (80TH): So -- so in your experience, it's mostly younger adult, younger folks that have, that needs some sort of cash assistance from the State. Maybe they go on, they get a better job, they get married, they buy a home and it's at

that point, the lien is put on. Is that a correct analysis?

SARAH WHITE: Right. And the other thing I would mention, too, is with the medical assistance, it also affects people with disabilities who may be getting cash assistance over a longer period of time over their lifetime, to supplement the meager amount that they get in SSI. And may have been on state medical assistance for a longer period of time. So that's another population of folks that are really impacted.

REP. MASTROFRANCESCO (80TH): You see a lot of that with seniors, the older population, or is it more younger?

SARAH WHITE: I know that a lot of seniors do have liens for long-term care. What we've seen in our practice, which is mostly folks in foreclosure who are dealing with this. It's mostly been people who got assistance many, many years ago, sometimes 30, 40 years ago.

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

SARAH WHITE: Thank you.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome. I think Representative Mastrofrancesco, I think you raise a good point that I would like to have Mary Fitzpatrick, who is our OLR look into. I don't believe and I could be wrong. I don't believe that the spouse -- So, if I go into a nursing home and my spouse stays in the home, I don't believe that there's any lien, because we have protections for spousal's, right, to be able to stay in the home and keep certain amount of assets. But I think that's a

good question to find out if they actually do fall into this pocket. And I see Mary has taken a note and she will get us that information and send it out to Heather and send it to all of us. But thank you for raising that question. Any other questions or comments? Seeing none. Thank you, Sarah. This was great having you here.

SARAH WHITE: Thank you so much.

REP. ABERCROMBIE (83RD): We appreciate it. Have a great day. Alice Forrester, followed by Susan Brosseau. Hi, Alice. I saw her someplace. Where's she? There she is. Hi Alice? Nice to see you.

ALICE FORRESTER: Hi, good to see you everybody. Hi. Thank you so much for having this hearing. I'm Alice Forrester. I'm the CEO and Clifford Beers Clinic which is a nonprofit serving behavioral health services for children in Greater New Haven, Norwalk and autism and related developmental disabilities in Hamden. Thanks for the opportunity to talking. I'm here to talk and support of 6319, and I have submitted my written testimony. So, I'm not going to read it to you, but I want to take issue. I haven't been able to listen all afternoon, but I know you've been very busy. And I appreciate Representative Case, your comments to Ben about, you know, the funding and the way the funding for nonprofits have been in Connecticut.

There's been a lot of let's keep the money so we can have innovation and flexibility. I have to tell you, I've been the CEO for 13 years at the clinic and innovation and flexibility has to be your middle name when you're running an organization in Connecticut. In particular, that's delivering mental health or behavioral health services to kids and families. The dollars that we receive through the grants are very, very helpful. Medicaid you know, difficult, takes a lot of administration to be able to just get through the year managing the

dollars, making sure we always address the scope of services.

But like we had an example recently where we were -- one of the new programs that are rolling out Opioid Addiction Support for families, right, in the Fairfield County region. And we've probably run over probably about $200,000 in costs, mostly related to mileage and staffing salaries. And, you know, we just get what we get for that. And, you know, the question is always, do we need to close that program? Whereas I have another program like Emergency Mobile Crisis where our clinicians may burn out and leave after a few months or a year or two years. And I have open positions because my salaries are an, you know, a big draw and then I'm understanding some programs.

So, you know, I have this topsy-turvy kind of arrangement, and I think that for last year with COVID, you know, innovation and flexibility, as Heather reported, but I just want to say, you know, the things we do that we're not getting paid for. We go out in New Haven after, after a shooting and knock on doors. And we opened a warm line, for the State of Connecticut, so people could call if they were left alone, isolated. We're calling elders now for vaccinations. We're raising money to be able to open learning hubs for families so that they could go to work and have their kid with New Haven hubs in school, you know, up until just recently and where they can either have their kids there part-time or full-time. You know, I have 26 or 27 programs. I have federal grants and state grants. I'm constantly innovating and trying to design and serve the families in the way that they need to be served. And in a crisis, you do what's first, you know, what you can do first.

And so, I'm also trying to go through these depressing meetings where we're underspent on this grant, or, you know, we're going to have to give back, you know, hundreds of thousands of dollars is

just an exhausting process that feels unnecessary in particular in pandemic, but just every day. And I know --

HEATHER FERGUSON-HULL: Excuse me, your three minutes is up. Please summarize.

ALICE FORRESTER: I know.

HEATHERM FERGUSON-HULL: I'm sorry.

ALICE FORRESTER: Okay.

HEATHER FERGUSON-HULL: Thank you.

ALICE FORRESTER: But I think the-- you know, in general, if we could get rid of the seeds, if we could look at funding -- bundling funding, if, you know, you were talking about bundling with another Bill. There's just so much that we do for the community that you know, seems very under -- under,-supported by the State.

REP. ABERCROMBIE (83RD): Yeah. Thank you, Alice. And thank you for your comments and more importantly, just thank you for all your hard work through this pandemic. For those of you that don't know, Alice has been part of a weekly Wednesday meeting with all of the agencies in STE around individuals with disabilities and where they were getting their education, where they were getting supports. So, thank you. Even with your busy schedule, you've always found time to help us as policymakers so, thank you for that. And I agree with you, you know, the time has come for us to be able to support our nonprofits more than we do.

I will just make one comment about the bundled rate. I think that what people have to remember is because we are a self-insured state when it comes to our Medicaid program, the rules for us are a little bit different than they are for the managed care. Managed care states have more flexibility in their

Medicaid programs to do bundled rates. We don't have as much of that flexibility. I think when they talked about being able to do a bundled rate with pregnant women, I think that that's something that's being offered through CMS, and that's why we're able to do it, you know. It's sort of like what we did with the birth-to-three, when we did away with the bundled rate, which was devastating, but it was because of the , we're no longer authorizing it.

So, I agree with you. It'd be great if we could, because it would give providers like yourself flexibility within the programs. But , with just CMS or our hands are kind of tied. So, but I think we keep saying it and we keep saying it to DSS, you know, for Kate to try and get, you know, to talk to CMS about changing their policies for States like ours. That's NASO, right, because we're very rare in the sense that we're self-insured

ALICE FORRESTER: Right. We're -- we're involved with the integrated care for kids grant one of seven in the country. And we've been on the phone with CMS and our DSS programs, and we understand the really detailed way money is spent. But there have been states in our country that have been able to bread and blend funds up at the state level. So not just Medicaid, but some of these other dollars that are being spent to be able to actually deliver the whole more holistic services that our families need. You have a family with one child with autism, and then you have, you know, other children who are, you know, having health conditions or other health issues. You know, the parent is navigating through all of these multiple systems and we're looking to be able to simplify the services and address the whole family in the way that they need to. And right now, I have to put that family through a sifter of multiple programs to be able to get them the holistic services they need. And it's not, it's -- it's not reaching the goals that we can reach, I think, in Connecticut.

REP. ABERCROMBIE (83RD): And I totally agree with you and I think it's great that you're running that national network looking at how do we do this in a better way. I do think that the Feds are giving us some grants that will make it more flexibility. So, for example, the family first program that's being rolled out through DCF, I think will dollar-wise give us the ability to be able to blend funding strings, which is I think the hope of all of us. So, thank you for all that you do. Any questions or comments, colleagues? Seeing none. Thank you so much, Alice. Have a great day.

ALICE FORRESTER: Thanks. Nice seeing everybody. Thank you.

REP. ABERCROMBIE (83RD): Nice seeing you. Susan, and I hope I said it right, Brosseau?

SUSAN BROSSEAU: Close, Brosseau.

REP. ABERCROMBIE (83RD): Brousseau. I apologize. Thank you for being here. [crosstalk]

SUSAN BROSSEAU: No worries. Thank you. Good afternoon. Senator Moore, Representative Abercrombie and Members of the Human Services Committee. I know you've heard some other similar testimony today, so I'm going to bridge some of my material. My name is Susan Brosseau, I am the Chief Financial Officer for Adelbrook Community Services. We are a private sector, community nonprofit agency that provides group homes for individuals on the autism spectrum and with intellectual and developmental disabilities. We serve individuals that are among those with the highest level of need in our state. And many of our residents require one-to-one or two-to-one supervision for their safety. And thank you for the opportunity to provide the testimony and support of HB 6319.

Current practice, as you're aware, does not allow us to retain any savings at the end of a contract term

to reinvest those savings into the provision of services. The community non-profits that serve some of the most vulnerable citizens in Connecticut are treated very differently financially than for-profit state vendors. I think we've heard that today, providing other types of services. Not only is it not fair, but it causes us to operate in perpetual crisis mode. The very best community nonprofits, such as Health Community Services, can hope to achieve financially under the current funding policy is to break even. So that's the absolute best, but it goes down from there.

We're not allowed to keep any surplus that we may have achieved due to efficiencies. So therefore, we can't set aside reserves for future cash flow needs such as program enhancements, capital improvements, or the next year, when you have extra expenses, you might not have anticipated. And again, this makes us operate in a paycheck-to-paycheck scenario. I'm a CPA with 35 years of experience, and I can attest that it's very difficult to operate a business in this manner.

However, in practice and over the long-term, we might not even be able to break even. This is where I'm saying that it might be worse than that. So, I'm gonna use my own agency as a quick example. We operated at a surplus for fiscal 2019 filled out the annual report and dutifully returned our surplus funding to the State because we believe that's the right thing to do. We did not make an attempt to, you know, spend down or anything like that. We did what we felt was right.

Fiscal 2020, we operated at a loss. So, for fiscal 2019, I returned funds, fiscal '20, I lost money. Not that we did anything wrong, there was COVID, there was a lot going on, let's all put it that way, you know. And frankly, we had additional healthcare costs for our staff. But if I could have kept the 2019 surplus like a business would do and say, "Okay, I'm going to put that aside as cash reserves,

because that's what we do." Then I would have been able to use that to fund my 2020 loss.

So, you know, at the end of the day, as an organization, we're at a loss for this program that we participate in. We feel very, very strongly about the individuals that we serve. We provide the highest level of care, but this to us is now a concept of fairness and to get out of the crisis mode of funding that we've been in. And thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Susan. Thank you. Perfect timing. She was just going to tell you your three minutes were up. And thank you and thank you for Adelbrook for what you guys do. I've had the pleasure of doing a tour there and it's just absolutely fabulous, what you do for individuals with disabilities, especially for those on the autism spectrum. So, thank you for that questions from colleagues? Seeing none. Thank you so much, Susan, have a great day.

SUSAN BROSSEAU: Thank you.

REP. ABERCROMBIE (83RD): Adlyn Loewenthal.

ADLYN LOEWENTHAL: You got it.

REP. ABERCROMBIE (83RD): Hey, thank you for being here.

ADLYN LOEWENTHAL: Thank you. Good afternoon. My name is Adlyn Loewenthal. I am a member of the Greater Hartford Interfaith Action Alliance, and I'm here to urge your support of House Bill 6416, which would eliminate welfare liens in Connecticut.

Four and a half years ago, I was part of a group of people who co-sponsored the resettlement of a Syrian refugee family in my town of West Hartford. This young family with four young children arrived penniless after fleeing the destruction of their

home in Aleppo, Syria, and then spending years in Jordan awaiting approval of their refugee status until being welcomed to rebuild their lives in the United States. The group of us who sponsored this family, found them an apartment, furnished it, enrolled the parents in English classes, enrolled the children in preschool and kindergarten and help the father find employment.

In the beginning, the family relied on state assistance. I am pleased to say that this family is now thriving. I'm pleased to say that the father was able to secure a job that enabled him to purchase on generous terms the home that they were renting from one of our Members. It was amazing. Home ownership felt to them as to so many Americans, the step, which is necessary to secure economic stability. They invited us all to their home to celebrate and to thank us for our help and coincidentally, it was on this day that I learned about the existence of welfare liens. I learned that this family will not be accumulating wealth, with their new home ownership, and that their debt to the state will make their rise into the middle-class nearly impossible.

It is to the benefit of the State to raise people out of poverty and to help them become independently functioning citizens. Welfare liens have the effect of pushing families back down the economic ladder. I urge you to support the legislation that would end this practice. And I urge you to eliminate any caps on House Bill, or lawsuits settlements currently written into the legislation. When a family acquires assets that raises them out of poverty, the State should rejoice for a job well done. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Adlyn. That was great. We really do appreciate it. Questions, colleagues? Seeing none. Thank you Adlyn have a great day.

ADLYN LOEWENTHAL: Thank you.

REP. ABERCROMBIE (83RD): Stan Soby, followed by Jade Anderson. Hi, Stan.

STAN SOBY: Good afternoon, Representative Abercrombie. Thank you. Good afternoon, Senator Moore, Senator Berthel, Representative Case and Members of the Human Services Committee. I'm Stan Soby, Vice-President for Public Policy and External Affairs at Oak Hill. Oak Hills providing services to people with disabilities for over 125 years through the highest quality community-based services. We have 20 distinct programs with 152 locations in 77 towns across the State. We employ over 1,700 professionals to meet the needs of nearly 40,000 people with disabilities each year. I'm here in support of Section Two of HB 6319. I submitted testimony and just would like to make a couple of quick points about the need for a program like this.

A few years ago, we pivoted our day services from congregate settings to in-home wraparound supports, focused on -- more on local community things. This was something that we've ramped up considerably to meet people's needs during the pandemic. And it's been very, very successful and very effective in meeting people's needs.

However, as a paradigm for what we don't need to be happening, is we've recently had our rates reduced so that it's become a disincentive to be innovative.

I point out that the program and it's -- and it's been referenced is -- is in line with the usual and customary way that the State deals with all of the contracts with which it does business. This is to Representative Aurora's discussion earlier. You know, this program would do away with the discriminatory practice, which the State operates with us in the nonprofit world. The program would be a way for us to invest in our people services and

infrastructure, in recruitment and retention, upskilling and technology.

One of the things too is we see this as an equity issue. While our essential workers are more than the minimum wage, we're in competition with employers playing comparably less -- paying comparably with less risk involved and have the ability to increase wages, provide retention, bonuses, hazard pay. It's an equity issue because 76% of our employees are women and 64% identify as people of color. And we hope that all of the things that the State might be able to do in the area of addressing these issues, from improved rates to the incentive program, would be considered.

Appreciate the comments that many of Members of the Committee made during the discussions in support of this. And thank you for your time today.

REP. ABERCROMBIE (83RD): Thank you, Stan. Thank you for what you do. Questions or comments? Seeing none. Thank you, Stan. Have a great day.

STAN SOBY: Thank you. Representative

REP. ABERCROMBIE (83RD): Jade Anderson followed by Christina Emery.

JADE ANDERSON: Hello? Can you see me?

REP. ABERCROMBIE (83RD): Yes. Hi, Jade.

JADE ANDERSON: This is not my real background. I apologize. [inaudible] for fellowship.

REP. ABERCROMBIE (83RD): That's not a problem. We're just happy you're here.

JADE ANDERSON: Okay. Well thank you for having me here. Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case and the Members of the Human Services Committee. My name is

Dr. Jade Anderson. I am a resident radiologist who is practicing and training at Norwalk Hospital. I am testifying to -- testifying today concerning Senate Bill No. 764, an ACT CONCERNING MEDICAID PROVIDERS. I urge the Committee to amend Senate Bill 764 to include the language of proposed house Bill 5336, which would reverse a 42% reduction and reimbursement for radiological procedures under the Medicaid program.

So, there are multiple ramifications of reduced Medicaid reimbursements. I have been on the front lines during the pandemic, and I am proud of the response and the handling that Connecticut has put forth with regards to protecting their healthcare workforce. As a soon-to-be graduating resident who was looking to remain in the Northeast as her home base, this Bill forces a decision to apply for permanent employment in other states. This also impacts other residents who would like to remain in Connecticut. As a black and woman physician, I am a champion for women's health and a champion for diversity. I am serving on the Diversity Committee for the Radiological Society of Connecticut. I am the immediate past Chair of the resident and fellow section of the Connecticut State Medical Society. And I have multiple other appointments that I will not list due to time constraints.

Connecticut has been such a progressive state in regards to healthcare, such as being one of the first states that approved insurance coverage for the use of breast tomosynthesis, which is the 3D image of the breast that aids in the detection-- Early detection diagnosis of breast disease. It is outrageous that Connecticut is reducing these reimbursements for the Medicaid population leading to less access to mammograms, lung cancer screenings, IRR pain intervention, amongst many other procedures. It is also surprising as screenings save the state money in the long run by identifying potentially deadly disease very early.

Radiology is so important for women's imaging and the health of the underserved. Due to this reduction some imaging offices have closed across the State. This is an access-to-care issue, a health equity issue, and a physician retainment issue that should not be associated with the great State of Connecticut.

So please include the language of proposed house Bill 5336 and Senate Bill 764. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Jade, for your testimony. Questions, colleagues? Seeing none. Thank you so much, Jade. Have a great day.

JADE ANDERSON: Thank you. I'm going back to call.
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REP. ABERCROMBIE (83RD): Christina Emery, followed by I see Greenfield, Greenwood. Sorry.

CHRISTINA EMERY: Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case and Members of the Human Services Committee. My name is Christina Emery, Executive Director of Prime Time House. I want to thank you all for your service to the most vulnerable of our friends and neighbors. Some of which we support here at Prime Time House in Torrington. Specifically, we provide services to adults that live with severe and persistent mental illness that reside throughout Litchfield County.

With help of our dedicated staff, our Members are able to find and maintain jobs in the community, further their education to meet their vocational goals, maintain safe housing, have access to nutritious prepared meals and a food bank. And most importantly, have a safe place to gather and have the support of their peers. All of which are on their own path of recovery.

I'm here to provide testimony and support of Section Two of House Bill 6319, which would fully implement the innovation -- innovative incentive program. Prime Time House has two contracts with [DMHAS] that provides psychosocial rehabilitation and career services, supportive employment services. And despite -- due to low wages, we like many other nonprofits are faced with high staff turnover. Despite our best planning efforts, when employees leave close to the end of the fiscal year, we may not be to expend all of those budgeted funds before June 30th. While we do our best to project staffing levels throughout the budget process, we are a small agency and every dollar has a significant impact. For us having the ability to keep a surplus, regardless of how small it might be, would allow us to offset losses in other programs that may be chronically underfunded. It would also allow us to create savings toward capital improvements that would improve our program efficiency, such as funding startup costs for a new electronic health record system. Maintaining savings would also help us with needed renovation projects for our aging campus that are required to keep our buildings safe, accessible, and comfortable for years to come.

This is certainly not the first time the nonprofit community has come before this Committee to make this request, but this year is certainly unique in that the COVID 19 pandemic has demonstrated exactly how illogical this practice is. In this time of great uncertainty, we are constantly re-evaluating how to enhance services to meet the increasing mental health needs of our Members while keeping them and our staff safe during the pandemic. And this comes at a particularly challenging time when in-person fundraising events are canceled for the foreseeable future.

Despite support from this community and the nonprofit community since 2017, the innovation program has yet to be implemented. And I would argue that the time is now, right.

I want to thank you again for your time and your support of Connecticut nonprofits, which provide essential services to those most in need. And I welcome any questions you may have.

REP. ABERCROMBIE (83RD): Thank you, Christina. Thank you for your testimony. Representative Cook, followed by Representative Case.

REP. COOK (65TH): Gotcha. .

REP. CASE (63RD): That's fast.

REP. COOK (65TH): So -- I texted first. Christina, I just want to say thank you for being here. I know that, you know, that everything that you all do at Prime Time is a monumental task in the opportunities that you afford your Members is beyond something that's even explainable. People have to visit, you know. And the variety of things that you do and think out of the box to ensure that are, you know, that the Members are able to find their way to what they feel comfortable with. I hate the word "normal", but whatever the word normalcy is we have an obligation to do that for folks, and we know that our nonprofits are hit regularly. And it's something that breaks my heart. You and I've spoken about this all the time. So, I look forward to continuously working with you and ensuring that these passes and continuing the fight for the good cause. You all are the good cause and I would just wanted to thank you all. And I'm glad that you all are doing safe and hanging in down there. So, thank you.

CHRISTINA EMERY: Thank you for your support.

REP. ABERCROMBIE (83RD): Thank you. Seeing no more questions. Sorry, I find it funny Sorry, Representative Case. I just had to do it.

REP. CASE (63RD): Well, you know, we have a while to go. So, Christina, stick around for a little while here. No, I, you know, being a past Member of the Board, I did see the numbers that come in and I believe, you know, it's close to 1,000,000 and it was 830 or some-odd thousand. But we were always looking for ways to down spend and, you know, not down spend, but make sure we most efficiently spent those dollars. And it was very frustrating. I think being on that Board and being on [lockboard] with you gets us to see that there's a fine line there. Trying to spend all the dollars that are granted to you, no pun intended, or what you're going to give back. And I think you have some proponents here that are really, you know, if it's been allocated, once again, I've said it before, then it should stay there. And I know the Commissioner has come out prior to you being an Executive Director over there, and has said that your facility, you know, is one of a model because it does so many things for people who are in tough times, you know. And you're doing some great things. I follow some of the stuff you do now during COVID. And it's very difficult, but you need to have the assets. You need to have the ability to get people around. You need to have the pep, the ability to do so much more. And this is just one small little way to do it.

And I kind of find it a little bit appalling sometimes that we pull the money back that you don't spend because you were such good fiduciaries with your dollars. You actually could go and spend that money. You could find ways to spend that money. And why would you want to do that when it could be used mostly to help the people that are within your facility that you are there to treat and our most vulnerable people. Whether it's yours -- And I know you from Lark, whether it's people at Ark, Lark, there's just so many vulnerable people out there that we need to touch. And this is just one. You heard Ben Shaiken talking earlier, maybe from a non-profit Alliance. I mean, he's been fighting for

years and it's just that they always fall on the short end of the stick. And this is just one little step to help you. Because I bet you spend, and you could tell me, you spend a lot of time to try to figure how you're going to down-spend those grants in those dollars. Do you not? I see you shaking, yes?

CHRISTINA EMERY: Yeah. It's difficult. It's especially challenging when one program may be operating at a deficit and the other program due to staff changes, which is something that we hard to control, especially when it happens, you know in May or June, and that surplus money from one program can't go to offset the other program. And that would certainly make our lives a lot easier.

REP. CASE (63RD): Well, and I also, you know, being on the Board at your facility, past board Member, you know, we always fought over the transportation and the vans because you always advanced it over a quarter of a million miles on them, and you're transporting people all around and that's a capital expenditure. That's something that some of the dollars can be used for. I mean, we always, it was on the Building Committee. I always looked at the roofs, looked at different things, and it's just one little step that we need to take. And it's not asking for more money.

CHRISTINA EMERY: No.

REP. CASE (63RD): It's money that's already been allocated. So that's where I don't have a problem because it's not adding to the budget, it's money that's already been allocated. And that we voted -- that was voted out within an appropriation of a budget. But instead the State is taking leftover money back and putting it into their coffers. So, I thank you for coming forward. You want to come up and paint, you can.

CHRISTINA EMERY: Thank you. Thanks for your support.

SENATOR MOORE (22ND): Are there any more questions?

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

SENATOR MOORE (22ND): I've taken over the reins.

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

SENATOR MOORE (22ND): You're welcome. I do want to mention, you know, I did mention early that I had a State grant and I couldn't spend all of it. And so -- but I also built up so much work that the following year, the auditor said he was concerned that I had created all this business and, you know, it was a three-year grunt and after three years, you don't get it again maybe you won't get it again. But then I thought about what I did have the money left over and I tried to get it, I wanted to get it back from the State. And they said, "Well, can you think of anything else?" Well, it was too late? Because now you're running around putting -- spending money in places that you already cut everything off. You gotta be very careful about auditing and spending money the way the State says you can spend it because you spent it the wrong way before they give you permission. It's a whole another problem. And someone get into another program is another problem. And that's why I think it's just smart that if you budget it, you said it was going to do it. You've got the job done. There's money left over that you take that money and use it the best you can to support the future of whatever it is that you -- you have to do. Because it it's, it's a slippery slope when you start spending the State's money in places that they didn't authorize it to. So, but thank you so much for your testimony.

CHRISTINA EMERY: Thank you, Senator.

SENATOR MOORE (22ND): Anybody else? So, I'm going to move on to, is it Isee Greenwood?

ISEE GREENWOOD: Isee Greenwood?

SENATOR MARILYN V. MOORE (22ND): Isee.

ISEE GREENWOOD: Yeah.

SENATOR MOORE (22ND): Good afternoon Isee?

ISEE GREENWOOD: Good afternoon. My name is Isee Greenwood. I am here today to testify and support House Bill 6416, an ACT CONCERNING THE REMOVAL OF LIENS ON PROPERTY OF PUBLIC ASSISTANCE BENEFICIARIES, but with the modification because the current Bill stands, it would not have helped my situation. It's a pleasure and I thank all of you for taking the time out to hear from individuals and the voices of their pain and suffering of the nonstop agony, because of this State, we're failing in policy, which is a vicious cycle. The forces -- that forces pass welfare recipients to return back on the State. Whereas it's a symptomatic guarantee revenue for the State. So as a welfare recipient, we work hard to gain assets at home, et cetera, the State slaps a lien on it. But we work hard and invested our money and you, State, take it all from us.

Here goes this vicious cycle all over again. Because now we don't have anything and we have no choice, but to go right back on welfare. As a first-time homeowner, I lost my home because of the welfare lien. It's a shame and unjust. I feel like this situation is done intentionally to target and take advantage of low-income people. As you hear my situation, I hope you can understand these circumstances that prevented me to maintain my monthly mortgage payments. My mortgage payments was increased at the same time, I was dealing with the death of my parents, mother, and father.

For these unforeseen circumstances, my finances became very limited, which originated my hardship. I couldn't maintain the combined monthly mortgage payments, which included property taxes, housing insurance, and mortgage. I became very frustrated and confused. However, my bank was willing to let me refinance my mortgage, but the State said, I owed them over $100,000 in welfare liens that I must pay. This stopped the loan modification for moving forward. And I lost my home in foreclosure, which was in 2018. This broke my heart. At this point in my life, I had worked for years and I had saved enough to become a homeowner, but the State shattered that reality which is welfare liens.

This is when the horrific process begins. I returned home from work and on my house was a padded lock on the door and the City placed all of my stuff in their personal storage. And all of my stuff was auctioned off. They gave me only two weeks to remove it. You tell me how I could possibly relocate all of my stuff of 10 years in two weeks. I couldn't even get an extension or anything. Therefore, I need all of you to understand, just to understand that the State is hurting people and keeping them from prospering on their own. Just when many of us can become self-sufficient, a lien is automatically placed on our property.

HEATHER FERGUSON-HULL: Excuse me.

ISEE GREENWOOD: Yes.

HEATHER FERGUSON-HULL: Your three minutes is up, please summarize. Thank you.

ISEE GREENWOOD: Okay, I am closing. In my closing, the State takes our home proceeds and allocated elsewhere. And we are left homeless, which was happened to me, nowhere to go. Me and my three kids. I strongly feel this law needs to be dismantled so that present or future welfare recipients would be able to prevent going through

problems like mine and others experiencing down the road. Once again, I think you all for being here to hear my story. Hello?

SENATOR MOORE (22ND): Thank you.

ISEE GREENWOOD: Thank you.

SENATOR MOORE (22ND): Are there any questions? So Isee, I do want to, I'm a little taken aback. I'm sorry for what you had to go through. And it is a cycle of property and it is many times, we've created laws that we don't even see how we're putting people back into a system when they try to get out of it. You know, every time they try to reach out, they find something else to keep you in. I just had a question regarding when they sell your property, if they sell it for more than a hundred thousand that you owe the State, did you get the difference?

ISEE GREENWOOD: No, I-- what happened was I didn't get anything. I was left homeless. So, they just took the house. So, I don't know what happened, what took place. All I know is what the sheriff told me when he packed for the locks on my door. And that was it.

SENATOR MOORE (22ND): Have you ever investigated to see if they sold the house? They got more than $100,000, that you could get the difference?

ISEE GREENWOOD: No. When I talked to -- I was working with Cori and them, the Connecticut Housing, I was working with them. They were the one assisting me. Okay. So, yeah, so I lost everything. They were the one assisting me with the whole situation.

SENATOR MOORE (22ND): That would just be a question for me if they sell your property for than the -- what you owe them, what do they do with the balance of the money?

ISEE GREENWOOD: Yeah, I think the total, the total amount -- the total amount, I think the total amount was, it was like almost $150,000, or maybe even more. Because I have three children and as for, you know, past assistance and medical, you know, all that. And this is when I was in my twenties. Then I was on welfare. [indiscernible]. I'm in New Haven and my -- I'm in New Haven and my house is right in the middle of Yale. So, I had my house right in the middle of Yale. So, I understand the $250,000 they were talking about having that, but my house is in the middle Yale. So, the value of my house is-- went up. Like right now, it's almost $300,000 because my house -- where my house was at in middle of Yale University here in New Haven. So, and for me to get that house, it was part of a program that I got the house, you know what I mean? And to lose it because all the financial situation, you know, I didn't get no incentive. They could, you know, this was no incentives in place. Okay. You lose your house. Okay. We're going to help you do this, you know, have you do this or give you first security first month? Oh, you know, something like, it was no sense of anything. Just -- just took off everything. You know, [crosstalk]

SENATOR MOORE (22ND): If you get evicted from -- If you, if you're a -- you're behind in your mortgage and the bank wants you out and they don't want you to destroy the property, oftentimes they'll pay you something to leave the house in a certain way. They'd give you money to move. But I guess that with this, we didn't do anything, but we hoped --

ISEE GREENWOOD: I didn't get anything.

SENATOR MOORE (22ND): Well, thank you very much for taking the time and sharing that with me --

ISEE GREENWOOD: You're welcome.

SENATOR MOORE (22ND): -- and with all of us. That's a very personal experience. Thank you.

ISEE GREENWOOD: Yeah, you're welcome.

SENATOR MOORE (22ND): Does anyone have any other questions? I don't see one. Thank you. So next is Thomas Farquhar.

THOMAS FARQUHAR: Hi, can everybody see me?

SENATOR MARILYN V. MOORE (22ND): Yes, I can see you.

THOMAS FARQUHAR: Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Services Committee. My name is Dr. Thomas Farquhar, and I'm a radiologist practicing in Hartford. I'm the Vice-President of the Radiological Society of Connecticut, the professional society for radiologists in the State Chapter of the American College of Radiology. And I'm testifying today concerning Senate Bill 764, an ACT CONCERNING MEDICAID PROVIDERS. And I urge the Committee to amend Senate Bill 764, to include the language of proposed House Bill 5336, which would reverse the 42% reduction in reimbursement for radiology professional reimbursement under the Medicaid program that took place several years ago.

Radiologists across the State were on the front lines and continue to work throughout the pandemic, working in hospitals and providing direct patient care, including my colleagues who are women's imagers and interventional radiologists. And as my colleague, Dr. Anderson, stated so eloquently, adequate reimbursement is an issue of patient access and health equity. And although radiology is a specialty, many of the radiology exams that we perform are actually crucial primary care and disease prevention type exams. And perhaps none are more obvious than mammography and women's imaging.

Particularly Medicaid reimbursement rates for breast imaging and Connecticut is woefully under-reimbursed compared to neighboring states in New England and New York State. And this threatens access to women and underserved communities and quite frankly, I think our state can do better.

Another topic that came up today is pain management procedures and radiologists are involved in those as well, providing them not only in hospital settings, but also in outpatient settings.

And so, with these thoughts in mind, I urge the Committee again to amend Senate Bill 764 to include language to address the prior Medicaid reimbursement cuts for radiologists. And I thank you all so much for your time today.

SENATOR MOORE (22ND): Thank you. We've met before and talked before, so I appreciate you coming on and taking your time today to share that information with us. You mentioned Imaging being underfunded?

THOMAS FARQUHAR: Women's Imaging, in particular. Yes, very much so. Yep. Mammography.

SENATOR MOORE (22ND): Are you just speaking specifically, mammography?

THOMAS FARQUHAR: Well, I mean the cuts were significant and across the board, but they're quite noticeable if you -- for women's imaging, particularly when you consider that that's pretty much a primary care disease prevention. And unfortunately, whether it's number one or number two, or number three, Connecticut is always one of the top states in the country for breast cancer incidents. And then in our underserved communities of color, we see higher rates of morbidity and mortality. So even though the incidence of breast cancer isn't as high as it is in other communities, the morbidity and mortality and life -- the life-shortening aspects of it are much higher. And so,

we, that's why you know, the Medicaid program is particularly important to maintain access in those underserved communities for women's imaging.

SENATOR MOORE (22ND): Thank you

THOMAS FARQUHAR: You're welcome.

SENATOR MOORE (22ND): Are there any other questions? I didn't see any. Thank you, Dr. Farquhar.

THOMAS FARQUHAR: My pleasure. Thank you, Senator.

SENATOR MOORE (22ND): Loraine Shea, followed by Bill DeMaio.

LORAINE SHEA: Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Services Committee. My name is Loraine Shea, and I'm the President and CEO of Easter Seals of Greater Waterbury with physical services in locations -- and locations in Waterbury, Watertown, Southbury, Danbury, Norwich and Meriden. Thank you for the opportunity to provide testimony in Section Two of HB 6319, an ACT CONCERNING PAYMENT, RECOVERIES AND INCENTIVES UNDER PUBLIC ASSISTANCE PROGRAMS, which would fully implement the innovative incentive program. You've already heard from many of my colleagues today. So, I will try to be brief. But I'm thinking I will be pretty repetitive, as well.

Easter Seals services approximately 5,000 individuals annually and employs about 250 Connecticut residents. We provide disability and education services through contracts with the Department of Developmental Services and the Office of Early Childhood. And I do want to say that that seems to be one of the departments that other -- my other colleagues have not mentioned today. But I would like them to be included in this conversation. I ask that you allow nonprofits to receive-- retain

savings at the end of a contract term, and we invest those savings into the provision of services. So, what does this actually mean? You know, you've heard many analogies today. I've actually had someone say to me, in the business community around here, if I was supplying all the copy machines and the paper for the State of Connecticut they would not be asking me to return my profits at the end of that transaction. So, I ask you in all sincerity, does this make sense?

We are a nonprofit organization, but we still need to operate as any other business does. If we want to continue to service our community. I spent the better part of the last nine or 10 months wondering had my organization been able to retain savings from its contracts over the years, the last several years, three, four, five, six years to reinvest in our operations and our services, perhaps we would not have had to increase the employee cost share of our employee benefits, our health and dental insurance. Which this year increased by just a little bit over 8% and over year has continued to do so.

Or perhaps I would not have had to seek out grant funding to purchase PPE for the essential workers that I employ. And the individuals that I serve. Perhaps I would have been able to invest in my employees so that I could retain a trained and loyal workforce. Perhaps I would've been able to invest in timely facility and technology upgrades that would enhance programs and services and would have been extremely helpful during this entire pandemic. And most importantly perhaps I would not have had to worry about how my organization would continue to thrive and be available to our community during a global pandemic.

This program is a creative way to support nonprofits considering the State's fiscal challenges. And I know that this Committee will surely be hearing a lot of testimony over the next several months

related to the financial stress of nonprofits. Allowing nonprofit organizations the flexibility to manage its own financial wellness is critical to our success. No organization should be subject to this step back or spend down practice. In particular, those that are serving the most vulnerable populations.

I thank you for the consideration of my comments in support of the Bill. And I thank you very much. Please stay healthy and stay well.

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

LORAINE SHEA: Welcome.

SENATOR MOORE (22ND): Are there any questions. I didn't see any. All right, well, thank you?

LORAINE SHEA: Thank you very much. Appreciate it.

SENATOR MOORE (22ND): Appreciate you, also. So, Bill DeMaio, I believe you're coming in by phone. Are you here, Bill?

BILL DEMAIO: Yes, I am. Thank you so much for the opportunity to speak today. My name -- I'm in full support of Bill 6318 regarding Service Animals. My name is Bill DeMaio. I reside in Newington, Connecticut. I am the Superintendent of Newington Parks and Recreation Department. I'm currently President of the ADA Coalition of Connecticut. I am nationally certified as ADA Municipal Coordinator. I am blind and have my second Fidelco guide dog.

I want to thank Representative Abercrombie, so much for taking the time and the energy level that it took to meet with so many people to discuss this Bill, knock around all the issues and come up with some great legislation. You see, you have an opportunity as Representatives and Senators to help people with disabilities throughout the State of

Connecticut, you can give freedom and independence to every single person that has a disability and deals with service animals, and this isn't just blind people that use service animals. It helps people with mobility issues. It helps people with hearing impairments, PTSDs, seizures and mental health challenges of all kinds.

You see servicing animals have become a big deal right now, and we need freedom and independence. We need access to every single public accommodation and public transportation. This helps not only the person with a disability, but their family Members, their siblings, their parents, and their children. You have an opportunity to move this Bill forward and modernize the antiquated and old legislation that the State of Connecticut had that wrote was written decades ago. We've lined it up now with the federal ADA law that was put into effect July 26, 1990. It now mirrors the ADA.

The ADA covers all people with disabilities and gives freedom, independence and equality. Also, we've added puppy raisers. So, puppy raisers that are volunteer or paid by schools can take those little furballs of eight-weeks-old dogs and raise them to 14 months and then hand them over for so serious training.

I urge all of you to please help people with disabilities. 25% of your residents in Connecticut, over three million residents, have a disability of some kind and have the ability to use a service animal. I urge you. I thank you for your opportunity. I urge you to vote "yes", for 6318. I'm here to answer any questions you might have at any time today or at a future date. Thank you for your consideration and your help in this matter.

SENATOR MOORE (22ND): Thank you, Bill. You have some fans here, the hands went up really quick, so I'll start with Representative Case.

REP. CASE (63RD): Hey, thank you. Thank you, Senator Moore, and Bill, I don't know if you remember, but the days back in Newington Parks and Recreation, phenomenal boss to have, you know, we were just starting out with your disability and now working forward with the service dogs and doing that stuff. I congratulate you for getting past. You've always told me that there was never such thing as a real disability and you would make things work.

Being an advocate for this Bill is what we need and having ECAT up here in Winston, you know, we have the puppy dogs and the puppy trainers and all that going on and just keep up the good work. And once again, thanks for all you did in my younger years.

BILL DEMAIO: I appreciate that very much. I do remember you.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair, Bill, you'll have to fill us in on all of the Jay Case's Secrets from back in the day.

BILL DEMAIO: I'll have to fill out his evaluations.

REP. ABERCROMBIE (83RD): That'd be great. I want to take the opportunity to one, thank you for the kind words, but I really want to thank you, [Dianne Stone], [Kathy Flaherty] and everybody else that participated in that working group. It was a lot of work in a short period of time, but I have to tell you it was so informational and I learned so much. I would like to, and I am the not going to ask you to respond now, I'm going to give you the opportunity to take a look at it, but I think we need to have a conversation. Dianne Stone, Kathy Flaherty, you, myself, Senator Moore, because CHRO testified against two sections.

BILL DEMAIO: I heard it.

REP. ABERCROMBIE (83RD): Yeah. And the Bill, and I'll be honest with you. I was kind of taken aback

because they were at every meeting that we had and maybe, listen, I'll admit it. I'm getting older. Maybe I did hear it, but I don't remember them objecting to those sections. So, you know, I think we need to have a conversation and figure out, are they misinterpreting the language or, you know, do we need to amend it? Because we have the opportunity when voted on it in the Committee.

BILL DEMAIO: I was thinking back myself, I think she was dating herself a little bit. She mentioned 11 years ago, there was a federal case, a court case. But recently, I can tell you that all the court cases I'm reading the last two, three years, the ADA -- the federal ADA, it encompasses all persons with disabilities. It has the broadest umbrella that covers all the four topics she was talking about. And I think we could ask, certainly, I'm not a lawyer, but we could ask one of your staff lawyers to take a peek at it and make sure it's covered. But my look at it right now, I was checking this afternoon. It looks like everything is covered, that she spoke about and more. Everything about cancer is taken under the ADA, all the issues she raised about mental illness, that's covered under the ADA and people in a wheelchair certainly is covered by the ADA. So, I I'd be surprised if your lawyers tell us differently.

REP. ABERCROMBIE (83RD): Okay. Thank you, Bill. We'll take a look at that.

BILL DEMAIO: Thank you.

REP. ABERCROMBIE (83RD): But I just -- I just thank you because I just want to make sure that I hadn't missed something back, you know, when we did this forum, so thank you so much. And thank you for being here today. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you, Bill.

BILL DEMAIO: Thank you everybody. Have a great day and I have a whole new appreciation for all of you. Holy cow.

REP. ABERCROMBIE (83RD): It's nice to be appreciated. Thank you.

SENATOR MOORE (22ND): I just want to say, this is a bit of an easy Committee compared to what other people are dealing with right now. .

REP. ABERCROMBIE (83RD): Yeah,

SENATOR MOORE (22ND): And we got a great team. We've got a great team.

BILL DEMAIO: That's good.

SENATOR MOORE (22ND): Thank you.

BILL DEMAIO: Thank you.

SENATOR MOORE (22ND): So next is Josh Pawelek, followed by Dianne Stone, followed by Mathew Dimond.

JOSH PAWELEK: Good evening, Senator Moore, Representative Abercrombie, and distinguished Members of the Human Services Committee. Thank you for the opportunity to testify briefly in support of house Bill 6416 an ACT CONCERNING THE REMOVAL OF LIENS ON THE PROPERTY OF PUBLIC ASSISTANCE BENEFICIARIES. My name is Josh Pawelek. I'm the Reverend Josh Pawelek. I'm the Minister of the Unitarian Universalist Society East Manchester. I'm a clergy leader with the Greater Hartford Interfaith Action Alliance or GHIA. And I'm a resident of Glastonbury. I'm also -- I've also got six Members of my congregation listening in on the phone with me right now.

It's not well-known that the state of Connecticut claws back millions of dollars in public assistance funds annually from former recipients who are

attempting to make their way out of poverty. At GHIA, none of us was aware of this practice until residents of the Barbara Gardens apartment complex in Hartford won a class action lawsuit against their landlord for code violations. And then they were informed by the State that it would be claiming a significant percentage of their settlement money. And since that moment, I've heard many, many more stories of low-income working-class people attempting to make their way out of poverty, only to discover that they owe tens of thousands of dollars to the State, to payback public assistance money they received earlier in life at a difficult time in life. Such practices send many hardworking people back into poverty.

One of the most vulnerable targets of welfare liens are single women who receive a house as part of their divorce settlement. If they had received public assistance at an earlier time in their lives, when they go to sell their home or refinance their mortgage, they find that the State has placed a lien on their property. Whatever equity they thought they had suddenly vanishes people who thought they were climbing out of poverty, suddenly realized they are right back where they started. Because most people don't know that this happens. It really is an experience of this happening very suddenly. And people are shocked that they owe this money they didn't realize they owed. Sending formerly impoverished people back into poverty makes no sense. Not only is it bad economic policy, it is also morally unconscionable and cruel. We must stop balancing the State budget on the backs of poor people.

So, I urge you to support Senate Bill No. 873 with critical modifications others have already discussed today. That is remove all existing real estate liens, eliminate the use of all real estate liens entirely moving forward, eliminate the incarceration lien and exempt all legal settlements. Thank you. I'm happy to answer questions.

SENATOR MOORE (22ND): Thank you for the testimony. I'm looking to see -- I see Representatives Mastrofrancesco has a question.

JOSH PAWELEK: All right.

SENATOR MOORE (22ND): Good day, Madam.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. How are you today?

SENATOR MOORE (22ND): I'm good. We're in two places together, huh?

REP. MASTROFRANCESCO (80TH): Yeah, I know it's been a crazy day. I apologize. Thank you so much for your testimony. Just a quick question to your knowledge. Do you know when a someone is seeking services through the State, they have to, usually I'm assuming they sign off on a form with the terms and conditions so to speak, are those clearly outlined for the person?

JOSH PAWELEK: My understanding is that they are not. I think that the terms and conditions are definitely there, but I also think the paperwork is complex and there's a lot of it. And it's the kind of thing with any User Agreement that I think it's very, very easy to miss. And the fact that a lot of people report just having no idea that this money was going to be -- that they were going to owe this money later on in life. That indicates to me that it's not -- it's not clear.

REP. MASTROFRANCESCO (80TH): So, you're saying, you're not sure that if there's a section, you know, usually, you know, when you're, you're taking out a loan or you're doing things like that, there's -- you know, if you have to initial a certain section of the document, so in your opinion, it's not clearly communicated to them what could happen down the road?

JOSH PAWALEK: Yeah. That's what I'm hearing.

REP. MASTROFRANCESCO (80): Okay. Thank you so much. Appreciate it. Thank you for testifying today.

JOSH PAWALEK: You're welcome, thank you.

REP. MASTROFRANCESCO (80TH): Thank you.

SENATOR MOORE (22ND): I just want to make a statement regarding that, because I think about people who are sometimes in a place of looking for help. And sometimes it's low income, sometimes it's not. Sometimes it's women who have been in a bad situation need to leave and don't see all the fine print. But I don't think you think about 20 years later when you're in the midst of a crisis and you need help that you think about, "Oh, in 25 years, I'm going to have a house and I'm going to have to give this money back struggling." Even if let's say it happened to you in 2000, and you did it for five years in 2005, and then in 2006, you're on your feet and you spend the next 15 years building up enough money to buy a house. You go to buy a house and then, "Oh, by the way, do you remember in 2000 you received some support and now you have to pay it back." I think that's one of the situations that I think there's many when people are in crisis in a bind, that they need the help and it's going to feed the children. It's going to keep their families and into some type of shelter. They sign it. But, you know, I think there's different ways of looking at this in the way of how many years have passed. I heard a woman say it was 30 years ago.

REP. MASTROFRANCESCO (80TH): Yeah. I'm just curious if maybe you can answer this question for me. If somebody comes into an inheritance, do they tap that as well? It's not just your home. It's any type of personal property. If you have any

inheritance, any savings. So 401Ks, all that kind of stuff?

SENATOR MOORE (22ND): When it goes to probate, I actually have this -- when it goes through probate, there's someone sitting at the State going through everybody who goes through probate to make sure that there's not something that they owe. And even if it was like for $2,000, they get their money before anybody else gets theirs. And sometimes it's a percentage of what they owe and not the full amount, depending on what they owe for. But yes.

REP. MASTROFRANCESCO (80TH): And those include snap benefits as well.

SENATOR MOORE (22ND): Yes.

REP. MASTROFRANCESCO (80TH): Okay. Thank you very much.

SENATOR MOORE (22ND): You're welcome. Thank you, Josh. Does anybody else have a question? Let me just check. Okay. We're good. Thank you so much, Josh.

JOSH PAWALEK: Thank you. Good to see you all.

SENATOR MOORE (22ND): All right. Take care. So then next, I have Dianne Stone,

DIANE STONE: Good afternoon or evening Senator, Moore Representative Abercrombie and esteemed Members of the Human Services Committee. My name is Dianne Stone and I'm testifying as a Representative of the ADA Coalition to Connecticut, known as ADACC. We are the Connecticut affiliate of the ADA national network. ADACC is in strong support of this Bill and I've submitted written testimony. I want to thank you for the thoughtful approach that you're taking towards this topic, especially with Representative Abercrombie's work group. In 2019, there were like 10 Bills before you around support

animals. And there was a lot of confusion and a lot of conflation of the terms like service animals, support animal and therapy dog. And these are not interchangeable terms. Each one has a specific definition in law.

The primary purpose of this Bill is really just to level-set Connecticut statutes around service animals, so that they're aligned with federal law. For example, current statutes related to public access rights, refer to assistance dogs "for blind, deaf, or mobility impaired persons". This Bill would change that to "service animals for persons with disabilities", as defined by the ADA. This is important. Service animals are defined in federal law. They are dogs. They're not pigs that are individually trained to do work or perform tasks for people with disabilities. And this is the language that we ought to use.

The Bill also uses the ADA definition of disability, which doesn't specifically name the impairments that are covered and it's more expansive than the current statute. It's aligned with federal law. I appreciate the position of CHRO and I really look forward to seeing their guidance on language.

There are issues with animals in Connecticut. Things like dogs and restaurants, which is covered by the ADA. Emotional support animals in apartments that's covered by the Fair Housing Act. And animals in airports and on airplanes. Then that's covered by the Air Carrier Access Act. We've heard the stories, the Chihuahua in the purse at a restaurant, the dog that bites the neighbor in an apartment, the person with a disability who's prevented from bringing their service dog into a public recreation area. We need to start with clarifying and understanding the current law. There's a lack of awareness and training and how those laws are meant to be implemented. That's why we're particularly pleased with Section 13, which begins to address this need for education and for everyone, including

animal owners and businesses with responsibilities. ADACC has seen the impact of training on compliance with the ADA and we stand ready to support this initiative.

Finally, there have been well-intended concepts that have been put forward in the past, and indeed even in this session and they carry a risk of unintended consequences to people that the laws are there to help, people with disabilities. Concepts like penalties for misrepresentation of service animals, they're meant to weed out the bad actors, but they can also make it more difficult for people with disabilities to exercise their rights. This Bill doesn't do that. We do urge your support of this Bill. And I want to thank you again for your ongoing support.

SENATOR MOORE (22ND): Thank you for your testimony. I remember the conversation over the service animals and had no idea it was such a broad topic and the difference between the two. I think that was what prompted Representative Abercrombie to put together the work group. It was very interesting. Thank you. Are there any questions or comments? Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. I just want to say thank you to Dianne. There was a lot of work that was put in that for all. I mean, we were meeting twice a month, which you know, in an off session is, is a lot of time. So, I just want to thank you, Dianne, for all of your work on this. You and Bill and Kathy became a subcommittee within our Committee and really tried to hammer out this language. And I believe that we included everyone at the table that should be at the table. So, I think, you know, this Bill will definitely be going forward. And I think that we'll just have to have a conversation with CHRO because I think they're misunderstanding the wording. I think in Section 13 it says within available appropriations. So, I think it's within their budget to try and figure out

how they get this information out there. There's nothing that says that they can't ask for more money in their budget to cover it also.

So, we'll have to see where that ends up, but I do want to just thank you. You're always so willing to participate. I mean, for people to know that Dianne, not only is she on the ADA, she's a senior center director, so she's got her hands full. She always takes the time out to work on other issues. So, thank you, Dianne. I really do appreciate it.

DIANE STONE: Thank you very much. And thank you for the approach that you took. I think that's how we get smart public policy is we involve all of these people that will come after the fact, involve them at the beginning. I do wish Representative Cook was here because of her question about the pig in the restaurant. Restaurants need to know that pigs are not allowed and they don't have to allow an emotional support pig, that they can simply say your pig is not allowed in my restaurant. Only service animals, and they're only dogs. So that's the education portion.

REP. ABERCROMBIE (83RD): Yeah. Representative Cook is actually on Public Health also. So, she's back and forth, which as you see a lot of our colleagues, aren't here. A lot of them are on other Committees, too, so they're really trying to manage their time. So, I will definitely let Representative Cook know about that. So, thank you, Dianne. Thank you, Madam Chair.

DIANE STONE: Thank you. Have a great night, everybody.

SENATOR MOORE (22ND): Thank you. Next is Mathew Dimond, followed by Traver Garrity.

MATHEW DIMOND: Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Services Committee. I am

Dr. Matthew Dimond. I'm a doctor of chiropractic, assistant professor and clinician at the University of Bridgeport. And I'm testifying today in support of Senate Bill number 764, an ACT CONCERNING MEDICAID PROVIDERS, a Bill proposed to add chiropractic services to those covered under Medicaid.

I was born in 1981. That same year, two professors of public health at the university of Michigan introduced the Five A's of healthcare access, availability, accessibility, accommodation, accessibility, and affordability. Their efforts began the important conversation of how best to serve our communities, providing access to necessary healthcare services.

Over the last 40 years, the entire span of my existence, the US Department of Health and Human Services has released healthy peaceful initiatives designed to guide national health promotion and disease prevention efforts to improve the health of the nation. While some progress exists, major health inequities persist. Of Connecticut's 3.5 million residents, 25%, some 900,000 persons are currently enrolled in Medicaid or CHIP. 11% of the state's residents live below the poverty line. And 27% fall into the ALIS category, especially -- especially among racial minorities. 63% of Hispanic households and 57% of Black households in the entire State are considered to be within this classification. It's reported that chronic diseases such as pain and access to healthcare rank among the highest disparities. Now lack of coverage can restrict the care delivery options, driving patients in their time of need to pursue guidelines, escorting care. What does that mean? Research shows that for numerous musculoskeletal pain conditions such as chronic low back pain, treatment first provided by non-pharmacological approaches yields improved outcomes, reduced hospitalizations, improved patient satisfaction and overall decreased healthcare costs.

For example, the 2012 article in the journal Spine, showed that the likelihood of surgery for a patient who first saw a surgeon was 42.7%. While the likelihood of surgery for a patient who first saw a chiropractor was a mere 1.5. And the wave of the current opioid epidemic, multiple studies have shown that excessive opioid medications are routinely prescribed for all types of injuries and surgical procedures. Even when the evidence supports non-pharmacological approaches such as chiropractic first.

The point here is that healthcare providers will use the skills and services in which they are trained. And in a similar fashion, patients will only seek out care options that are covered. Evidence-based guidelines have been adopted and reinforced by organizations such as the CDC, the FDA, and the Joint Commission, and they aim to mitigate the $87.6 billion spent in healthcare-associated costs with low back and neck pain. I proudly provide care to the residents of the city of Bridgeport. I regularly see firsthand patients' frustrations trying to reconcile the best care versus the covered care as a matter of cost, as a matter of science, as a matter of equity, our ask is that chiropractic be restored to the optional services covered under Medicaid through Senate Bill 764. Thank you.

SENATOR MOORE (22ND): Thank you. Are there any questions? Seeing none? Thank you for taking the time to bring your testimony to us.

MATHEW DIMOND: I appreciate you having me. Thank you very much.

SENATOR MOORE (22ND): You're welcome. Next is Traver Garrity.

TRAVER GARRITY: Hi, how are you? It's Traver, Senator Moore.

SENATOR MOORE (22ND): Hi, Traver. I'm sorry.

TRAVER GARRITY: Oh, no worries. Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Services Committee. Like I said, my name is Traver Garrity. I am a licensed acupuncturist who resides and practices in Berlin as well as Storrs, Connecticut. I've been in practice for over eight years now and I'm here to testify in support of Senate Bill No. 764 AN ACT CONCERNING MEDICAID PROVIDERS. It is in hope to amend the Medicaid State Plan to include services provided by licensed acupuncturist. I believe that the Members of the Medicaid State Plan would benefit enormously from the services we provide. In both of my practices, I have patients that seek treatment for a number of conditions, including chronic disease and women's health issues, but one of the most commonly sought-after treatments is for the treatment of pain. And that's what we are shooting for with the Medicaid plan. And these pain conditions include like low back pain, migraine arthritis, pain, things like that.

So, they were seeking it also as an alternative to opioids and other pain medications. And I see in both of my offices, we have these Medicaid recipients call and they want to see if their plan covers the acupuncture as an alternative treatment and in a way to avoid the medications. But unfortunately, in my experience, I see most of if not all of these patients decided against these valuable treatments, because their plan does not cover treatments when provided by a licensed acupuncturist. And unfortunately, they cannot afford the out-of-pocket expense at that. And I find that these scenarios played out all throughout the State with my other colleagues, as well.

And our profession, we strongly believe that the families and individuals in the Medicaid plan what it should benefit from the acupuncture services that

we provide and that we see the coverage in many other insurance plans, including the state employee plan and the state retiree employee plan. This access could help to enhance the outcomes of these Medicaid plan members, especially in the example of non-narcotic treatments for pain in conclusion, we thank you for the attention of this proposal, and we hope that you will support the addition of acupuncturist services for our Medicaid program. Thank you.

SENATOR MOORE (22ND): Thank you. One second. Let me see if anybody's got their hand up. I don't see any questions, but thank you for coming and giving your testimony. I appreciate it.

TRAVER GARRITY: Thank you.

SENATOR MOORE (22ND): Take care. Next is Amy Romano, followed by Kathy Flaherty.

AMY ROMANO: Hi, good evening. Senator Moore, Representative Abercrombie and Members of the Human Services Committee. I'm testifying tonight in support of Bill 764 AN ACT CONCERNING MEDICAID PROVIDERS. I will focus my remarks on the issue of payment parity for midwives. I'm a nurse midwife and I've lived in Milford since 2006. It has been about a decade since I practiced clinically as a midwife, but I've spent my career working at the system level to transform maternity care through quality improvement, payment reform, and care delivery innovation.

I'm a nationally-recognized expert in evidence-based maternity care and implementation of innovative models that improve outcomes, equity and costs. As Founder and CEO of primary maternity care, I lead a team that works with health systems, payers, policymakers, and other stakeholders around the country to improve maternity care and design and implement high value care models. I'm also faculty for the Institute for Perinatal Quality Improvement

and sit on the Board of Directors for health equity solutions. The leading organization focused on health equity through policy advocacy and community action in Connecticut. Payment parity for midwives is long overdue. And Connecticut stands apart from other states in the region and around the country and its outdated approach to midwifery reimbursement. There are decades of research demonstrating positive outcomes and cost savings with midwifery care and midwife-led models of care, such as the birth center model, which is an area I have plenty of expertise in and would be happy to expand upon.

Organizations that have endorsed the expansion of midwifery services to improve outcomes, equity and access include the American College of Obstetricians and Gynecologists, the Institute for Medicaid Innovation, the Office of the Surgeon General, the March of Dimes, the Center for Medicare and Medicaid innovation, the National Academies of Science, Engineering and Medicine, the National Partnership for Women and Families, among many others. Payment parity has been discussed for years by this Committee and the situation for midwifery and those served by midwives has deteriorated in the meantime. As other parts of the country have embraced and expanded midwifery in response to the ongoing maternal and infant health crises and the COVID-19 pandemic, midwifery in this State has declined. The pandemic precipitated the closure of the only midwifery led hospital unit in the State, which we heard about earlier, where the Cesarean rate was 21.5% compared with the statewide rate of 34.6%. So, to be clear that hospital service no longer exists.

And in this State, we have one of the highest Cesarean rates in the country. One in five Connecticut midwives reported being furloughed or laid off during the pandemic. Although the bundled payment strategy holds promise and maybe designed in such a way that you realize as pay across provider

types, the solution is insufficient for several reasons. First midwives provide gynecologic and primary care services ranging from family planning to preconception care breast and cervical cancer screening, screening and coordination for mental and behavioral health services. A maternity bundle will not address payment disparities for these important services that can help [the seat] achieve population health goals while saving money through prevention.

In addition, although maternity bundled payments are a promising strategy that does not the design and implementation of these comprehensive bundles has been excruciatingly slow in many cases and resulting reforms have been limited in both scope and impact.

Finally, bundled payment models are typically built on a fee per service --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are over. Please summarize. Thank you.

AMY ROMANO: Okay. So equalizing pay for midwifery services prior to bundle implementation will set the standard by which bundle payments will be allocated.

And I want to conclude by saying that we are in a maternity -- maternal health crisis that is only exacerbated by the pandemic. The situation is urgent, especially for Black indigenous and other people of color who suffer much higher rates of maternal mortality and serious morbidity than white women. Midwifery is a key strategy for addressing health inequities and training more midwives of color is the fastest way to diversify the obstetric symmetry and women's primary care workforce in the state. I'm happy to answer questions. Thanks.

SENATOR MOORE (22ND): Thank you, Amy. I'm looking to see if there's any questions. There are none. Oh, wait a minute. Wait a minute. Somebody's hand went up. Representative Simmons.

REP. SIMMONS (144TH): Thank you so much, Madam Chairwoman. And thank you so much, Amy, for your testimony today and you know, for all you do to support health equity and maternity care. And I completely agree on the need for this Bill and thank you so much for your testimony. And I just wanted to see if you had any additional, you know, data you could -- you could share from your experience in terms of use of midwives in Connecticut. And just, you know, adding to what you said about how critical they are to improving maternal and child development outcomes and how important the service is. I'm wondering if you could just elaborate on that further.

AMY ROMANO: Sure. I mean, I think a lot of people don't know a lot about midwives and have very limited understanding, don't know, you know, what's the difference between a midwife and a doula for instance. And midwives really form the backbone of the maternity care system in almost every other country. And that includes all of the countries that have better outcomes than we do in this country. And I would say Connecticut is interesting, because we have really innovative care models. We've got Fairfield University and Yale University that offer midwifery education programs in the State. And Yale's, which is where I graduated from is one of the oldest and has produced amazing innovations, like group prenatal care, which has been studied by the Center for Medicare and Medicaid innovations and found to be a model that improves outcomes and reduce costs. It was founded here in Connecticut. It has been implemented across the country and it still struggles here in Connecticut where it, you know, really hasn't flourished the way it has elsewhere.

The same is true of that service at Yale New Haven and their birthing center St Raphael's hospital. That was a true gem. I mean, it was looked at nationally as a model for other health systems to adopt and for midwives to be in a collaborative

model with physicians where they do the majority of kind of low complexity care, and the physicians can focus on the high acuity care and it's, you know, teamwork and kind of the best of both worlds. And was achieving truly remarkable results. And it got dismantled basically overnight during the COVID pandemic, which, you know, maybe as a short-term solution made sense, but there's clearly no intention to reopen it. And I'm sure that has to do with kind of the, just sit, you know, the numbers, the kind of lack of profitability, frankly, of the midwifery model of care.

We also lost the only licensed home birth practice in the State and home birth is not for everybody, but it is a reasonable option for low-risk women. And it's an incredibly in demand option in the COVID pandemic. I've worked nationally on this issue. There's been a massive surge in interest in out-of-hospital birth as kind of skepticism and concern about the safety and kind of capacity of our hospital systems has taken hold. I was involved in the development of an emergency birth center in New York city under the Governor Cuomo's executive orders there. So, there's been a real effort in some areas to look at access of community-based midwifery models, not just hospital-based midwifery. And in this State, we went backwards. We lost -- we now have unlicensed midwives in this State that are doing home birth, that we have no licensed ones in that that was a decision that was made because of the reimbursement situation.

So, we have, in fact, we put together numbers for this Bill last year on three midwifery practices that kind of collectively achieved a C-section rate. I think it was around 18% and two of those practices have closed in the last year. And it's because they're midwife-led practices. They're built on a midwifery model of care. They're not just using midwives.

And I'll also mentioned that a lot of this 90%, whatever, it just creates a rigmarole at the office level where physicians are stepping into rooms and signing off on charts. And what that creates is first of all, no savings for the State based on them because they're going to bill it at a hundred percent rate, but it creates this inefficiency and kind of lack of motivation by physician providers to involve midwives because it creates kind of paperwork, frankly, for them in order to make the numbers work. So, it just seems like a small amount of money to potentially unlock you know, huge potential opportunity for the State. And it's not the only thing. There needs to be other strategies to kind of make the best use of midwives in the State, but we it's needs to kind of be the first thing. We can't really get anywhere with midwifery-based strategies without addressing this payment issue.

REP. SIMMONS (144TH): Thank you so much. Thanks for that comprehensive answer and all the helpful information. And I'm really passionate what you were talking about before in terms of reducing racial disparities and maternal mortality rates, which we know are increasing. So really appreciate your support for this Bill. And thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you. Senator Lesser, you have a question.

SENATOR LESSER (9TH): Yes. Thank you, Madam Chair. And thank you for your testimony. I had to walk my family had some recent experience with a nurse midwife. My wife gave birth a few weeks ago.

AMY ROMANO: Congratulations.

SENATOR LESSER (9TH): Thank you. And I just, I guess I'm a little confused as to why the incentive structures do you think are encouraging hospitals to shift resources away from midwives at this point?

Because it seems a lower cost option would be more attractive for hospitals.

AMY ROMANO: It is, and it's complicated. And I would say it has to do, you know, midwives are part of a team. And I think hospitals see it as kind of a duplicative layer because at the end of the day, you can't do a midwifery model without physicians to participate in the care for people that become high risk. And so, I think it -- I think that's part of it that, you know, it needs to be looked at comprehensively and as a sort of a system of care where midwives are providing care for kind of low risk people and there's a collaborative model for people with different risk factors. And then the physicians can focus on high risk but instead, I think the people looking at spreadsheets and number-crunching at the -- at the health system level are you know, just seeing it as like, could we just deliver all these babies just with physicians?

And so, it's not just about the payment, but it's a lot easier to justify getting rid of the lower-cost professionals when you're also getting reimbursed less. I would say that -- I lost my train of thought. I had another point, but I might find it again. Was there another part of your question that I didn't address?

SENATOR LESSER (9TH): No, I don't. I think you answered my question. Thank you. And we did get a great level of care from our nurse one midwife and we had a doctor there, but the midwife was running point. So, thank you, just a cool profession. Thank you very much, Madam Chair.

AMY ROMANO: And congratulations again.

SENATOR MOORE (22ND): Thank you, Senator. I don't see another question for you, Amy. So, thank you for your telling me. I appreciate it.

AMY ROMANO: Thank you, Senator Moore. Thanks everyone.

SENATOR MOORE (22ND): Next is Kathy Flaherty.

KATHY FLAHERTY: Good evening, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and my legislator, Senator Lesser, all the Members of the Human Services Committee. I'm here to submit testimony on three Bills, 6317, discharged from nursing homes supporting the testimony from my colleagues at Connecticut Legal Services, who really are the experts on this issue. So, I would defer questions on that Bill to them. 6318, service animals. I appreciate the kind words from Representative Abercrombie earlier about my service along with Bill and Dianne and so many other people on the working group. Given that that Bill is the representation of our work, I certainly urge the Committee to pass it.

Also in support of 6416 with regard to the welfare liens and other people have testified much more ably than me with regard to that issue. And I know it's been a long day. You have my written testimony. I am happy to answer any questions. Any of you may have.

SENATOR MOORE (22ND): Thank you, Kathy, for hanging in there with us and your testimony. Are there any questions? Seeing none. Thank you.

KATHY FLAHERTY: Thank you all, take care.

SENATOR MOORE (22ND): Next, I have Jean Mills Aranha, followed by Rhonda Boisvert. Rhonda is on by phone.

JEAN MILLS ARANHA: Okay. This is Jean Aranha. Am I on?

SENATOR MARILYN V. MOORE (22ND): Jean Mills?

JEAN MILLS ARANHA: Yes, Jean Mills Aranha.

SENATOR MOORE (22ND): Oh, yes, you're on. Thank you.

JEAN MILLS ARANHA: Okay thank you. I'm sorry. I can't tell from where I'm, where I am. I'm here testifying in support of House Bill 6317 an ACT PROHIBITING DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES TO TEMPORARY UNSTABLE HOUSING WITH SUBSTITUTE LANGUAGE. I'm the Managing Attorney of the Stamford Office of Connecticut Legal Services. And I served on the Governor's Nursing Home and Assisted-living Oversight, working group.

Many people were shocked by the press coverage in recent months that the discharge of nursing home residents to homeless shelters. Unfortunately, such discharges have been a reality in Connecticut since long before the pandemic. Connecticut Law does not expressly prevent the discharge of residents to homeless shelters or other -- and other unstable housing. The prohibition against involuntary discharges to homeless shelters in the Governor's executive order should be codified. And the language of HB 6317 should be expanded. As currently drafted it addresses only discharges to unsafe housing. The language actually leaves out an important element, discharged to transient housing, such as homeless shelters or motels, a family member where the lease prevents such an arrangement and would result in a lease violation or to a home with family members or friends who cannot provide the care for the resident.

The absence of this language was an oversight and LCO has agreed that it was meant to be included. We have -- I've attached substitute language to my written testimony that prohibits all of these inappropriate, temporary, unstable discharge locations. We understand you'll shortly receive the same language from LCO. Discharged from a skilled

nursing facility or RCH to a homeless shelter is always inappropriate. Such a discharge is unlikely to succeed. And the former resident is likely to face injury, illness, hospitalization, or even death. We've seen several cases just among our own clients. One client was discharged from a nursing home to live in a tent in the woods.

But it's not just our clients who have been affected. I searched the DSS, posted administrative hearing decisions and found a number of such cases. For example, one nursing home attempted to discharge a man who used an oversized wheelchair to a homeless shelter. He needed help with activities of daily living, including bathing, transferring, and toileting. He was learning to walk with a new prosthesis for his right leg.

Another decision describes a discharge to a homeless shelter for a woman who was still receiving physical therapy and needed supervision for some of her activities of daily living. A third approved of a discharge where the resident was offered a brief stay of three nights at a local hotel. These decisions posted by DSS and the ones we see at Legal Services are the tip of the iceberg. Not all residents are able to navigate the hearing process or contact Legal Services. I also hear from residents and families who have been told by facilities, that they must take a resident home without a formal discharge process at all.

The cases we know about represent only a fraction of the actual cases that must exist. The nursing home or residential care home industry must be more proactive earlier to plan safe discharges. They should not simply be able to dump a resident into a homeless shelter. The facility should have adequate social work staff to work on these issues from the time of admission onward. The CHESS initiative that the industry has spoken about is a hopeful development, but it will only be available to people who were homeless before they entered a facility.

That does not include all of the individuals who are being discharged in appropriately.

Connecticut can do better than allowing some of its most vulnerable residents to be discharged to unsafe or temporary housing or homeless shelters. House Bill 6317 should be an active substitute language.

HEATHER FERGUSON-HULL: Excuse me, three minutes are up. Please summarize. Thank you.

JEAN MILLS ARANHA: Thank you for considering my comments on this important legislation. And I'm happy to answer any questions.

SENATOR MOORE (22ND): Hi, Jean, thank you so much for that. We've heard a lot of that during the past nine months, so I appreciate you taking time today to bring that information to us. Any questions? I see none. So, thank you.

JEAN MILLS ARANHA: You're very welcome. Thank you.

SENATOR MOORE (22ND): Next on the phone, Rhonda Boisvert.

RHONDA BOISVERT: Yes. Yes. Rhonda Boisvert.

SENATOR MOORE (22ND): Boisvert.

RHONDA BOISVERT: Yes.

SENATOR MOORE (22ND): Thank you and welcome.

RHONDA BOISVERT: Okay. Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case and all Members of the Human Services Committee. My name is Rhonda Boisvert and I am the president of the Connecticut Association of Residential Care Homes. Also known as CARCH. I own two residential care homes, one in Haddam and one in Watertown. I'm testifying today on behalf of CARCH and our Members to raise concerns about house Bill

6317 an ACT PROHIBITING DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES TO TEMPORARY OR UNSTABLE HOUSING.

Let me first begin by saying no home wants to involuntarily discharge a resident. That is why we support the intent of this legislation, but have concerns with some of the language. The need to have safe places for our residents to discharge is critical. Discharges, both involuntary and voluntary, are a challenge for many residents and homes due to the challenge of finding an appropriate setting. This is where I want to sneak in a little sentence that says "not all sizes fit one person" here. Residents in most facilities are individuals who have behavioral health diagnoses, residential care homes offer a home-like environment with staff that provide personal care, medication administration and food and shelter. This is a non-medical model that allows residents to live independently with others in the community.

Unfortunately, there are some rare instances when residents need to be discharged, either due to creating an unsafe environment in the home. Examples include threatening behavior violence or continued smoking -- continual smoking indoors, leading to potential fires on their -- or their health deteriorates. And they need additional support. The staff of the home tries to work with the resident and when available the conservator of an individual will help also. Finding a place that will accept the resident in such circumstances can be the challenge, especially when the resident is not cooperative.

Additionally, the language in HB-6317 site, Section 47, 8-7, outlining Landlord Responsibility. That is, I have that written in the testimony and that's been submitted. I'm not going to read that now, but that is what the language that's causing the issue for residential care homes. Our big concern is the lack of appropriate settings to discharge residents,

too, particularly when they are threatening violence and putting residents or staff in harm's way. In recent months, we have held meetings with the Department of Mental Health and Addiction Services to address the needs of our residents when they became more complex. We have suggested respite beds be made available for our residents, with the hope that getting the resident help earlier, it will avoid the need for an involuntary discharge. Unfortunately, that is a resource that we will not be able to have.

In 20 years, that I have been running my two homes. I have never heard of a home making an unsafe discharge for a resident or an involuntary discharge that was unsafe.

HEATHER FERGUSON-HULL: Excuse me, the three minutes are up and can you please summarize. Thank you.

RHONDA BOISVERT: Okay. Yep. Although many homes have had to deal with this issue at least one time or another, it is by far going to be worse if they put that extra layer to challenge us to do better with our discharges. We do need resources to help us. That I believe is what the -- what the big issue is. We need the resources and the State does not provide them for us. We do not have places to send our people just even for two weeks to get well, you know. And maybe get back on their medication or another medication, a million reasons why. We're asking you to ask-- we're asking you to remove section 47,A-7 from this Bill. Thank you.

SENATOR MOORE (22ND): Thank you.

RHONDA BOISVERT: Okay. I appreciate the opportunity to offer this testimony and hope that this Committee will consider the above amendment.

SENATOR MOORE (22ND): Rhonda, I appreciate your testimony. You know, during COVID I live here in Bridgeport. There was a statewide, we didn't have a

place to send people to. So we experienced a lot of people going to places that were inappropriate or not knowing what happened to them. So, I appreciate your testimony. We'll be reviewing all the information and seeing where we can adjust, if we need to adjust. I appreciate you coming on and staying on so we could hear from you.

RHONDA BOISVERT: Okay. Thank you.

SENATOR MOORE (22ND): Thank you.

RHONDA BOISVERT: All right. Thank you.

SENATOR MOORE (22ND): Next is -- is Kristie Scott here? Okay. Kevin Brophy and then Lawrence Arky, these eyes are getting worse as it gets darker around here. Arky, you're up next.

KEVIN BROPHY: Good evening, Members of the Human Services Committee. My name is Kevin Brophy. I'm the managing attorney of the elder law unit of Connecticut Legal Services, a nonprofit legal aid agency. On behalf of my low-income elderly clients who reside in nursing homes and residential care homes and my sister legal aid organizations. I am submitting my testimony in support of HB-6317, an ACT PROHIBITING DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES WITH THE ATTACHED SUBSTITUTE LANGUAGE. I attached to language to my written testimony.

Under current law nursing homes, residential care homes are not explicitly prohibited from discharging residents to homeless shelters, or other temporary or unstable housing. In March, 2020, I had a client who lived in a nursing home with severe medical problems, including suffering from several strokes. He had been in a nursing home for approximately eight months and no longer had a home or apartment to go back to. In December 2019, he had lost his Husky-D health insurance because he turned 65 and became eligible for Medicare, which did not cover

the cost of his nursing home care. The nursing home tried to discharge him to a homeless shelter and Meriden. Fortunately, Legal Services was able to stop the discharge and find him a private pro bono attorney who helped them get on a Husky C long-term health care health insurance. And I attached an article to my testimony in the newspaper about my client. In response to such stories, Governor Lamont issued executive order, [7XX], which suspended the involuntary discharge of residents from nursing homes and residential care homes to homeless shelters. This order should become permanent and expanded so that nursing homes are prohibited from discharging residents to homeless shelters and other temporary and unstable housing, such as hotels, motels, or other inappropriate housing situations.

We would support HB 6317, provided Section 1, Paragraph F and Section 2, Paragraph D are amended. And then we attach to substitute language. Sending residents of poor health to homeless shelters or other temporary unstable housing is never an appropriate and safe discharge. To allow such discharges will increase the likelihood of these residents becoming hospitalized and ended up back in a nursing home or even worse, dying.

I attached an article from the New York Times. This problem is not isolated to Connecticut, it's throughout the country, and I would encourage you to read it. Part of the underlying problem is that nursing homes or residential care facilities lack adequate staffing. This was a key point made in the Mathematica Report, which was an independent assessment ordered by Governor Lamont on the impact of COVID-19 in the State's nursing homes. In my experience, the social workers in nursing homes are the ones charged with developing a discharge plan and assisting a resident finding a place to go. But many social workers are overwhelmed or lack the time or resources to develop an appropriate plan for a safe discharge. This often leads to discharges to

inappropriate places. Staffing levels need to be increased, including the number of social workers required to be in these facilities. Based on the number of residents. Facility staff must be required to explore safe housing options for this vulnerable population. Thank you for your time. And I just have a couple more comments if I could. I see Heather there ready to come in --

HEATHERMS. FERGUSON-HULL: Your three minutes is up. Thank you.

KEVIN BROPHY: Let me just take a couple of -- just a minute. There were some testimony offered by the industry that said we do not need to change the discharged on statute. And part of the reason, according to the industry reps were that there's this new program coming out, CHESS. And I do think the CHESS program is an exciting program and it has -- and it's going to help potentially up to 850 Connecticut residents and that's a terrific thing. However, it doesn't address the problem that we're talking about in 6317. Like my client that I mentioned to you in March of 2020, they tried to discharge him, my understanding under CHESS, the person has to have a previous history of homelessness. My client was not homeless before he went into the nursing home and didn't have a history of it.

And I also think it's believed for people with mental illness or substance abuse problems. And my particular client had neither of those problems. So, the CHESS program's not going to take care of that particular issue.

Also, I just want to mention and my colleague, Jean Mills Aranha, also mentioned this when she earlier testified… Many residents don't know they have rights. I mean, if they're fortunate enough to get referred to Legal Services and oftentimes the ombudsman's office does that, that's terrific. And we can usually intervene and try to help the person

and get them the services they need. But a lot of facilities, nursing homes and residential care homes tell people they got to go and/or they tell the family members and they don't even know that they have a right to a discharge notice. They have a right to appeal it. They have a right to a hearing. So, we see it at Legal Services, but there are, we believe there are a lot of people that don't realize that they have these rights and they wind up leaving to an inappropriate place. So, thank you. And if you have any questions, I'll be glad to try to answer them.

SENATOR MOORE (22ND): Thank you, Kevin. I don't see -- Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you. Madam Chair. Sorry. My hand was up and then it was down. Kevin, did you say that you also supplied us with substitute language?

KEVIN BROPHY: Yes. The written, the written testimony that I submitted, I attached the substitute language.

REP. ABERCROMBIE (83RD): Thank you. That'll be really helpful. And thank you for taking the time to wait all day to testify. We really do appreciate it. Thank you, Madam Chair.

KEVIN BROPHY: I wanted to add that I put in about Meriden, because I know that your area and that's where he was -- That's where they were trying to change--

REP. ABERCROMBIE (83RD): Yeah.

KEVIN BROPHY: ..transfer him to homeless shelter in Meriden.

REP. ABERCROMBIE (83RD): Yeah. Thank you about the chest. Also, I didn't realize about, you know, that they were looking at, they had to have previously

been homeless. So, I may note of that also. So, thank you.

KEVIN BROPHY: You're welcome.

SENATOR MOORE (22ND): I think we're gonna have to do that. If you're the last three people, you get five minutes instead of three minutes.

KEVIN BROPHY: Thank you for your patience.

SENATOR MOORE (22ND): Thank you. I see you, Lawrence. You're next. Unmute, you gotta unmute. You're not unmuted yet.

LAWRENCE ARKY: There, better?

SENATOR MOORE (22ND): Yes, we've got you now.

LAWRENCE ARKY: Thank you. Senator Moore, Representative Abercrombie, Representative Case, and the Members of the Department of Human Services. Thank you for allowing me to testify today. My name is Lawrence Arky. I'm a licensed OB-GYN and I'm currently the Department Chair here at Manchester Memorial Hospital for the Department of OB-GYN. I practice in a collaborative practice with physicians as well as certified nurse midwives. I'd like to speak to you today in supportive Bill SB 764. Specifically, Section 3, that would allow a licensed nurse midwife to receive the same reimbursement for services as a physician licensed when performing the same services or procedures. As you may not know, currently in our state, Medicaid pays for obstetrical services as a global fee. This global fee covers approximately 10 prenatal visits in the office, all the delivery care in the hospital and a postpartum visit.

Currently, if a certified nurse midwife performs the delivery of a Connecticut Medicaid-covered patient,

the reimbursement will be reduced by 10% for all these services. So regardless of whether the patient sees a physician for three quarters of our office visits, if the delivery is done by a certified nurse-midwife, there is a 10% reduction in the global fee. This places a significant financial burden on practices that include midwifery care. Care, inclusive of certified nurse midwives, has been shown to decrease the cesarean section rates. By reducing the rate of the first cesarean delivery, we reduce the complications and risks of repeats cesarean deliveries. How does this play out in real life? I practice at Manchester Memorial hospital. where approximately 40 to 50% of our first-time moms are delivered by certified nurse midwives. By reducing the rate -- Excuse me. Our cesarean rate for all first-time moms is approximately 19 to 20%, which is below the average for Connecticut hospitals in general. By continuing to include midwifery care, we can improve safety and reduce the morbidity and mortality by having a primary C-section rate below the goal set in the Healthy People 2020, which is 20% or less.

Finally, by eliminating the reimbursement deduction for global care when delivery is performed by a certified nurse midwife, we will improve the outcomes and safety without needing to wait for the development of the bundles of care type procedure that I believe Dr. Gifford referred to as the State developing in the future. Thank you very much for your time.

SENATOR MOORE (22ND): Thank you, Lawrence. Let me see if there's any questions for you. I see none. Did you have one Representative Abercrombie?

REP. ABERCROMBIE (83RD): Yes. Thank you. So, Lawrence, thank you so much for explaining about it being a bundled rate. And then if the midwife ends up doing the delivery, that all of the services in that package get reduced by 10%. Because that's the first time I've heard that clarity because I was

often wondering why, you know, midwives were going out. I didn't realize that that would definitely be a reason why someone would, you know, decide not to do the service anymore. So, thank you for that. That was really helpful. I appreciate you waiting all day to testify also. Thank you, Madam Chair.

SENATOR MOORE (22ND): So, Lawrence, because you look like you're the last one, I s there anything else you want to share? There's a bonus to being the last now.

LAWRENCE ARKY: A bonus? I get an extra minute.

SENATOR MOORE (22ND): You can get another minute if you like it, because you're the last. I think you're last, I don't see anybody. Clifford Beers isn't here. You can have another minute.

LAWRENCE ARKY: I would just say that, you know, we have at our hospital, we have a very nice model in our practice. We have about equal number of physicians and midwives. I think our patients are served very well, and it's allowed us to maintain a very low cesarean section rate for primary cesarean sections. As well as I think, our hospital probably has the highest successful VBAC or vaginal birth after cesarean rate among all hospitals in the State.

SENATOR MOORE (22ND): So, I want to go back to the Commissioner also and talk about that bundle rate?

LAWRENCE ARKY: They, you know, I'm not sure if I completely understand it, but I think it's meant to include an extension of care beyond regular prenatal care. I know in our private practice field with negotiations with the State and hospitals, the bundle rate often refers to providing one lump sum of money for both the hospital and the providers of prenatal and postpartum care to be split amongst some arrangement. I'm not sure what the future of that is in the State. I know it's a model of care

that's being looked at nationally, but I think it's still sort of getting off the ground a lot of places

SENATOR MOORE (22ND): Because I think that would come into play also, when we start talking about the doulas.

LAWRENCE ARKY: It certainly might. In a bundled care package, the fee for doula may be covered by that. Currently, I believe most doulas are -- have to be covered out-of-pocket by the pregnant woman who is delivering.

SENATOR MOORE (22ND): Representative Case knows. [crosstalk]. He has firsthand experience.

LAWRENCE ARKY: And then the doula is a very nice adjunct who really helps out a lot and sort of -- sort of having the doula and the midwife and a physician there as backup provides multiple levels of support for our women in labor.

REP. CASE (63RD): And for us.

LAWRENCE ARKY: And for dads, exactly.

SENATOR MOORE (22ND): Right. Where's Mr. Lesser, Senator Lesser [crosstalk] He is a new dad.

SENATOR LESSER (9TH): Absolutely.

SENATOR MOORE (22ND): Well, thank you very much. Is there anybody else who wanted to speak, who didn't have an opportunity to? Heather, do you see anyone? Representative Mastrofrancesco.

REP. MASTROFRANCESCO (80TH): Thank you. Thank you so much for your testimony. I'm a little confused on the bundle and I was wondering if maybe, can you just, would you mind just explaining that again to me, I think you said there's 10 prenatal visits, the delivery and a visit after that. And then if it's

done by a midwife, it's reduced by 10%. Did I get that right?

LAWRENCE ARKY: Well, correct. Primary isn't bundled, it's what we call -- it's referred to as a "global fee". So basically, we charge one fee, which includes all the prenatal visits, the delivery, as well as one or two prenatal visits. All-in-one bundle care. If the delivery is performed by a midwife, regardless of the presence of a physician, the fee for that whole thing is reduced by 10%. So that's one of the disincentives for practices who look and say, "Well, if I have a midwife, who's there is going to deliver the baby?" Then our practice is going to lose 10%. And at one point a few years ago, Medicaid reimbursed pretty close to on-par with private insurances. As of the past several years the rates are substantially lower than private insurance reimburses.

REP. MASTROFRANCESCO (80TH): Can you give me -- can you give me an example for the global fee that you charge for the bundle for the whole thing? What it costs and then what is the actual dollar amount that Medicaid covers on that? So, there's, they're not covering 100 percent of what you charge, right?

LAWRENCE ARKY: Well, we --

REP. MASTROFRANCESCO (80TH): Percentage?

LAWRENCE ARKY: I don't know, in negotiation, I don't think we actually negotiate with DSS directly. They basically tell us what they will pay. And I want to say that a global fee for a vaginal delivery today -- So, all the visits in the vaginal delivery and postpartum is in the range of 2,500 to $2,700.

REP. MASTROFRANCESCO (80TH): That's what the -- that's what you normally would charge. And is that what the Medicaid do they give the full 2,700 or what percentage of that is it?

LAWRENCE ARKY: We -- we don't charge. We have to accept what DSS pays.

REP. MASTROFRANCESCO (80TH): So, what are they, what are you accepting, I guess is what I wanted to know. [crosstalk]

REP. ABERCROMBIE (83RD): If I could -- if I could interrupt just for a moment. Representative, there's a fee schedule that's associated with every service that Medicaid pays for. So, we can get you that information instead of putting Larry on the spot here, we can get you that information.

REP. MASTROFRANCESCO (80TH): That'd be -- that's wonderful. Thank you so much. I didn't mean to put you on the spot, but I'm just trying to figure out, you know, if it's 10% less, as Medicaid says, "Well, your services is really 2,700, but we're only going to give you 500 for it", and then you're gonna get 10%, even less, you know what I mean? So I just wanted to try to understand.

LAWRENCE ARKY: To give you a comparison without getting into specifics, I would say that the average commercial policy reimbursement for global care in Connecticut would be in the range of 4,000 to 5,000 plus dollars.

REP. MASTROFRANCESCO (80TH): Yeah. Okay. All right. Thank you so much. I appreciate it. Thank you, Representative Abercrombie. If you can get me that information, it would be very helpful. Thanks.

SENATOR MOORE (22ND): Any other questions? All right. Going once, going twice. It's a wrap-up then. We're going to close this Public Hearing and thank everybody who was able to stay on. I know we're bouncing back and forth between other Committees, so I'll see some people on the other side and Human Services in a minute. All right. Thank you everyone.

REP. ABERCROMBIE (83RD): Thanks everybody. Have a great night.

LAWRENCE ARKY: Thank you, have a great night.

REP. ABERCROMBIE (83RD): Good job, Heather.

SENATOR MOORE (22ND): What about me?

REP. ABERCROMBIE (83RD): You always do a good job, but she, Heather, had to interrupt people and tell them that they were at the three minutes. She was really good at it. Probably, I wouldn't have been that nice.

HEATHER FERGUSON-HULL: Good job, team. Thank you everybody --