CHAIRPERSONS: Senator Marilyn Moore, Representative Catherine Abercrombie

SENATORS: Berthel, Cabrera, Lesser

REPRESENTATIVES: Arora, Buckbee, Butler, Case, Cook, Dathan, Garibay, Goupil, Hughes, Mastrofrancesco, Santiago, Simmons, Stallworth, Wood

SENATOR MOORE (22ND): Good afternoon. I'm State Senator Marilyn Moore. Today we have the Human Service Committee Meeting, Public Hearing. I'm going to let you know that the first hour will be state officials and commissioners, and after that, it will be the general public. Then we'll be going back and forth after the first hour.

I ask that you keep your speakers muted while we're doing this. And we'll begin if there's no questions. Thank you. So, first on our sign-up, Commissioner Gifford, Department of Social Services. Good afternoon, Commissioner.

COMMR. DEIDRE GIFFORD: Good afternoon, Senator Moore, Representative Abercrombie, and Members of the Human Services Committee. Very happy to be with you. I'm Deidre Gifford from the Department of Social Services. I’m joined this afternoon by Deputy Commissioner Mike Gilbert. By our Medicaid and CHIP Director, Kate McEvoy. By Tony Judkins from the Fatherhood Initiative. And Mike, did I leave somebody out? Mike or Kate? I think there might be one other person.

SENATOR MOORE (22ND): Is Patricia McCooey with you?

COMMR. DEIDRE GIFFORD: Pardon me? Thank you, yes. Our attorney, Patricia McCooey. Senator, would you like me to jump right in with our testimony?

SENATOR MOORE (22ND): Yes, please.

COMMR. DEIDRE GIFFORD: All right. Thank you very much. I appreciate the opportunity to be here with you today and offer summary of our written testimony, which you have before you. I'll begin with SB 909, AN ACT CONCERNING CHANGES TO THE HUSKY B PROGRAM. We are supportive and urge passage of this Act.

This proposal would repeal a requirement that currently exists that co-pays under the HUSKY B Program, aligned with co-pay levels under the State Employee Point of Enrollment Healthcare Plan. The reason why we are in support of repealing that requirement, is that we have not raised the co-payments in HUSKY B to the same level as the co-payment's levels in the state employee program.

And we -- I believe that those co-payment levels would be high for HUSKY families. So, this is an effort to keep the co-pay levels low for HUSKY B families. They currently have a co-payment for most outpatient visits of $10.00. But the current co-pay for state employees is $15.00, which would be high for HUSKY B families. Particularly, those who are close to the Medicaid income limit.

And as you know, children in Medicaid, children from low-income families, not CHIP but Medicaid, pay no co-payments. This proposal would also end a HUSKY B Plus Program, which provides certain supplemental services. Such as long-term therapies to members who have medical needs. Those services are already covered now under HUSKY B. Such that the department feels there's no longer a need for this HUSKY PLUS Program.

SB 910, AN ACT EXPANDING MEDICAID COVERAGE FOR POST-PARTUM CARE TO TWELVE MONTHS AFTER MEDICAID BENEFICIARY GIVES BIRTH TO A CHILD. The department appreciates the intent and goal of this Bill. It

expands Medicaid coverage for post-partum care to twelve months after a Medicaid beneficiary gives birth.

Currently, HUSKY Health covers women with incomes up to 250% of the Federal Poverty Limit who are pregnant for the duration of the pregnancy, and then for 60 days post-partum. The limit is set in statute at 258%. But we have a 5% income disregard, making it effectively no limit 263% of the FPL.

For your background, there were approximately 15,200 births covered by Medicaid in 2019. That represents over 45% of births in the State of Connecticut, which are covered by HUSKY. Importantly, the vast majority of Medicaid eligible women continue to be covered by HUSKY after this two-month period. Either with no lapse or a brief lapse in coverage. And that's because they either continue to qualify in straight Medicaid, HUSKY A. Or they qualify under another category of HUSKY.

The department has initiated preliminary modeling of the expected cost of this coverage expansion. And we will be finalizing our projections shortly, and we would be happy to share our findings with the Committee at this time.

We would also note that Congress is currently negotiating a budget reconciliation package that would allow states to extend Medicaid coverage for 12 months postpartum. And if that is enacted, there would be no need for the state to apply to the federal government for a special waiver, an 1115 waiver in order to implement this 12-month coverage period.

SB 911, AN ACT REQUIRING THE STATE TO PROVIDE MEDICAL ASSISTANCE FOR PRENATAL CARE. This Act would add the so-called Unborn Child Act option to HUSKY B or CHIP coverage, the Children's Health Insurance Program. Which covers children who are not otherwise eligible for Medicaid.

The Act would extend CHIP coverage to pregnant woman by allowing for the provision of prenatal services regardless of the woman's immigration status. Right now, HUSKY B currently covers children up to the age of 19 with incomes up to 323% of FPL.

HUSKY B -- extending coverage to HUSKY B to unborn children. This -- excuse me. This proposal would extend HUSKY B coverage to unborn children above the HUSKY A, Pregnant Women Coverage Group. So, as I just mentioned, our current pregnancy coverage extends to 263% of the FPL. This proposal would extend coverage to those unborn children up to 323% of FPL.

This proposal would add Medicaid coverage to the unborn children of women who are not eligible because their immigration or non-citizen status does not qualify them for Medicaid. I would note that the department recognizes the merits of expanding funding for these women and their unborn children. However, there is no funding for this expansion in the Governor's budget.

I would also note that Governor Lamont has proposed HB 6447, AN ACT CREATING THE COVERED CONNECTICUT PROGRAM TO EXPAND ACCESS TO AFFORDABLE HEALTHCARE. And if passed, that bill would sustainably fund a fifty-million-dollar premier program to reduce Connecticut's uninsured rate and it could include through focused Medicaid expansions, like this proposal.

SB 912, AN ACT CONCERNING FUNDING AND OVERSIGHT OF THE FATHERHOOD INITIATIVE. Section 1 of this bill establishes an advisory council comprised of eight legislative leadership appointments and the Commissioners of Social Service, Early Childhood, and Education, or their designees, to study and make recommendations concerning funding and oversight of fatherhood initiatives.

DSS believes that the objectives of this Bill can be accomplished with the current Connecticut Fatherhood Initiative multistate over structure. Which includes many of the -- of the same representatives as envisioned by the legislation.

For example, the current Connecticut Fatherhood Initiative includes the Office of Early Childhood, the Department of Children and Families, the Department of Corrections, Developmental Services, Education, Housing, Labor, Department of Health and Addiction, Veterans Health, and Public Health. It also includes representatives from the judicial branch, including Support Enforcement Services, Support Services, and Family Magistrate.

It also includes the board of Pardons and Paroles, Connecticut State colleges and universities, the UConn Disparities Institute, the UConn Department of Human Development and Family Sciences, and the Yale Consultation Center. It also includes representatives of multiple commissions. Including the Commission on Women, Children, Seniors and Equity, and the Connecticut Coalition Against Domestic Violence.

Recently, the Connecticut Fatherhood Initiative Council has approved a strategic plan that contains recommendations for short and long-term strategies to address program policy and system barriers to expand promising practices already being implemented, and to establish new and strengthen existing partnerships at the state and local level to support the results of the -- or the desired results of the initiative that Connecticut children grow up in a stable environment, safe, healthy, and ready to lead successful lives. And that all Connecticut fathers are engaged in the lives of their children.

Section 2 of this bill includes a three-million-dollar appropriation to the DSS that is not currently in the government's budget proposal. SB

913, AN ACT REQUIRING FAIRNESS FOR FAMILIES IN MEDICAID ELIGIBILITY AND REIMBURSEMENT DETERMINATIONS.

DSS is not in support of this proposal. Section 1 would require the department to set payment rates for family caregivers equal to the rates set for non-family professional caregivers providing the same types of services. According to a federal law, the department has enabled people who are participating in the Community First Choice option to receive Medicaid home and community base services.

They are permitted to self-direct healthcare by hiring and managing personal care attendants. With certain limitations, a personal care attendant already may be a family member or relative of the person receiving services. We do not otherwise have broad authority to reimburse family members for care.

Section 2 would provide up to three months of retroactive Medicaid edibility to individuals applying for home community-based services. Provided that they have not made a transfer of assets for less than fair market value. CMS Guidance Program, home and community base services, does not allow for these types of changes.

Medicaid provides coverage for up to three months prior to the month of application. But it does not allow retroactive coverage for home and community-based services. So, we cannot provide these services retroactively, and furthermore a federal law imposes a penalty when individuals transfer assets for less than fair market value for the purpose of obtaining Medicaid for long term care services.

Section 3 of this bill would prohibit institutionalized individuals from being denied Medicaid when there is a single unliquidated asset,

and the applicant provides that the asset is inaccessible. It also prohibits DSS from denying Medicaid to institutionalized individuals when an asset is discovered by the applicant during the application process if the applicant reports the discovery, takes steps to liquidate it, and spends down the proceeds in accordance with Medicaid policy.

The exclusion of these assets would allow institutionalized individuals to have assets that exceed the Medicaid limits, and not be disqualified for the program. And this would remove the incentive for individuals or their representatives to reproduce their assets in a timely manner. And would increase Medicaid expenditures by allowing applicants to be eligible for Medicaid services who otherwise would not be.

HB 6469, AN ACT CONCERNING THE CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY. DSS is not in support of this proposal. This bill would remove the 9% co-payment required of participants of the state funded Medicaid Home Care Program, Categories 1 and 2.

These individuals are not eligible for Medicaid, and that's why they receive their services through the state funded program. We do recognize that the co-payment requirement may affect willingness of potential participants to join the program. But they do have more resources than Medicaid members. It's important to note that there is no cap on the income of individuals they have to qualify. Only an asset test.

So, this cost sharing has historically been regarded as an appropriate means of contributing to their cost of care. And the co-pay offsets the overall cost of the program by approximately two million dollars annually. The Governor's budget does not include funding to replace this revenue.

HB 6470, AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW. DSS is in favor and urges passage of this proposal. It would allow DSS to continue certain Medicaid and CHIP home health, telehealth, and utilization review policy changes that were temporarily implemented during the public health emergency.

Specifically, Sections 1 and 2 of this proposal will allow nurse practitioners and physician assistants to issue orders for individuals to receive home health services. We think this is important. It's been a very useful tool during the pandemic. Sections 3 and 3 expand the permissible use of telehealth services.

As you all are aware, and we've discussed previously, such telehealth services have been expanded during the course of the pandemic. And this Bill, builds on those expansions in anticipation of a post pandemic utilization of telehealth services. It authorizes DSS to provide coverage as well for certain audio only telephone services when it is not possible to provide comparable audio-visual telehealth services and when individuals are unable to use or access such audio-visual services. And it expands telehealth utilization to licensed nurse midwives and behavioral analysists.

Section 5 would provide DSS flexibility to relax certain prior authorization and utilization review requirements, which are currently in regulation. This flexibility will help Medicaid members maintain access to healthcare services resulting from clinical advances in programs structures.

HB 6472, as I just said, the department does strongly support the continued use and expansion of telehealth services. However, we do oppose this bill because we prefer the HB 6470, for which testimony we just provided. This Bill, 6472, would seek to extend telehealth coverage for only a two-

year period. And thereafter, a working group would study whether to extend telehealth permanently.

Existing law already authorizes DSS to offer telehealth services. And through 6470, we're seeking an expansion of those services. We also don't believe that these services should sunset in two years. And would prefer that telehealth remain a permanent part of Medicaid coverage.

We also believe the Commissioner should retain the authority to determine the rates to be paid for telehealth services, including which rates should be at parity with in-person services. And we believe that the present more flexible approach should be continued.

HB 6473 is AN ACT EXPANDING THE DIAPER BANK TO INCLUDE FEMININE HYGIENE PRODUCTS. This bill increases the funds the department is able to provide to the Diaper Bank of Connecticut. And requires that funding be used to provide feminine hygiene products to women who meet income eligibility standards. The department supports expanding its current partnership with the Diaper Bank of Connecticut and would the -- provide administrative support to distribute the funding. That concludes my testimony, Madam Chair.

SENATOR MOORE (22ND): Thank you. We have a question. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you, Commissioner, for this very thorough testimony. I want -- I want to center back to the Bill about the SB 912, AN ACT CONCERNING THE FATHERHOOD INITIATIVE.

I understand it's based on the Advisory Council. But I just want to ask you specifically, is there any stable directed funding for the Fatherhood Initiative through DSS?

COMMR. DEIDRE GIFFORD: I will allow Tony Judkins, as many of you know, has been leading the Fatherhood Initiative for us for a number of years. And ask Tony to discuss the current funding and the historical funding for the initiative.

ANTHONY JUDKINS: Thank you. Currently, the Fatherhood Initiative is funding at $310,498.000. We're currently supporting six fatherhood sites around the state. So, I know historically, we've always had issues around funding it appropriately. And that we'd love to have Fatherhood in every city in the state because their services are needed so desperately around the state.

But currently, right now, like I said, it's $310,000. Which is $48,000 -- $48,416 per site. And they're serving approximately 50 men at those sites.

REP. HUGHES (135TH): So, what would it cost to expand to 10 sites, and do you think this proposal of three million dollars to fund the Fatherhood Initiative is a good equitable distribution across the sectors that the Commissioner spoke about. Which was DOJ and Early Childhood and, you know, all those different sectors.

ANTHONY JUDKINS: Yeah, so, we recently put together a proposal for a proposal with the feds. And when we kind of put our numbers together, we were looking about 2.75 million dollars to serve ten sites across the state. So, that would be appropriate. We know that when we're working with these dads in the community -- well, currently, the sites have one full time person. And they're kind of just pulling the strings together, I guess to get that one person.

So, we know that the work and -- it works best when we have at least two full-time staff at these sites to handle all of the volume that comes into the doors.

REP. HUGHES (135TH): Thank you. And so, I love the Advisory Council, and it seems like the strategic plan is incredibly important. I'm really concerned that we do not adequately fund the initiative to go forth and carry out the strategic plan. Which impacts -- like you say, should impact at least ten sites. And not the current, you know, stretched thin six, and include all of those sectors that the Commissioner talked about.

So, yeah, so, I guess I'm just asking your -- for your testimony in support of, you know, fully funding it. Even if you are going out for some federal dollars for that.

COMMR. DEIDRE GIFFORD: Well, Representative, as we mentioned, the department is very proud to have a leadership role in the Fatherhood Initiative. And the -- it's certainly there are ways that the Initiative can be expanded as Tony mentioned. But the funding as described does not currently appear in the Governor's budget. And so, I think you have our estimate as to what it would take if we were to expand to further sites.

REP. HUGHES (135TH): Great, okay. Yeah, that sort of sets the stage for what we're sort of looking to do with this legislation, I think. That's great. If anybody has any other questions around that, I was just going to circle back to the whole HB 6469. Commissioner, can you just tell us, did you give us a number of how many currently are in the home care program for the elderly?

COMMR. DEIDRE GIFFORD: I believe, Representative, this the program that's currently capped at 200. Do I have that right Kate?

KATE MCEVOY: To be sure that's actually the Connecticut Home Care Program for people with disabilities. At state funded tiers there are currently about 250 people in the tier 1 of state

funded program. About 2,000 people in tier 2. And then the largest tier by far, tier 3, which is the Medicaid waiver, serves almost 16,000 people.

REP. HUGHES (135TH): Okay. And do we have a waitlist number on that at all?

KATE MCEVOY: We have no waitlist for the waiver. That's with an ongoing basis. And [clears throat] I am not showing a waitlist for the state funded currently either.

REP. HUGHES (135TH): Okay. Thank you, Madam Chair. I'll give my time over to anybody else who has questions as I think through this. Thanks.

SENATOR MOORE (22ND): Thank you, Representative Hughes. I'm sorry, Representative Abercrombie. I did not see your hand up initially.

REP. ABERCROMBIE (83RD): No, problem ma'am. No problem. Good afternoon, Commissioner, and everybody from DSS that's here. Thank you for being here today. So, I'm gonna talk a little bit about the 6469. I think that we're mixing apples and oranges here.

The portion of this Bill that we're talking about is the state funded portion. The reason why I want to -- and this is my bill, just so people know. The reason why I want to remove the co-pay, is because this particular program has been lapsing millions of dollars over the last six years. In 2017, it was about a twelve-million-dollar lapse.

This year it looks like, according to OFA, it's gonna be a five-to-seven-million-dollar lapse. So, we could remove the cap and still have money left over. You know, it's -- I think Kate said there's about 215 people in this program. The reason why it's not increasing is because people can't afford it. These are not Medicaid recipients, right? These are people that we don't want to be

institutionalized but we want to help them be able to able to stay in their home.

So, that's why I'm pushing for this particular bill to go forward because I do believe that there is enough dollars in the system, in this particular program, for us to be able to do it without any funding. So, I appreciate Commissioner, your comments on it. But I do want my colleagues to understand what this program is, what it means, 'cause a lot of them are on Appropriations. So, thank you, ma'am. Thank you, Madam Chair.

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

REP. BUTLER (72ND): Thank you, Madam Chair. And I'd like to thank the Commissioner and all of the folks she brought into this meeting here today. First of all, I'd like to say that I'm in total support of Representative Abercrombie's Bill. I think it's much needed. I just wanted to throw that in there.

But there was conversation about the Fatherhood Initiative earlier. And I'd just like to say that any dollars that we can actually bring forward towards that initiative would be well served. I have seen the operation here in Waterbury firsthand. And the hard work that they have to do with the limited resources is just, you know, it's yeoman work. I mean, it's a spartan effort but they get results.

And whatever we can do to provide more resources is going to actually be money that will get a return on investment because any of these young men that we can help actually -- in their way of being more productive, actually, it just helps them to be able to be more productive in our communities. And really there's a return on investment. So, I just wanted to firsthand give the biggest support I can to this Fatherhood Initiative because I've seen it

work firsthand here in Waterbury, and the results they get. So, I just wanted to put that in. And thank you, Madam Chair, for allowing me this time to speak.

SENATOR MOORE (22ND): Thank you.

COMMR. DEIDRE GIFFORD: Madam Chair, may I offer a comment?

SENATOR MOORE (22ND): Yes, Commissioner.

COMMR. DEIDRE GIFFORD: So, thank you, Representative Butler. And I agree with you. The individuals working in this program I've had the privilege -- although it was cut short by the pandemic. But I have had the privilege to work with some of the members on the initiative. I think -- I just wanted to point out that one of the points of our testimony is we do think there's some redundancy between the proposed Advisory Council and the existing group.

And so, we -- one of the reasons we detailed the membership in the testimony, is so that you had a clear view that actually those people that you're talking about bringing together, already are together on a regular basis, and your Chairwoman has graciously honored to Co-Chair. And so, we're grateful to Senator Moore for her participation as well.

And so, to the extent that we can reduce the redundancy by having two essentially overlapping councils, that would be very much appreciated by the department.

SENATOR MOORE (22ND): Thank you. Representative Mastrofrancesco. How are you today?

REP. MASTROFRANCESCO (80TH): I'm very well Madam Chair. How are you?

SENATOR MOORE (22ND): Good, thank you.

REP. MASTROFRANCESCO (80TH): Thank you. And thank you, Commissioner Gifford. I have to say that I always look forward to reading your testimony, you are very thorough. And it's very helpful to me. Although we may not always agree, your testimony is very important, and I think you put a lot of work into. So, I truly appreciate that.

I have a question on House Bill 64569. I don't know if this is directed towards you or Representative Abercrombie. But you were talking about the three different tiers. And is it just tier 1 of the 215 people that are lapsed right now? And how does that differ from the other two tiers?

COMMR. DEIDRE GIFFORD: First of all, I want to say with respect to the testimony, I wish I could take credit for it. But that is my fantastic team at DSS, who -- many of whom are joining me today. So, I give them all the credit. I might cross a T or dot an I. But they are responsible for the bulk of it. So, thanks to them. And Kate I will let you answer the question about the tiers of the home health program.

KATE MCEVOY: Yes, thank you, Representative Mastrofrancesco. So, as he noted, there are two tiers of the program that are state funded. Tier 1, which provides up to 25% of the cost of nursing home care in monthly benefits, currently has 215 participants.

And tier 2, which provides up to 50% of the cost of nursing home care, has almost 2,000 participants. It would differ actually to Deputy Commissioner Gilbert around the lapse in this program. I don’t know if he has that level of program detail immediately available.

REP. ABERCROMBIE (83RD): If I may interrupt at this point. I'm not sure that DSS is equipped to answer

that question. These were comments -- these were projects that came from OFA. I guess -- I think it's a little hard to ask DSS because they don't do the analysis of the bills financially. That's up to us when we introduce them. And we know we don't get a fiscal note--

SENATOR MOORE (22ND): Yeah, okay.

REP. ABERCROMBIE (83RD): -- until after the bill is voted out. So, I understand your concerns about what the lapse is and where it's coming from. I would be more than happy to show you in the budget where it is and what the amount is. But -- and I don't want to step on DSS's toes if Mike feels comfortable commenting, please feel free. If you don't, I'm just trying to explain kind of our wheelhouses.

DPTY COMMR. MICHAEL GILBERT: Thank you, Representative. And I would just add a couple of quick comments. We too have the same range of lapse in terms of what the legislative office of Fiscal Analysis is predicting. We are at approximately 4.7 million. So, very close to the five million. I believe you mentioned five to seven million as their estimate. So, we are closer to the low end of that estimate.

I would also note that every time the budget is developed there is some acknowledgment of prior trends in the budget levels that are set for the upcoming biennium. So, there has been a reduction of funding in the governor's recommended budget, which is fairly commensurate with the expected lapse in 2021.

So, for example, the Governor's recommended level for 2022 is, I believe, almost exactly five million less than the appropriation for SFY 2021.

REP. MASTROFRANCESCO (80TH): Okay, thank you very much. And again, I just thought I'd try to get some

information. But we can talk offline and maybe you can give me some -- get me some of that information. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. I'm just checking. Is there anyone else that I don't see that might have a question for the Commissioner? Commissioner, I just wanted to ask about the Fatherhood Initiative trying to get some clarifications on what's overlapping here.
Is there anything in here that needs to be in here to strengthen with what's already existing in the bill?

COMMR. DEIDRE GIFFORD: Well, you know, I do think -- and we could actually provide you with an analysis sort of side by side of who's in the proposed advisory council and who's already in the existing CFI. That might be a helpful illustration. And perhaps it would be helpful too if we shared the strategic plan. We have sort of a high-level summary of that strategic plan, which address many of the concerns about that you raised.

So, why don't we provide the Committee with those two documents, and I think that might be helpful for you to see what we were talking about in terms of potential redundancies, Senator Moore.

SENATOR MOORE (22ND): Thank you, that would be helpful. The other piece was Tony mentioned applying for some federal dollars. Did I hear that correctly?

COMMR. DEIDRE GIFFORD: Go ahead, Tony.

ANTHONY JUDKINS: We applied for those dollars early on in the -- in the summer. And we were not successful. The grant was approved but not funded.

SENATOR MOORE (22ND): So, the funding that's asked for in this, would that be supportive of what you're doing?

ANTHONY JUDKINS: Yes.

SENATOR MOORE (22ND): Thank you. Are there any other questions? Yes, Representative Hughes.

REP. HUGHES (135TH): Yeah, just one more question around the Medicaid expansion to 12 months postpartum. Is that -- let's see, that's SB 910. Is that simply because of it's not in the Governor's budget to cover that cost?

COMMR. DEIDRE GIFFORD: Yes, we are -- as I mentioned the agency does appreciate and understand intent of that bill. We are still doing some further analysis. We took an initial look and want to take -- sharpen our pencils a little bit at the percentage of women that would -- that this would apply to. So, that we can get a more accurate estimate of potential cost. We, as I said, we believe it's a fairly small number of those 15,000 women that do lose coverage after the 60 days. But we want to get you as close an estimate as we can. So, we will follow up with you on that issue.

REP. HUGHES (135TH): Okay, that would be great because our concern is that especially during this pandemic, and you know, that we've seen a lot of people putting off care, access to just preventive care. And our low income, low wealth mothers are -- our health outcomes from maternal and baby health are not good. And so, we want to -- we want to increase access to care for 12 months because we believe that is absolutely critical to those babies and moms getting that kind of care. So, you know, I feel like we're in a little bit of a maternal and postpartum health crisis. So, we want to meet that crisis where it's at.

So that's part of the purpose of expanding this to 12 months, so that we don't lose any continuity. Especially since when we're seeing so many patients just not accessing regular care right now.

COMMR. DEIDRE GIFFORD: Thank you, Representative.

SENATOR MOORE (22ND): Thank you, Representative. Any other questions? Seeing none. Thank you, Commissioner, and your staff. I appreciate your time.

COMMR. DEIDRE GIFFORD: You're welcome. Nice to see you all. Have a good afternoon.

SENATOR MOORE (22ND): Thank you. Next is Vanessa Dorantes, DCF Commissioner.

COMMR. VANESSA DORANTES: Thank you very much Senator. Thank you to also Representative Abercrombie, Senator Berthel, Representative Case, and Honorable Members of the Human Services Committee. My name is Vanessa Dorantes, and I'm the Commissioner of the Connecticut Department of Children and Families. I'm here to testify and raise SB 912, AN ACT CONCERNING FUNDING AND OVERSIGHT OF FATHERHOOD INITIATIVES.

I have also submitted written testimony on behalf of the department. DCF has developed robust fatherhood programs to ensure active engagement by fathers in children's lives. While the department's focus has been on children and the care at DCF, the programing extends well beyond those committed to the departments seeking to prevent the separation of families in strengthening a fathers and paternal family members role in a child's life.

The department's fatherhood work has been building steadily over the past decade. And in 2019 DCF was determined to be a frontrunner amongst several jurisdictions vying for participation in a national collaborative, sponsored by Mathematica, which is a social policy consulting firm, and funded by the Administration for Children and Families.

The Connecticut team has just completed this year long initiative with the six chosen Child Welfare jurisdictions. The national recognition enabled DCF to share with other states the practice enhancements that have been implemented to identify and engage fathers and paternal relatives in order to improve placement, stability, and permanency outcomes for children.

The department's Fatherhood Engagement Services, or FES, anchor this work as key initiatives designed to increase a father's role in the life of his child. Six contracted providers, one for each DCF region, provides statewide coverage and work with fathers to strengthen their positive parenting skills through intensive outreach, case management services, and twenty-four-seven dad group programing. That includes support groups and organized events fathers are brought together. FES also includes teens that engage fathers in correctional facilities to maintain the paternal relationship during incarceration and assist with reunification upon release.

Additionally, a federal grant has been awarded to DCF and the Department of Correction, to support a pilot program called, Families Supporting Reentry. A two-gen approach, FSR.

The program expands the service array for fathers incarcerated at the Willard-Cybulski Correctional Facility Reintegration Center. The program is designed to reduce recidivism and improve negative outcomes linked to parental incarceration, which includes financial strain, unstable and insufficient housing, family disconnect, poor child behavioral health, and educational outcomes in juvenile delinquency. Engagement specialists, guides fathers through the child protection case process. Ensuring their involvement in case planning to remediate the issues posing a risk to children. The specialist mentors and assist fathers with navigating the expectations of multiple systems and provides

linkages to services for basic needs like employment, housing, advocacy, mental health, and substance use needs.

Services continue to be provided to support the entire family upon reentry. DCF has also reexamined how we interact with fathers, which we -- which has led to practice models for struggling dads. An example of this is Fathers for Change. Which is an initiative offered through the departments intimate partner Violence Family Assessment and Intervention Response Program.

A team consisting of a clinician and a Family Navigator works with the DCF social worker and families to assess the severity of the violence in the home. As well as the presence of mental health and substance use issues that may require supportive services. The clinician offers treatment addressing the violence, and the Family Navigator handles assistance and basic needs and referrals to other needed services.

A recent study published in the Journal of Family Violence, showed this program's effectiveness. The completion rate for fathers was 70& compared to more typical program completion of about 30 to 50%. Participant mothers reported a significant reduction of domestic violence on an abuse behavior inventory completed before and after treatment. Improvements are also seen in father's emotional regulation, anger, and parental levels of stress, anxiety, and depression.

Each DCF region has a Fatherhood Engagement leadership team, which we refer to as our FELT teams. That consists of dedicated individuals including DCF staff and community leaders committed to the increasing overall engagement of fathers and their family members and communities. These teams have instituted creative practices to empower fathers and successful practices are implemented statewide by other FELT teams.

FELT teams also host a local Dads Matter Too event to highlight the importance of fatherhood in communities and promote available resources to families. Regional FELT teams have sponsored things like mentoring programs, community field days, and food truck festivals, five-K road races, fishing derbies, racial justice discussions about engaging fathers of color, and prior to the pandemic, a unique father-child clinical programming partnership between the department's Solnit Center and our Wilderness School. Which offers therapeutic activities supporting individual fatherhood work and culminated with outdoor education excursions reinforcing the parental bonds.

DCF Leadership Academy for Middle Managers. Participants this year have offered change initiatives regarding fatherhood engagement. One initiative brings together FCS providers with the Intensive Family Preservation staff on high-risk cases. And the goal is to have Fatherhood Engagement staff guide and mentor Intensive Family Preservation staff in order to enhance father's engagement and role within the families during these critical times and reduce risk.

A large segment of our step services stem from the Connecticut Fatherhood Initiative or CFI as DSS just referenced. DCF was a founding partner in CFI and has been motivated behind several programs that connect fathers to their children. The department boasts an annual Fatherhood Conference in collaboration with the Department of Social Services as part of CFI's work and the community providers that focus on specific topics and areas of interest regarding the department's fatherhood work.

Legislators have attended this conference in the past and have participated in panels sharing their experiences either with their own fathers or through being a father. From the testimony above, it is clear that DCF is well ahead of the curve when it

comes to fatherhood engagement and support. And the participation in the Connecticut Fatherhood Initiative under DSS's purview, has successfully bolstered the agency a cross collaboration -- the agency's cross collaboration. Thus, negating the necessity of SB 912.

However, the department would appreciate the opportunity to participate in any legislative approved body if this moves forward to offer our expertise, and also, continue to learn from the expertise of other partners. I thank you for the opportunity to offer additional perspective on this particular bill.

SENATOR MOORE (22ND): Thank you, Commissioner. I don't see any questions. But I wanted to ask you, are you a member of the Fatherhood Initiative now?

COMMR. VANESSA DORANTES: We are.

SENATOR MOORE (22ND): You are. Okay.

COMMR. VANESSA DORANTES: Yes, ma'am.

SENATOR MOORE (22ND): Thank you. Let's see if there's any other questions. Representative Hughes.

REP. HUGHES (135TH): Thank you. Thank you, Commissioner. Good to see you again.

COMMR. VANESSA DORANTES: Great to see you too Representative.

REP. HUGHES (135TH): Yeah, can you tell me -- love the social worker testimony.

[Laughter]

REP. HUGHES (135TH): Can you tell me about dedicated funding in your DCF for all of these initiatives? Which I'm just incredibly impressed and so proud of.

COMMR. VANESSA DORANTES: Sure. DCF spends about one million dollars annually in contracted FES services. And we also spend about $35,000 annually in WRAP funds with credentialed providers that are classified as specific to fatherhood engagement.

REP. HUGHES (135TH): So, what would it look like to adequately fund these initiatives and the collaboration and the Fatherhood Conference with DCF across these sectors? What would dedicated secure funding look like?

COMMR. VANESSA DORANTES: Currently the figures that I just gave you would be statewide from the DCF perspective. And there was no additional dollar amount allocated in the Governor's budget. So, I wanted to offer that as perspective as to what DCF currently has that does have a statewide purview.

REP. HUGHES (135TH): I know it's not in the Governor's budget, but that's what I'm asking you. [laughs] What would that look like? If it was what would -- what would -- would the amount that's listed in this SB 912 be a good starting point since we didn't get the federal grant?

COMMR. VANESSA DORANTES: It's difficult to answer of what additional funding would be. But I can also support -- I can also share the success of the current funding. We have the data that reflects the influence of how all of the initiatives that I've just shared have increased our Fatherhood Engagement by looking at the treatment plan that we have with families across various domains and the success of those programs over the years with the funding that we currently have. I can offer that. But it's hard to project.

REP. HUGHES (135TH): Yeah, that's helpful. And also, the data that you -- thank you, Madam Chair. But the data was really helpful too. In terms of those outcomes and the 70% completion rate and, I

mean, I knew that data is there somewhere. But I wanted to see, you know, I wanted -- quite frankly, my colleagues to hear that firsthand. So, we -- I appreciate all of the work that you do. Thank you, for being a leader. Thank you.

COMMR. VANESSA DORANTES: Thank you, very much.

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

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

COMMR. VANESSA DORANTES: Hello, Representative Case. Good to see you too.

REP. CASE (63RD): Come back up to the northwest corner, it's snowing. So, a quick question for you. We talked about a lot of initiatives within this public hearing. And this was one that you really sparked up on. And it seems to help. It seems to work.

My question for you is, so the -- if and when, the bill goes through, what can we offer up to Appropriations? Is there anything within your agency that can help subsidize growing this? Or are all the programs running pretty lean?

COMMR. VANESSA DORANTES: I would say that, you know, when we think about how you adequately resource things. I think that the fatherhood work within DCF is a testament to how we've used our resources over the years to continue to partner, with not just the DSS but the various entities under the CFI. I think that existing body has given us the infrastructure to be able to do that. And all of these initiatives that happen within DCF don't happen in a vacuum. They have happened in concert and in partnership across various inside and outside government entities and stakeholders.

So, I think for us, thinking about the existing resources that we have, and how we've been able to utilize them to see marked improvement of the department's practice with fathers is demonstrated in the, you know, in the data that we have. And that we can share.

REP. CASE (63RD): No, and I thank you. And I thank you for that answer. And I thank you for coming here today to testify on that. As we heard from Under Commissioner of DSS, you know, a lot of these initiatives that we have obviously have a price tag on them. And I always say its people before projects. And I would just try to find -- I don't serve on Appropriations anymore. So, I like to give you know some notes to my good Chair, Representative Abercrombie. So, when she goes there, she can offer a solution.

But now trying to fit everything into a budget that the Governors put. There's gonna be some things that we're gonna have to -- that are gonna have to be taken out and some things that we're gonna have to put in trying to live within the budget constraints of the State of Connecticut. So, I was just trying to see because I know you did some work with, you know, bringing in your own drivers and your own cars to try to save some dollars.

You know, that comes back a few years ago. But you know, that was a cost saving initiative that you put forth. And I appreciate you for doing that because I've always been on the side of when you have a problem, or you have something that you want to add bring a backup solution on how you can do it. And I was just trying to pick your brain to see if there was anything. But I know that, you know, things are running pretty lean. And I was hoping that you could tell us that maybe you had an idea.

COMMR. VANESSA DORANTES: Well, you know, I did want to just reiterate, and thank you for sharing where the department has made strides to really structure

our resources. You know, again, the CFI in its current structure, in its current iteration, does create that thread across multiple state agencies and multiple stakeholder groups.

Unlike a lot of other initiatives that the department is a part of, I think that one is pretty successful in doing that. And I think when you thread together that many entities, you're bound to be able to see efficiencies. So.

REP. CASE (63RD): And the bottom line, I -- once again. thank you for coming. But I think that what we need to get across to all of our colleagues is yes, there are dollars involved but what does it save down the road --

COMMR. VANESSA DORANTES: Um-hmm.

REP. CASE (63RD): -- by joining a project like this. So, you know, it's not always in the forefront. But believe or not, we're looking at a budget that's here in the forefront and that we have to fund. But not everybody looks at how the program will benefit and be of cost savings down the road. So, thank you for coming.

COMMR. VANESSA DORANTES: Thank you.

REP. CASE (63RD): It was good to talk to you.

COMMR. VANESSA DORANTES: Likewise.

SENATOR MOORE (22ND): Thank you. Senator Berthel.

SENATOR BERTHEL (32ND): Good afternoon. Thank you, Madam Chair, and Commissioner, thank you. I actually don't have a question. I would just like to dovetail on to what my good friend and colleague Representative Case said. I think that, I'm not new to the legislature by any means but I am new to the Committee. And your testimony was very informative for me in understanding more about this program and

the benefits of it. And I agree whole heartily that we should be as a government putting people before projects. And Jay, I had not heard that before, at least not recently.

So, thank you for being here. Thank you for the detailed understanding. I hope we can collectively find a way. I think this bill probably moves forward put of the Committee. I'm only one vote, obviously, but I think the challenge, as Representative Case spoke to, is going to -- well the challenge is always funding. So, I know your department. I've worked with some of your staff on some other issues. I know you're very creative --

[Laughter]

SENATOR BERTHEL (32ND): -- when it comes to fulfilling your mission. So, again, thank you for being here. Thank you for the explanation. Madam Chair, thank you very much.

COMMR. VANESSA DORANTES: Thank you, Senator.

SENATOR MOORE (22ND): I don't see any other hands up. I do want to say to you Commissioner and your staff, I'm no longer the Chair of Children. So, I won't have as much interaction with you as I've had in the past. But I really do appreciate the work that you and your staff have done during COVID. And your credibility is backed by the work that you did and the communications that your staff put forth. And I really want to salute you for that communication going out to the parents, and communicating with the legislature, and always being on target.

We usually had very few questions for you because you were, you're so thorough in what you present to us. And our confidence has grown on you. And we just, I want to thank you for the work that you're doing for all of our children, who normally would not have somebody out there fighting for them and a

staff working so hard. So, I do salute you and your staff doing this. And I'm gonna say this every opportunity that I see you. That I am appreciative of the work that you all do, collectively. So, thank you.

COMMR. VANESSA DORANTES: Madam Chair, thank you, very, very, much. And we certainly appreciate that.

SENATOR BERTHEL (32ND): Thank you, Senator.

COMMR. VANESSA DORANTES: And we appreciate every member of the Human Services Committee. Several of the members here have supported the department by asking what we needed throughout the course of the pandemic, what do our staff and the kids and families that we serve need. And we appreciate the support, flexibility, and ability to kind of continue to have that kind of ongoing dialog with members of this Committee, particularly in that of you know, other Committees of cognizant. So, thank you very much.

SENATOR MOORE (22ND): You're welcome. Thank you. I see no other hands up. Okay. So, thank you, Commissioner. Thank you, Benny. I appreciate you.

SENATOR BERTHEL (32ND): Thank you, all very much.

SENATOR MOORE (22ND): You're welcome. Next, is Sarah Eagan, Jillian Gilchrest. I don't see them right now, but I will come back to them if they come back into the meeting. Next is Robert Sanchez. Representative Sanchez.

REP. SANCHEZ (24TH): Hello.

SENATOR MOORE (22ND): How are you?

REP. SANCHEZ (24TH): Good. Good afternoon. Good afternoon, Chair Abercrombie, Chair Moore, Ranking Member Senator Berthel, and Representative Case, and Committee members. Thank you for giving me an

opportunity to speak today in regards to SB 912. Some of you may know that I myself ran a fatherhood program in the City of New Britain for almost nineteen years. I did that at the very beginning on my own, voluntarily for almost ten years because there was such a need in the City of New Britain.

And, you know, I've been listening to the commissioner. Commissioner Dorantes from DCF has been doing an outstanding job. I agree that DCF has done quite a bit -- has come quite a bit a long way when it comes to fatherhood. I was -- I had the opportunity to work with her FELT team in New Britain. We actually did -- when I was doing this work, we had a number of events with the Dads Matter Too group. And most of them were social workers from DCF that provided some supplies to the event. And I mean they were just outstanding groups and teams from DCF that really were supportive.

But you know -- and I also agree with the commissioner from DSS, Doctor Gifford, you know, they do have a council, a group now that is doing the work. And it's inclusive with the Office of Early Childhood, and many other agencies within the state. But I think, you know, the funding is just not there. And I'll tell you this, in the nineteen years that I ran the program in the City of New Britain, we did not get a dime in state funding.

We did it because I had multiple hats within that agency. I was the social service manager. And so, I decided that I would take some of my time to run a fatherhood program because there was such a need within that agency. We served 450 families in that agency, and I would get referrals from DCF and from the court system. Dads that would come into my groups and I would serve anywhere between -- our smallest group would be five dads. Our largest group would be thirty. And I saw myself for many years also supplying the food in the evenings when we did the evening meetings.

And I would run up a hefty bill on my own. But I would pay for it because I knew that some of these dads would come out of work and go straight into the meetings. And you needed to feed them. And sometimes they would have children that came along. And we would provide -- we would get volunteer teachers from within that organization that would come in and help with babysitting services.

But we definitely, definitely need this funding. And I you know, and I had requested three million. But I'll be honest with you, it's much more than that. Much more than that is needed. And you know I was listening to Mr. Judkins, who mentioned the amount of dollars that they presently have right now. Which is like $310,000 that they budget within DSS. And they currently have six programs, six sites. But they used to have much more sites than that.

And the funding, if I'm not mistaken, used to be in the millions. And as you can see, it's a lot less today. This is such an important program, particularly when you're trying to bring these fathers together. Many of them that were coming from being incarcerated and were looking for jobs and were looking for an opportunity to be with their children. And I did that for nineteen years.

I provided them with that. An opportunity to get involved in their child's education. I had collaborations with the school system in New Britain. I had a collaboration with DCF. Collaborations with all other agencies. And we got no state funding in order to do this work. But then of course, you just can't continue if you don't get the funding, and so the program ended about a year ago. And it's sad because it ran for almost nineteen years within that agency.

And it's my understanding in our city there's only one other site that provides this. And it is a nonprofit from Waterbury that provides a meeting

within the local YMCA. And again, probably with very little funding as well and piggybacking on you know services with DCF and with the DSS. So, I think there's an opportunity here to get more of these programs opened.

I would suggest not only to give DSS a little more funding in order for them to open more sites. But I would also suggest to have grants that could be provided to these nonprofit agencies where they could apply through a RFP and run a program to help some of these fathers and be inclusive too. Because when I was running the program, I also included the mothers. I would talk to the mothers and say, what is it that you -- how can you come back together? And not all the time were they're gonna get back together. Sometimes these were families that were split up, but I would say to these families, okay, remember you have a child here. We have to concentrate on the child.

You may hate each other. You know, and that's what happens sometimes. Mother and dad didn't get along. They were divorced or separated. They hated each other. But I would always focus back to the child. We need to do our best for this child. They need a good education. They need a healthy environment. So, you need to come together with some rules on how you'd move forward with the life of this child. And we would work things out. And so, you know I think providing these nonprofits, and even opening it up to local schools.

I'm pretty sure there are high schools out there with teenage dads that would love to get a grant and run a fatherhood program within their schools as well. So, you know, I think three million dollars is asking at the low end. I think this -- we need a lot more than three million, but I think that's a start. And I'm hoping that this Committee will really consider this, and, you know, I'm hoping that we can have this discussion with the Governor. And let him know how important these programs are.

And like Commissioner Dorantes alluded to, their programs are running very well and they're very inclusive. But they just don't have the funding as well, and this would support that. Providing some extra grants with some extra funds, we can have more of these sites and more of these centers open throughout the whole State of Connecticut. I'm open to any questions.

SENATOR MOORE (22ND): Thank you, Representative Sanchez. I just want to say, I applaud you for putting this out here to do it. I understand even under the umbrella of two-gen, you know, when we talk about working with families, fathers are always an afterthought. But through two-gen we're bringing in all of those parents. The father and the mother and whoever, maybe the custodial parent. So, I really do appreciate you doing this.

I did ask the commissioner is there a way of bridging these two together, so it's not something and it compliments what they're already doing. And she's gonna send us something so we could see that we're covering everything that you're asking for along with what already is existing. So, I'll look at both of those. But thank you. I see Representative Abercrombie. You have a question?

REP. ABERCROMBIE (83RD): Yup. Thank you, Madam Chair. Good afternoon, Representative. It's so nice to have you here. And thank you for your work on this really important initiative. I've been around since the Fatherhood Initiative started years ago. So, I know firsthand how important it is. I guess my question to you is, reading through the initiative -- the legislation in the bill. I'm wondering why you want to change the system as it is. And why you want to transfer over to OEC.

I will say personally I have some real concerns about that. I think that OEC is already overwhelmed. And they don't have the staff that

they probably need to be able to do that as effectively. As you can see, they did not testify on this Bill. So, that tells me right there that they have some hesitate -- I'm sorry. I'm on two Zooms, I'm not a pro. That shows me that they have some hesitation also about transitioning it this way.

I also would like you to take a look at what the DSS is gonna send us about the working group they already have the advisory group and what you're recommending to see if perhaps we just merge some of your members, that perhaps are on the acting Advisory Council at this point.

REP. SANCHEZ (24TH): Thank you.

REP. ABERCROMBIE (83RD): So, rather than leaving that to the OAC, that would be great.

REP. SANCHEZ (24TH): Thank you. Thank you, Madam Chair. Yes, definitely. Look, I heard what the commissioner put forward. And I also did some research about their recommendations. And I think -- they've always been on the right track. The issue here is that in the years past there's less and less in regards to fatherhood. And it's because of the funding issue. And I definitely see that you know they're down to six sites now. Who's to say within a years' time, they'll be down to three sites. And then eventually it just fades away.

And that's my concern. And I think that if we have ample enough funding, we can also have this grant program where we can have other agencies, nonprofits.

You know, we have many nonprofit agencies throughout the State of Connecticut. That could use some of this funding to run their own small Fatherhood Initiative program within their sites. And particularly -- and I mentioned OEC's because the program I ran was within a nonprofit organization

that provided head start, daycare, and toddler services.

So, what I did, I worked together with the social workers within those departments. And was able to bring dads into the fold and families and work with them. And -- but we did it with no funding. You know, we weren't getting any funds from the state. It was through the generosity of that director of that organization that would allow me to put on an extra hat, so that I could run this program for five hours a week.

But the need was there. The need was definitely there. And the other thing too, which I neglected to bring up, is that when these fathers go to family court, the family court system is really not very nice to many of these fathers. And I have seen where I will go into a family court with these dads. And if you're a mother, you can go into the court and immediately there are advocates within that family court that can approach you. And say, hey, what's your name? You know, how can we refer you?

If you're a father, you don't have that service. And that's the truth. Because I've been going to these family courts with these dads for years. And I notice that they just don't have that support system. So, I was able to talk to some dads. And even talk to them about basic things about how they were dressed. I recall seeing dads coming in with their pants down to their ankles, and I would say to those dads, I would pull them to the side. And say, you know, you're going to go in front of a judge looking like that. No, you can't do that. Pull those pants up. And when you go in front of a judge put on a decent shirt.

You know, these are things that dads, these fathers need guidance. And -- but there's no advocacy really out there to provide that guidance. So, I think that if we can provide some grants to these nonprofits, you can probably get people that can

provide these fathers guidance's when they're also going into family court to try to get joint custody or to have even the opportunity to see their children.

Because so many of these fathers that I talk to provide -- pay child support, but don't even get the opportunity to see their kids, which is it's very sad. So, you know I'm really looking at the funding aspect to this. I'm okay with what DSS and DCF is doing at the -- currently. I think we can expand it. But I don't think they're telling you a hundred percent that they really do need the funding. And I'm sure they do need the funding.

REP. ABERCROMBIE (83RD): And I'm not gonna disagree with you there. I would love to work on this with you. Especially trying to get it through Appropriation. You know we have -- the only thing I will disagree with. I think there's a lot more organizations out there that are doing this work, that are not getting the credit for it.

So, for example Family Resource Center do a portion of the Fatherhood Initiative. They're not getting any credit or any extra dollars to do that. You know, they're doing it within their budget.

So, I think that if we're going to look at this system and figure out how to change it. I think we really need to sit down and do a chart of who's actually doing this. And then figure out from there how we can disperse grants so that's it's fair across the system. You know, to make sure that everybody that has a piece of this can expand on what they're doing. So, I agree with you. And I thank you for coming and testifying. And you're really knowledge on this particular program. Thank you, Ma'am.

SENATOR MOORE (22ND): You're welcome. Representative Sanchez, you know, you mentioned grants for some of the other people that are doing

that. And the figure that Tony gave was so low. It was under $350,000 that you're really looking at three million. There might be a need to do both. To do what they want to do. Right? And continue to fund the way they fund. And maybe a little bit more. And then also -- and bring some other people, engage some other people in this process.

I've actually seen you at work 'cause I've seen a couple of gentlemen out that you're mentoring to programs and to events to expose them. Right. And they come with a suit on and a shirt, and a, you know, ready to write something down. So, I seen you actually doing that work. So, I support you in this. I just want to make sure -- I've just been appointed to be the Co-Chair of the Fatherhood Initiative.

I want to make sure that we're working together. And Representative, former Representative Pat Wilson-Phineas. This goes back to when she was a Commissioner, right. And so, she would like to be engaged also. So, I think we'll have a sidebar conversation. And try to figure out how we pull this off, and then if Representative Abercrombie is the cheerleader getting us the money, we're all set. So, thank you. Representative Case, you'd like to say something. Or ask a question.

REP. CASE (63RD): Thank you, Madam Chair. I don't think Representative Abercrombie actually heard that comment. But we will.

SENATOR MOORE (22ND): Oh, I think she did.

REP. CASE (63RD): We get that.

SENATOR MOORE (22ND): She hears everything.

[Laughter]

REP. CASE (63RD): So, welcome Representative Sanchez. Hey, you know, I appreciate you coming

forward and talking with this. And I know Cathy had -- Representative Abercrombie had mentioned it and I was going to mention it too. But I know that Family Resource Centers really get involved with the Fatherhood Initiative up here in the northwest corner. And that you know, that's early childhood. But also, we have church groups up in this area that also do fatherhood meetings and things like that.

So, I think there's some things outside the box. My concern, and you've probably heard me speaking to the commissioner on this, is, you know, the big lift of the dollars, you know. And as I always say, you know, the dollars -- the dollars need to be there, but the people come before projects.

This is something that really will help the fatherhood, and that is helping fatherhood out there. I agree with you. I've been an observer in the court systems to where I've seen, you know, how they work with one side compared to the other. And it's all about education. It's all about teaching and showing. You know, trust me this fatherhood thing isn't that hard. But it can be a little bit tiring. But you know, we all get there in our different ways. And I appreciate you bringing this forward.

I really you know we've all got to put our hats on and figure out if we're going to move forward. Which is still the most likely, move forward. Where the heavy lift of the dollars are coming from, it's putting this into the Governor's office to say, come on this is something people really, really, need. And we're not putting the dollars there. It's not in your budget. Help us find a way to you know to put it there.

Obviously, he has initiatives that the legislature is not gonna a hundred percent agree with. And you know, we have to work with our Appropriations people to make sure that you know Human Services, which is probably one of the biggest Committees in their side

asking for money. Well, it's not only asking for money, it's taking care of people's lives. So, I appreciate you coming forward Representative Sanchez. And you know I'll keep working with Senator Moore and with Representative Abercrombie on this because I think, as I stated before, it has long term effects for what you do today. So, thank you.

REP. SANCHEZ (24TH): Thank you. Thank you, Representative. I just wanted to mention to the Head Start Program. When they do a PRI at the end of the year for their budgets. There's a question always within their budget about fatherhood. The problem is the federal government is not buying it. So, through the head start program, they're not funding fatherhood anymore. But they have the expectations that those programs do something in regards to fatherhood.

And again, this is where I came in this particular program because I was wearing so many different hats where they had an opportunity -- we had an opportunity to run the program. But again, no funding.

So, I used to depend a lot on raising funds on my own. Or using my own funds in order to supply food for these fathers. The agency would help too, as much as they can. And I was grateful for that. But there is a need. And we really need to find the funding if we're going to, like you said Representative Case, it's about education. It's so, so, important.

REP. CASE (63RD): And I think that's where Office of Early Childhood has helped because through birth to three or cradle to classroom, it's where they've brought in young families and young fathers and young mothers. And they've actually done some programs to help teach them. I know up in the northwest corner we have -- we've taught them. And we've had people reach out where we actually have

mini food banks set up in these steel cabinets at different places throughout the northwest corner. To where you don't have to be ashamed and go to a food bank, you just go up to it and grab it. And the community goes and fuels it for them. So, I appreciate everything you're doing. Appreciate you coming forward.

REP. SANCHEZ (24TH): Thank you.

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

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you, Bobby for your testimony. And wow, I did not know you were basically doing this for 19 years. I love the concept of really leveraging the nonprofits and the infrastructure that we already have, and really amplifying this work. But also, really fully funding those pilot sites and funding the expansion. Because we shouldn’t have to rely on the good will of directors like yourself to, you know, make a good will fundraising effort or putting in your own funds.

The first -- the first rule of social work, right, is meeting people where they're at, right. So, when you talk about recognizing the legal services has excluded fathers, when you start recognizing really systemically. How would you say that this program is really trying to modernize a really outdated concept of delinquent fathers or something? How would you describe that we're really trying to modernize systemic exclusion from full participation in children's lives?

REP. SANCHEZ (24TH): Well, again, it's what Representative Case alluded to about educating fathers. If you have fathers that come out from incarceration and/or have had this court battle with their significant other. And they have no knowledge whatsoever about what their next steps should be. How can they still be involved in their child's

education? Or how can they still be involved in their child's life?

If there are no advocates out there that can help them, then they're lost. And I think that you know DCF, through their FELT Program and many other programs that they're running. And their social workers, they been also, you know, doing u professional development with their social workers in regards to fatherhood and how to be able to approach dads, I think they're there. They're doing a good -- the good work. But again, I think they're being very modest when it comes to the funding. They know very well that they can use the extra dollars.

And they can expand these programs. That these programs have, like I stated earlier, you know, they only have six sites now. But I can guarantee you ten years ago they probably had fourteen or fifteen sites.

REP. HUGHES (135TH): Wow.

REP. SANCHEZ (24TH): So, we -- you know, we can't continue down that road. You know, who's to say if we don't provide the dollars in the next two years that two years from now, we're here again and they report that they're down to $150,000 that they use on two sites.

I mean, we don't know that. But if we -- but the problem is that they're bleeding. And we need to stop that bleeding. And that is that they need the funding. And opening it up to other nonprofits and even to local board events where they can do an RFP and run their own little program even in a high school because how many teen fathers do we have out there? So, I think that's important. And that's the way we should go. We're supposed to be here, you know, I'm in the human services field. And I love it because I'm there for the people.

I want to be there even more. But we know, we all know that when you don't have the funding there are certain things you just can't do. And I think that at this point, we really need to consider putting some more dollars into these programs and to see how we can expand it. So, I'm just giving an example of how we can expand it.

And you know the courts. I don't know if you have been to any family courts as of late. But it's, you know, very intimidating to some of these young fathers. Very intimidating. I took a father there last year, who was only nineteen years old. He actively kept on going to the bathroom. And when he came out, I said, are you okay? He says, "I'm so nervous and I don't know how to -- I don't know what to do. You're telling me how to dress. You're telling me what to say." And I told him, "Don't worry. If the judge allows me to stand next to you" -- Because that's another issue too. Sometimes the judges don't allow you to talk if you're there as their mentor.

Sometimes they tell you to sit down and observe. But there have been some judges that have been very polite and allowed me to stand beside them. So, I can mentor them. and guess what? When you mentor them, they become good members of society. I can tell you right now I had one dad in particular who is right now a councilman in the City of New Britain.
REP. HUGHES (135TH): Wow.

REP. SANCHEZ (24TH): He's a councilman. I got him involved in politics. And he's a councilman. And he's back with his family with his three children. Purchased a home. I mean -- and guess what? He was incarcerated for six years for drug use. I mean, think about that. These programs can come a long way. A long, long way. But without educating and without the funds, we're still gonna have those cracks. And we're gonna still have people fall through them.

REP. HUGHES (135TH): Right. So, I'm gonna just recommend like Co-Chairwomen Moore and Abercrombie said, that we'll figure out a way to combine the existing infrastructure and your recommendations in your bill to really hone in on the need and champion that. And figure out a way to you know put this Bill forward without duplication. So, thank you.

REP. SANCHEZ (24TH): Thank you.

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

REP. WOOD (141ST): Thank you. Thank you, Madam Chair, and wow, Representative Sanchez. We've never served on a Committee together and I am moved to tears by listening to you. Your courage, you're compelling, well, these families and these men have been very lucky to have you by their side. And I agree, I think partnering with the nonprofit providers is a good way to go. We do need to fund this. There is absolutely -- these young men have an entire life -- they have entire lives ahead of them. And we need to support that for them. So, thank you again for your testimony. It was really lovely, lovely to hear you speak.

REP. SANCHEZ (24TH): Thank you.

SENATOR MOORE (22ND): Seeing no other questions. Thank you.

REP. WOOD (141ST): Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you so much for coming in. And we'll be talking more. I appreciate it.

REP. SANCHEZ (24TH): Thank you, so much.

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

REP. SANCHEZ (24TH): Have a good day.

SENATOR MOORE (22ND): You also. Let's see, so, now it's the public. And I believe it is Sarah Joyce.

SARAH JOYCE: Hello. Hold on.

SENATOR MOORE (22ND): Good afternoon.

SARAH JOYCE: Yeah, I'm trying to get this all started here. Okay. Good afternoon Senator Moore. Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Services Committee. My name is Sarah Joyce. I am a clinician working with family centers in Greenwich. And I want to thank you for the opportunity to provide testimony in support of SB 6472, AN ACT CONCERNING TELEHEALTH. Which would allow providers to receive payment for telehealth services as they do for in person services over the next two years.

It also allows for the provision of audio only telehealth services. And I just wanted to put into the light some highlights that from my experience in telehealth over the past almost year, with just some feedback from clients that I received recently. If we didn't have telehealth services, you know, they'd really be struggling with their anxiety and their depression at this point.

In particular with audio only telehealth. I have one individual who is homeless, and he doesn't -- his only access is a phone. He doesn't have services and providers that can have, you know, video conferences and things like that. So, he's really been able to continue services through phone.
And some other highlights from clients that I've been working with throughout this in their struggle. A lot of them don't have transportation to get to my office or childcare. One particular client, I'm thinking has three young elementary students -- school-age students. And, you know, she can't with them being remote, she can't get into the office to

have services. So, she's able to continue the consistency of our sessions from home. And whether if her internet is working correctly or not, doesn't -- you know we, could still do telephone calls. Which has been very beneficial for her.

And I also have some other situations where I've had clients graduated high school this summer. And went off to college and just helping through that transition because we can continue with telehealth has really helped decrease their anxiety during the transition and all the various college new life with the COVID pandemic and being isolated and things like that. So, that's allowed me to continue with services with them.

And right before this meeting occurred, I was processing with one of my clients about her experience with telehealth currently, and you know what she thinks of it. And you know, her direct quote was she said, "If I wasn't able to do telehealth sessions, I'd be losing my mind even more than I am." You know so, this consistency has really helped me continue the work that I need.

So, those are some really the key points that I've had. My no-show rate has decreased significantly because they don't have to worry about getting to the office, whether it's because they don't have transportation or childcare. And also, a lot of, you know, people are anxious and don't want to be out in public in close quarters with others. Which is totally understandable. And so, those are some really, you know some real-life examples that I have. So, hopefully that can help going forward and continuing with the funding that's needed.

So, as a result of that, you know, I really urge you to pass an Act concerning telehealth. Because it continues to pay for the telehealth at the same rate as in person visits. And allow services to be delivered from any setting.

HELEN FERGUSON-HULL: Excuse me?

SARAH JOYCE: Yes.

HELEN FERGUSON-HULL: Your three minutes are up. Can you please summarize?

SARAH JOYCE: Oh, sorry. Yeah.

HELEN FERGUSON-HULL: No, no worries. Thank you.

SARAH JOYCE: Yes. So, in general, I just really think that it has been a huge benefit with telehealth and continuing of care. Especially when people's anxiety is heightened with the pandemic and everything. It just continues to provide support. Thank you.

SENATOR MOORE (22ND): Thank you, Ms. Joyce. I appreciate you taking the time to speak to us today. Are there any questions? I don't see any. All right then. So, thank you very much. Next is Sarah Eagan. Are you here?

SARAH EAGAN: Good afternoon, Senator Moore, Representative Abercrombie.

SENATOR MOORE (22ND): Good afternoon.

SARAH EAGAN: I'm so sorry that I missed my turn.

SENATOR MOORE (22ND): No, it's not necessary. We're just working through everything. It's fine.

SARAH EAGAN: Multitasking. Multitasking today. I appreciate very much being before the Committee today. And I wanted to offer testimony on behalf of a few bills. The first being Senate Bills 910 and 911. Which are both Acts that will help, which are both Acts expanding coverage for postpartum care and prenatal care. OCA strongly supports these bills that will help improve birth outcomes for children

and improve health equity in the state while also helping to reduce preventable child fatalities.

The OCA for those that don't know, is an independent state agency charged with reviewing and reporting to the public and the legislature regarding the efficacy of publicly funded services for vulnerable children, both at the state and local level. The OCA is also a by statute a permanent member of the state's Child Fatality Review Panel and its current Co-Chair. And it is in that capacity also, that I speak on behalf of these bills.

Every year the largest cohort of children that die for preventable reasons in the State of Connecticut are babies and usually infants. Typically, between the age of two months and four months. Every single year, we lose a -- in terms of numbers, what we describe as a future kindergarten class of babies, for reasons that are preventable.

Most of these deaths are not due to abuse or neglect. They're due to what's called Sudden Unexplained Infant Death. And often correspond to babies that are sleeping in an environment that is not considered optimally safe by the American Cabinet of Pediatrics. These sudden unexplained infant deaths, infants that are most at risk for these sudden deaths are often babies that have lacked adequate prenatal care that are born at lower birth rate, that may be exposed to other stressors in the home.

We know that children of color are much more likely to die from Sudden Unexplained Infant Death than white children. And while Connecticut has a lower infant mortality rate than many states, that is only because we have a very low infant mortality rate for white children. That is not the case for black children.

Black children and Hispanic children die in the State of Connecticut at a rate that is higher than

national average. And one of the significant recommendations made by the CDC and the Mayo Clinic and others is the provision of prenatal, postpartum care to parents and babies as a key health measure. To not only promote better maternal mortality rates and health but also to prevent child fatality rates.

Connecticut despite so many initiatives to support infants has not brought that number down of babies that die for preventable reasons. Not since I've been the Child Advocate, this is my eight-year doing this. Not since I've Chaired the Child Fatality Review Panel, and not since we've been publishing reports on how many infants die, we have not seen a statistically significant reduction in that number ever.

So, we have to do more. We have to do more to improve maternal health and infant health. And improve health equity for these families. In our testimony we also offer -- I also wanted to point out that it's critical to ensure that undocumented pregnant women have access to prenatal and postpartum care.

Babies who mothers who lack that care are much more at risk for having an infant with complications, a pre-term infant, a low-birth-rate infant. The monies expended to support prenatal and postpartum care for undocumented moms can more than be made up for by the cost saved from improving health outcomes.

In our written testimony we include a number of recommendations. Some of which exceed the scope of the jurisdiction of this Committee. But that are urging the legislators to take a very strategic look at how the state supports pregnant women, and babies' birth to five.

You know, our state is home to a lot of wonderful innovations around home visiting and Child First. But we do not have in the State of Connecticut a

strategic plan, a strategic multi-agency plan with specific outcomes that we hope to achieve for women and fathers, which we've heard a lot about today, which is terrific in infants' birth to five. Our Medicaid state plan does not yet include coverage for a range of services for infants through age five. Most of the intensive home-based services that Medicaid covers are for children beginning at age six.

That's something we can change. And I know that DSS is looking at that right now. Instead of having our hardworking folks in the community, our families struggling to access services that work but we don’t have at the scale we need. We can change that, and make sure that every -- that every infant has home visiting support, every infant has access to healthcare, and that we retain those services through age five.

These are some of the least expensive services we can provide. Connecticut should have a strategic multi-agency plan for ensuring robust continuum of healthcare and supports for pregnant women and children through a -- minimally through age five. And the specific recommendations around that are contained in our written testimony.

I also wanted to offer test -- and let me just say, sorry, one more thing on that. Is that this is so true during COVID and post-COVID. Connecticut has 36,000 babies born every year. A year of shutdown, we've had thousands and thousands of babies born. So, many that struggle with hunger. Mothers that struggle with access to diapers, and healthcare, and postpartum care, and formula.

I mean, how many parents report food insecurity. These numbers are just going up. It is so urgent that we address that right down, and that every state agency serving vulnerable people can report out to the legislature on what their specific

initiatives are to support pregnant women, infants, and young children during and post-COVID.

The other bill I wanted to testify on has to do with telehealth. Which I know folks will hear a lot about today. And we really appreciated the strong support on that from Commissioner Gifford. Telehealth is essential, right. I think we've learned so much about teleworking and telehealth, and how people access services. I wanted to just take a moment to talk about how our children are faring because -- I'm just gonna take a second here. I'm sorry. Our children are not okay. Many, many, children are struggling, their families are struggling. I'm sorry. I'm a little overcome all of a sudden, unexpectedly.

SENATOR MOORE (22ND): Sarah?

SARAH EAGAN: Yes?

REP. ABERCROMBIE (83RD): Sarah, that's why I love you as our healthcare advocate, our child advocate. 'Cause you care so much about this. And I know that we've had a working group since COVID of last year that's been working on this issue. I know that we're still at a place where a lot of our young people are in really desperate need of help. And I know that we talked about and you weren't part of this, but we are talking about how do we with dollars -- and you know I'm on a [prop] So, we're talking from a [prop], you know, how are getting our agencies to talk to each other. And to make sure that the screening that needs to be done in schools as ours schools open is gonna be there.

So, you're absolutely right. The other piece of it, you and I both know we don't have enough child psychologists, psychiatrists out there to help. And families are in desperate, desperate need. So, take all the time you need because your expertise is what we need on this Committee. So, take your time.

SARAH EAGAN: Well, thank you for that save, Representative Abercrombie. Sometimes it's just a professional hazard. And today was a day putting out a lot of fires. You know, the Office of the Child Advocate, nobody calls the office to say, here's what's going right for my child, here are all the reasons we don’t need help today. You know people call us, we're often the last stop on the train for them and they are desperate for help.

And often have lost confidence in the capacity of the system to help them parent their child in safe ways. You know, we've heard from our colleagues at CCMC, the Connecticut Children's Medical Center, who has moved in universal suicide screening for all children that enter the emergency department for any reason, broken arm, suspicion of appendicitis. Everyone age ten above now gets a suicide screen.

And what they've seen over the last year and a half, by November of 2020, and they've screened 97% of all children that have come into that emergency department since, I want to say probably 2019. And by November 2020, 24% of children entering their emergency departments screened positive on suicidality screens, 24%. That is a shocking and alarming number.

The office of a Child Advocate, as I said before, Co-Chairs the state's Child Fatality Review Panel. And our office in conjunction with the panel and other partners around the state, issued a public health alert in November of this year, of this past year. After a spate of five youth suicides, apparent suicides, in a five-week period of time this fall.

Connecticut, like other states, has seen a decrease in age in which children attempt and die by suicide. And suicide is now the second leading cause of death for children beginning at age ten. Preventable cause of death for children beginning at age ten. Connecticut has done a lot of great things to

improve our mental health delivery system over the last decade. But the need out there is so urgent. The telehealth bill is an incredibly important adjunct to healthcare. It absolutely has to stay.

Particularly adolescents find it much easier to engage with telehealth. And families who have children who have significant disabilities rely on that telehealth as a lifeline, literally, for these parents to survive at the level of crisis that they're in.

Our written testimony also provides a series of -- a series of recommendations that go beyond the scope of the bill itself. Because we get asked by legislators so often, you know, what are things we can do right now to address the crisis that our children and our families are in. And so, I listed out a handful of ideas in our testimony. Including increasing access to care coordination for families whose children are in hospitals. Or who present to emergency departments with acute mental health needs.

Families need that care coordination support so badly. They cannot fend for themselves. Work with our provider network and state agencies to increase access to in-patient hospital beds. Including those that have been utilized at a lower rate due to COVID-19 precautions.

Number three, increase connections for pediatricians to the state's Access Mental Health Psychiatric Consultation Program. Which has seen a 40% increase in volume during COVID, but still is not connected to large swaths of our pediatric offices around the state. And we must ensure that that program, which is state funded, has adequate funding and capacity, to meet demand, consultation demand.

Four, increase resource support for our nonprofit providers who are delivering essential in home and clinic-based services for our most vulnerable

children and families. And ensure, and this has changed since I wrote this testimony, in home providers for people with disabilities are adequately prioritized for vaccination.

Five, ensure that schools are providing and have the needed resources to provide meaningful educational access. Including safe in person learning opportunities for our most vulnerable and high need students. As recent data, sought by the Office of the Child Advocate, shows that one-third to more than half of children with certain disabilities have been chronically absent from school during the pandemic. Leaving children and families isolated and in greater crisis.

Six, support use of federal education stimulus dollars to enable school districts to partner with community provider agencies that can assist with mental health screening, supporting and case management, for higher need children and families.

And seven, provide direct support for the state Suicide Prevention Board, and its new five-year plan to prevent suicide across the lifespan. And ensure that every community has access to evidence-based suicide prevention training. Connecticut's, I throw in there the Connecticut's Suicide Prevent Advisory Board does not receive a separate line item in the budget. It relies on federal grant funding for its initiatives. So, I include those in there for your convenience and review. I apologize for my momentary lack of composure, and that concludes my testimony.

SENATOR MOORE (22ND): Sarah, there is no need for you to apologize. As Cathy said, Representative Abercrombie said earlier, we know who you are. We know how much you care. And you know, there's so many things that are impacting our children and it's so overwhelming, especially when you do it every single day. You know, you're not in and out of it. It is your life. You see it. And you're seeing

stuff that we don't even see, you know, and witnessing. And so, you know, we salute you, and thank you for the work that you do. And never feel like you need to apologize for the feelings that you have for our children. I see Representative Simmons you have your hand up.

REP. SIMMONS (144TH): Thank you, Madam Chair. And thank you so much --

SENATOR MOORE (22ND): Representative Simmons, you're muted.

REP. SIMMONS (144TH): I'm so sorry. Thank you, so much Madam Chair.

SENATOR MOORE (22ND): Are you doing more than one meeting?

REP. SIMMONS (144TH): Sorry about that. I'm Co-Chairing Congress at the same time. And just thank you so much for that. I want to thank you so much Sarah for your testimony today. And just for being such a staunch advocate for children and for health equity in our state. And I thought you made, you know, so many good points in your testimony. And you wanted to follow up on the unjust disparity that you highlighted in terms of infant mortality rates for non-white children. And just the completely unjust disparities we see in the higher infant mortality rate for children of color. And you noted in your testimony about the importance of safe sleep practices and home visiting programs, which I completely agree with. And I wanted to get your perspective on the Safe Sleep Program that the state has implemented through DPH and DCF.

And whether you think, I know we've made a lot of progress but obviously still so much work to do there in terms of avoiding these preventable deaths. So, I wanted to see if you thought there was anything, we could do to enhance that program. And then also appreciated you mentioning the ability to

capture some federal funds to enhance the Home Visiting Program, which we know was -- been really effective. And wanted to see if you had any insights there in terms of you know how we could capture those federal funds and ensure that they're being distributed in an equitable manner in our state.

SARAH EAGAN: Yes, oh, thank you for those questions. I just want to make sure I don't forget any of them. Home visiting, what was -- I'm sorry what was the first? You went through three really good questions. What was the first one?

REP. SIMMONS (144TH): Sorry. And sorry for the multiple. The first one was about just the importance of safe sleep practices and how you think our current state Sleep Program is being in the state and anything we can do to enhance that.

SARAH EAGAN: Yeah, so, there's been a tremendous multi-agency effort by OCA, you know, DCF, DPH, for several years now to increase awareness around safe sleep practices. Which do correspond to -- unsafe sleep practices correspond to almost all of the untimely infant deaths between two months and four months of age that the state sees.

Unfortunately, despite the really strong work that the agencies have committed to over the years, as I said on testimony, we have not seen a reduction in those numbers. Right. We do continue to also learn from just a medical and public health perspective, what are the other contributing risk factors for sudden unexplained infant death.

As we talked about, low birth weight, less prenatal care. When we look at -- I mean just to break down some of the numbers. From 2000 findings and reports on the OCA website, in 2019 there were 21 infant -- 21 deaths mostly of infants that the medical examiner concluded were undetermined. Those are usually the babies who die between two and five

months of age. Of those infants, the majority of those infants, just to give you a health equity point, were Black and Hispanic. The majority of them were.

Eight of those infants were black and six -- four of those infants were Hispanic, two of the infants were bi-racial, and then only a few of the infants were white. Right. So, we see that year in and year out that racial disparity. In -- across almost all manner of death, preventable death for children. I think one of the things that we need to think about is how do we improve those outcomes. Home visiting is an important component, safe sleep messaging is an important component. But we have to get at those other risk factors, which is improving healthcare. Improving access to prenatal care. You know many -- When we -- OCA is the only entity that is able to investigate the circumstances leading to an unexpected child death. The medical examiner also had made substantial strides in being able to do scene investigation after a child dies.

Based on that totality of information, we know that almost every unexpected child death there are multiple other stressors going go in the family. Including housing insecurity, food insecurity. Housing insecurity is a big one. Right. That's one of the more expensive interventions to address as opposed to home visiting and healthcare for this population.

But we need to, and in some of our recommendations, we speak to this. We need to look at how our state Medicaid plan can support more services, prenatally, postpartum, and infant that first year of life. For parents who are also struggling with some of these others stressors, I'll give you two quick examples.

Connecticut has two innovative or promising programs. One called Family Based Recovery, which is a two-gen program for parents who are struggling with substance use disorder and also have a very

young child. Could be infant, substance exposed infant. And we have a program called Child First. Which is one of the only two gen clinical programs in the state that serves parents who have a very young child.

These programs do not -- are not currently Medicaid funded. Right. So, when you look at what at are the intensive parent/child programs that Medicaid funds. Again, as I said in my testimony, those programs typically start at age six. Well, why? We can change that. Right.

And make more of a drawdown and maximize our federal dollars, in an interagency strategic manner. DCF, DPH, OEC, and DSS, coordinating how are drawing down those dollars to maximize service delivery for this population. And then I hope that we start to see a reduction in child fatality and improvement in some of these other outcomes that you're talking about.

REP. SIMMONS (144TH): Thank you so much for that answer. And so, appreciate your -- all your work on this to tackle this health inequities and your points about the importance of better prenatal care and Medicaid coverage postpartum 'cause we know how linked maternal health is to these child outcomes. And also, your point about tackling the social determinacies of health and housing insecurity and food security.

So, thank you, so much for all of your work. And want to thank you, Madam Chair and Madam Co-Chair for raising these important bills because we know that, you know, if we can improve maternal mental health and lift up, you know, mothers, we can lift up whole families. So, thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you. Let me see if there are any more questions. Comments. I don't see anyone. Did I miss anybody? Sarah, thank you very much for your sharing today.

And you know, I'm going to wait until the end of this hearing to hear about what's going on in the way of maternal health. I know there's some other people who are going to speak. I would like to hear what the plans are to get something started as soon as possible in the way of maternal health. I know I heard that there are plans. But I don't really know if things have gotten started or if they've launched anything. So, thank you. All right, so our next person is, Elisabeth Giles.

ELISABETH GILES: Yes, hi.

SENATOR MOORE (22ND): Hi, Elisabeth.

ELISABETH GILES: Okay. Good afternoon Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Services Committee. As stated, my name is Elisabeth Giles. I am a clinical social worker with Family Centers in Stamford.

First, I would like to take the opportunity to thank you for speaking in front of you for support of the House Bill 6472, AN ACT CONCERNING TELEHEALTH. Which would allow providers to receive reimbursement for telehealth services as they do for in person services for the next two years.

This also allows for the provision of audio only telehealth services. We know that telehealth allows for patients to meet with their providers without exposure risk for patients and staff. Patients do not have to endure heightened anxiety of waiting rooms, crowds, or public transportation in order to meet with their provider.

They do not have the added stress of taking time off of work or finding childcare. Offering telehealth has eliminated these barriers for low income and rural patients, who may also be navigating the added task of being the teacher to school-age children who may be engaged in remote learning. Telehealth

increases the opportunity for patients to remain involved in care.

Audio only or telephonic telehealth, has allowed for patients to interact with their provider if they do not have access to video capable devices, are not comfortable with it and it does not require them to learn something new. Telehealth improves access to services for patients who face obstacles such as mobility issues, lack of transportation or childcare. HB 6472 allows for reimbursement of telephonic telehealth thereby meeting the needs of all of our clients. Especially for our more at-risk populations.

So, I'd like to share a little bit about a client that I currently am treating. She's a single mother. Her child is engaged in remote learning due to COVID concerns. He's got some respiratory issues. She has little resources, no transportation. While her child is participating in the virtual classroom, she's able to participate in her therapy at the same time. So, telehealth has really afforded her this opportunity to receive care in an environment that she's comfortable in without adding those extra stressors or barriers. She stated on many occasions that she appreciates that she's able to do this. She said, you know, she looks forward to this. And this is something that she doesn’t have to add to her day.

Telehealth has increased our patient engagement, access to care, while decreasing no-show rates, and exposure risks, which are so important. I believe that we all can agree that caring for our communities is our highest priority. So, passing HB 6472 would allow us to continue to provide services virtually to the Medicaid population for the next two years as we continue to navigate these unprecedented times. Thank you.

REP. ABERCROMBIE (83RD): Thank you for your testimony. We do appreciate it. Question from colleague. Representative Simmons.

REP. SIMMONS (144TH): Thank you, Madam Chair, and thank you so much Elisabeth for your testimony today. And just want to thank you for all you do at family centers.

ELISABETH GILES: Thank you.

REP. SIMMONS (144TH): Yeah, and thank you so much for all you do at family centers in Stamford. Your work is instrumental, and especially right now during this difficult time. And yeah, just wanted to say thank you, and also ask a question. You know, you make a really good point about, you know, extending telehealth services. And how helpful and beneficial, you know, that is for mothers. You know, especially with, you know, barriers to accessing transportation to get to the office.

And it's great to hear that you've had a, you know, decreased no-show rate too. And I'm wondering if you know, there's obviously so many benefits to continuing telehealth beyond the pandemic. But also, to the importance of, you know, decreasing feelings of social isolation. Do you think it's important moving forward to, you know, try to have that mix of you know in person support, you know, with the extended support of telehealth benefits? Or do you think you know both of them, or either of them are sufficient?

ELISABETH GILES: I think -- I think it's important to have a mix. But I'm really concerned with where we are with COVID and where my own patients' anxieties are. So, at this time, offering that continued telehealth option is really beneficial. Especially as we know like, not only do we have barriers to care. So, we have childcare issues, transportation issues, it could be financial, having to take time off of work.

But our parents who have kids at home right now. We don't know how long this is gonna last. And their own anxieties and own health risks or concerns of those health risks, offering that telehealth, especially for that 8:00 o'clock slot. Like hey, I can put my kids to bed and still meet with my therapist at 8:00 o'clock at night. That’s amazing. People show up for that. And then they get the care that they deserve at the right time in the right space. And so, I think that above everything is the most important piece of this.

REP. SIMMONS (144TH): Absolutely. That's such a great point. And you know, just one follow up question to that is, I know I heard from some constituents who, you know, with the digital divide and struggle to access, you know, technology equipment and to get access to Wi-Fi. Have you experienced any disruptions with that? Anything we could be doing to better support access to telehealth services via technology.

ELISABETH GILES: So, that's a really great question. I've had some, you know, concerns. And I think that is not unlike a lot of colleagues that I have in other parts of the country. Because we're all on the internet right now, and that takes up bandwidth and such. I think the biggest concern that I would have is making sure that our patients all have devices that they need.

So, do they have phones? Do they have minutes on their phones? How can we help make sure that they have everything that they need in order to access all the care in a way that is consistent with being, you know, socially, responsible, social distancing, not adding anymore of the barriers? So, if we can get a phone and minutes on everybody's -- in everybody's house, that would be awesome. Because I think sometimes that's what keeps people out. They don't have the minutes on their phone.

REP. SIMMONS (144TH): Got it. That's so helpful. And you know, look forward to working with you. And thanks again for all you do at family centers. Thank you, Madam.

REP. ABERCROMBIE (83RD): Thank you, so much. Thank you, Elisabeth, for coming and testifying today and sharing your expertise.

ELISABETH GILES: Thank you for having me.

REP. ABERCROMBIE (83RD): Okay, our next is, Representative Jillian Gilchrest. Hi, Jillian.

REP. GILCHREST (18TH): Hi, how are you? Good afternoon Representative Garibay, Representative Abercrombie and Senator Moore, and Members of the Human Services Committee. I'm joined by Representative Cristin McCarthy-Vahey, and Representative Kara Rochelle had to hop off. So, she isn't joining us but is also in support of Senate Bill 910, which would expand extend postpartum care through Medicaid for women to 12 months.

I have the honor of serving as Co-Chair on the Women and Children's subcommittee of the Medical Assistance Policy Oversight Committee. Thank you, Representative Abercrombie. And over the summer we held a working group on maternity postpartum and well-baby care during COVID-19. And one of the recommendations that rose to the top of that working group was to expand Medicaid beyond 60 days to one year because this is an emerging key strategy to address maternity mortality.

And as we just heard from our amazing Child Advocate Sarah Eagan, Connecticut has some extreme maternal mortality rates in the state. In Connecticut, black women are more than three times as likely to die from pregnancy related causes than white women.

And so, I think many of us are aware that postpartum care has gone beyond the traditional physical care that a woman might need just six or eight weeks postpartum. When we think about well-rounded postpartum care, we're thinking about mental health. We're thinking about access to family planning. And we're thinking about chronic health conditions, such as hypertension and diabetes.

So, Senate Bill 910 would align what we currently cover in terms of infant care under Medicaid with maternal care. And so, you heard from our DSS Commissioner that they understand Senate Bill 910. They understand the concept and are looking at how many women this would impact. And so, I would request that you move this Bill forward as we get that information. With that, I'm going to turn it over to my good colleague Representative McCarthy-Vahey.

REPRESENTATIVE MCCARTHY VAHEY (133RD): Thank you so much, Representative Garibay, Chairs, Abercrombie and Moore, and Ranking Members Berthel and Case. It's a pleasure to be here and really to be the chorus with Representative Gilchrest. And joining my fellow -- my colleague and fellow social worker in supporting Senate Bill 910.

Many of the things that I have to say are very similar and just underscoring. But just highlighting a CDC study that found that 12% of postpartum deaths occur past the sixth week check-up.

Again, as Representative Gilchrest said with Black, Native American, and Latinx women are dying at disproportionally higher rates. In 2019, 44% of Connecticut births were financed by Medicaid according to Kaiser Family Foundation, right in line with the U.S. average. I'm not certain what percentage of those new moms are eligible for other coverage. But this Bill will assure that 100% of those new mothers receive the coverage and support

that they need for themselves. So, that they in turn can care for their child.

Medical and socioemotional needs of the postpartum period are varied. And again, as Representative Gilchrest said, mental health screening, lactation consultation, and family planning, are all important parts of that post year period. If we're successful in expanding coverage we need to be sure that we're covering those evidence-based practices that Representative Gilchrest mentioned.

I don't know about other fellow parents on this Zoom and listening out there. But becoming a new parent, for me, was quite the learning experience. And it certainly continues to be every day. If we can provide these new moms the care, coverage and support that they need, it will help save lives and improve outcomes for mothers and children. And I said earlier in a text, everything that Sarah Eagan said as well, I would be remiss in not just also expressing support for 6472. And letting you know that as Co-Chair of Fairfield Cares Community Coalition, what Sarah talked about in terms of some of the suicide prevention work is critical. And to let you know that as the Children's Committee and Public Health Committee are also talking about some of those issues. So, I look forward to working together, and thank you so much for the time to be here with you today.

REP. GARIBAY (60TH): Thank you, Representative Gilchrest, and Representative McCarthy. Those numbers are outstanding and not in a good way. So, thank you for bringing that forward. Chair Abercrombie, do you have a question?

REP. ABERCROMBIE (83RD): I just wanted to take the opportunity to really recognize, especially Representative Gilchrest, you know, when I asked her to be the Co-Chair of the woman and children subcommittee in [Napal]. I -- she far exceeded my expectations. This young woman has done some

phenomenal work on that group. She does have a really great Co-Chair. And Amy Gagliardi, I have to give her kudos. I've worked with Amy for many years, but Jillian stepped right in and just took the ball and ran, and that's why we're sitting here today with many initiatives around women's health, women postpartum, you know, just all of that fits together in this one box. So, I just want to take this opportunity to publicly thank her, and for her constituents to know how hard she works on their behalf.

And Representative McCarthy Vahey, you know, she has always been a strong advocate for anything that has to do with women. But, especially, you know, as a mom she understands the challenges. So, I thank you for taking time out of your busy day to also be here and testify. You know, it's important for people out there to understand that when we put policies forward, it's not that we do it in a vacuum, you know, we meet with our constituents, we meet with the advocates. And Jillian worked a long time on this proposal, so I just want to say thank you. Thank you, Madam Chair.

REP. GILCHREST (18TH): Thank you, Representative Abercrombie.

REP. GARIBAY (60TH): Thank you. Are there any other questions or comments? See none. Thank you so much for coming today.

HEATHER FERGUSON-HULL: [crosstalk] Representative. Simmons.

REP. GARIBAY (60TH): Oh, I'm sorry. I didn't see it.

REP. ABERCROMBIE (83RD): No problem.

REP. GARIBAY (60TH): Yeah, go ahead.

REP. SIMMONS (144TH): No worries.

REP. GARIBAY (60TH): Representative Simmons.

REP. SIMMONS (144TH): No worries. Thank you so much, Madam Chair, and just wanted to echo the sentiments of Madame Co-Chair Abercrombie and just want to thank Representative Gilchrist and Representative McCarthy Vahey for all of your leadership and for championing this critical bill. And I thought, you know, both of you presented such a important case for how critical it is for mothers and babies to providing this postpartum support, and we know that that postpartum period is so vital to the, you know, both physical and mental health recovery for mothers.

And Representative McCarty Vahey, your statistics, you know, were so illuminating about how Medicare covers 45% of all births and, you know, how oftentimes negative consequences can happen after that initial 60-day period, which Medicaid currently covers and that's why, you know, ACOG and a number of states are taking this measure to recommend the full year postpartum coverage. And we also know that a number of cases of postpartum depression aren't even diagnosed till after that period. And if that goes untreated, there can be negative consequences for mothers and babies in having that disruption in care. So just want to thank you so much for your advocacy for this and for all your leadership on this issue. Thank you, Madam Chair.

REP. GARIBAY (60TH): Thank you, Representative Simmons.

REPRESENTATIVE MCCARTHY VAHEY (133RD): Representative, may I just respond to what Representative Simmons had to say?

REP. GARIBAY (60TH): Please go ahead.

REPRESENTATIVE MCCARTHY VAHEY (133RD): I just want to thank you for highlighting what you did

representative Simmons about the fact that many cases of postpartum depression are not diagnosed until later. We know, you know, 30 to 50% of new moms who experienced postpartum depression, it can last for up to a year. And I wanted to just bring in the way that all the work that we do, and multiple committees is connected I Chair -- Co-Chair planning and development, and Sarah Eagan mentioned housing insecurity as one of the risk factors for these moms. So, it's all tied together the work that we do, so thank you for highlighting that.

REP. GARIBAY (60TH): Thank you, Representative McCarthy. Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair and just wanted to echo my colleague's sentiments. I really loved all the statistics that you brought to the table. I mean, I know as a woman who had a lot of support from National Health Service and my children's first year of life, how important the outcomes it made, and it also helped with, you know, the breastfeeding. It helped me with when I was feeling those baby blues early on, and having that support made such a difference in me becoming a better mom. And I really believe that, you know, if we want to invest in our children, this is a great place to do it. And so, I am so glad to work with such a great group of women on this bill and thank you for your testimony today. Thank you.

REPRESENTATIVE MCCARTHY VAHEY (133RD): Thank you.

REP. GARIBAY (60TH): Thank you, Representative Dathan. Is there anyone else that has a question or a comment? Okay, thank you Representative Gilchrist and Representative McCarthy.

REP. GILCHREST (18TH): Thank you for the opportunity.

REPRESENTATIVE MCCARTHY VAHEY (133RD): Thank you.

REP. GARIBAY (60TH): Lauren Young is up next, is Lauren here? Okay, we're gonna move on. Peter Tuccitto?

PETER TUCCITTO: Tuccitto.

REP. GARIBAY (60TH): Thank you. Welcome

PETER TUCCITTO: Thank you. Good afternoon Senator Moore, Representative Abercrombie, and distinguished Members of the Human Services Committee. My name is Peter Tuccitto. I am a registered voter in the town of East Hartford. I'm here to testify regarding HP 6472, AN ACT CONCERNING TELEHEALTH.

I have been suffering for over 20 years with a severe chronic mental illness that is bipolar disorder. Telehealth services, such as appointments with my primary care doctor, my psychologist, my psychiatrist, and various Zoom group therapies are provided for me through Hartford Healthcare InterCommunity, Common Ground, and the IOL teaching hospital.

Telehealth has been and is currently important to me during this worldwide pandemic. I suffer with multiple co-morbidities, diabetes, obesity, high blood pressure, and high cholesterol. I did not and still do not feel safe entering a waiting room with other people who could potentially be carriers of the virus, yet they remain asymptomatic.

Another major benefit of telehealth has been the ability to not waste productive time during the day driving to an appointment, waiting in a waiting room, and then making the return trip home or back to an office after a doctor's visit. During the years prior to Coronavirus when I did not have access to telehealth services, I missed many crucial health behavioral health appointments. I would often be stuck at home with debilitating depression room, ruminating on suicide, and with a lack of daily hygiene, which made me feel too demoralized to

even see a behavioral health service provider in person. If I had telehealth services back then, I believe the quality of my life would have been much better.

While that might be a subjective statement, I do know how telehealth has made all my health care needs more accessible now. I don't want to lose that. I ask you to please expand it -- extend it. Thank you for listening to my testimony today.

REP. GARIBAY (60TH): Thank you so much, Mr. Tuccitto for your -- sharing your journey with us and your experience with the telehealth. Does anyone have any questions or comments? Representative Hughes.

REP. HUGHES (135TH): Well, thank you, Madam Chair, and thank you, Peter, for your testimony. It was really illuminating. Can you tell me and my colleagues when you talked about before telehealth was available how consistent would you have been able to be with your appointments and services?

PETER TUCCITTO: Yeah, I would miss appointments because, you know, I just felt like I didn't want to sit in the waiting room. I would have generalized anxiety and just be shaking and, you know, not want to see people watching me, you know, in that state. And yeah, I didn't have transportation at one time, so I was walking there, and it was in the winter and I just didn't even feel like I could.

And one of the places I was going, InterCommunity, you would have to get a walk-in appointment, so you would have to sit in the waiting room for a medication appointment until you are seen. It could be all day in that waiting room, and it was just like a terrible experience that, you know, you wouldn't even want to do it. So, you skipped the appointment and then you're without your medication. Yeah, I ended up in the hospital many times because of that.

I think, you know, if I had telehealth, it would have just helped. You know, they call you up, you pick up the phone, or you know, it pops up on Zoom and you're connected. You know.

REP. HUGHES (135TH): So, since you've had telehealth opportunity, how many times have you been hospitalized.

PETER TUCCITTO: I haven't been. I haven't been hospitalized in the last two years.

REP. HUGHES (135TH): And what percentage of your appointments have you missed since you've had access to telehealth?

PETER TUCCITTO: I haven't missed any.

REP. HUGHES (135TH): Wow, that's powerful testimony, and I'm sure you're not alone.

PETER TUCCITTO: Yeah, they call me up. I pick up the phone and they say hello, and then we have our -- it's either Zoom or we have it over the phone. And it's been great, it really has.

REP. HUGHES (135TH): And Have you had any drop in your medication, you know, access, basically?

PETER TUCCITTO: On, no, no.

REP. HUGHES (135TH): Great. Thank you so much for your testimony and for showing up today, I really appreciate it. Thank you, Madam Chair.

REP. GARIBAY (60TH): Thank you, are there any other questions? I don't see any. Again, thank you for coming and testifying, and it's good to hear that you are doing better with the telehealth, and that's a good thing.

PETER TUCCITTO: Thank you, Representative.

REP. GARIBAY (60TH): Thank you, and I'm going to pass it over to Senator Moore now who's back with us. Senator Moore.

SENATOR MOORE (22ND): Thank you, Representative Garibay, I appreciate you stepping in for me. I really do. I just wanted to say something on the telehealth that I had just learned on Sunday. A friend of mine who hates going to the doctors, who never has anything wrong when they go but says she panics in the parking lot all the time when she goes is doing telehealth, she loves it. She loves it. So, there's these other pieces of it that we never even see or talk about, and I said, "Really, did something happen?" She said, "No, you know, when I get to that building, I'm just like I don't know what it is that I panic." And she said but I've been doing telehealth.

So that's another one of the benefits that as a emotional piece of it also is some people may experience. So, thank you, thank you for that testimony. Next is Tanja Larsen? You have to unmute Tanja. Is it Tanja?

TANJA LARSEN: Yeah, it's Tanja.

SENATOR MOORE (22ND): Tanja.

TANJA LARSEN: Yeah. Good afternoon, Senator Moore. Representative Abercrombie, Representative Case and Members of the Human Service Committee. My name is Tanja Larsen. I'm a licensed clinical social worker. I represent Community Child Guidance Clinic in Manchester. We provide a large range of mental health services to children in our community.

I want to thank you for the opportunity to provide testimony to support House Bill 6472, AN ACT CONCERNING TELEHEALTH. Which would provide -- allow providers to receive payment for telehealth services as they do as in-person services for the next two

years. It also allows for telehealth services -- audio only services.

Since COVID-19 hit, mental health services have been imperative to the functioning of our children and families. The ability to bill Medicaid for telehealth has provided people a chance to talk to their providers without risk of exposure to both clients and staff, as well as eliminate many barriers to access and care.

As someone trained to provide therapy, I initially was really hesitant to provide telehealth services in our system of care. Once the pandemic hit and Connecticut's Medicaid program authorized telehealth, I had to get on board and really established a infrastructure to provide virtual care in a matter of a weekend. This included purchasing laptops, cameras, contracting, and training staff in HIPAA compliant software, virtual meeting platforms, implementing user friendly software to collect virtual signatures. In addition, we had to teach all our parents and clients how to manage this transition.

As a nonprofit provider, it was enormous unplanned expense, but it really has allowed us to continue to provide support to children and families who struggle every day. It's been almost a year later, and I truly have an understanding of the beneficial nature of telehealth in the behavioral health care system. Just like Peter said, it's really been a godsend for many of our families.

Since March until today, one of our departments, our outpatient department has provided over 5,300 units of therapy via telehealth, and almost 300 of them had been video phone call only. Comparatively, we delivered about 1,200 units of in-person services in the same timeframe. In total, this is over 6,800 services this last year. In the same timeframe last year, we delivered just under 600 units of therapy in person, so it's about 800 more units that

we provided this year. This is really clear that ongoing behavioral health services are needed for our children and families, these kinds of services.

Being able to provide virtual therapy has eliminated many barriers as others had spoke to. I think it's really important to understand how transportation, no gas money, unreliable non-emergency transport services, complicated schedules, could really be easily managed through virtual access. On top of the lack of -- on top of eliminating the worries about spread of illness. It's really amazing how supportive and productive tele-behavioral health care can be. In some cases --

HEATHER FERGUSON-HULL: Excuse me.

TANJA LARSERSON: Yep.

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

TANJA LARSEN: Okay, yeah. So, and in summary, what I'd like to say is, we would really urge you to continue to pay for telehealth at the same rate as in person visits, allow for telephone audio only sessions, and allow us to use HIPAA compliant tele-audio help forms.

SENATOR MOORE (22ND): Thank you for that testimony, and let's see if we have any questions for you. We don't, but would you tell me that figure again of number of people you've been able to serve. The telehealth.

TANJA LARSEN: Yeah. So, let me see, so from March 16, 2020 to today our outpatient department has provided 5,300 units of therapy via telehealth, and 300 of those units were audio only.

SENATOR MOORE (22ND): That's phenomenal.

TANJA LARSEN: Yeah.

SENATOR MOORE (22ND): Thank you so much.

TANJA LARSEN: You're welcome.

SENATOR MOORE (22ND): We need to do this again. All right, I don't have any questions for you, thank you for your testimony. Next is -- is Robert Ballough here? Okay, so it's Brunilda Ferraj.

BRUNILDA FERRAJ: Hello. Hi, good afternoon, Senator Moore.

SENATOR MOORE (22ND): How are you?

BRUNILDA FERRAJ: Representative Abercrombie, Senator Berthel. Good, thank you, and Representative Case and Members of the Human Services Committee.

My name is Brunilda Ferraj, and I'm the director of Policy Research at the Connecticut Community Nonprofit Alliance, we are the statewide association of Community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut to over half a million people in need. I'm here today to testify in support of House Bill 6472. The Bill would allow Community providers to receive Medicaid reimbursement for telehealth services at the same rate as they do for in person services, and it would also allow for audio only telehealth services.

Before the pandemic hit, Connecticut was the last day in the country to allow for telehealth Medicaid reimbursement. Providers that didn't have telehealth infrastructure in place had to quickly find new and innovative ways to engage people in need of services. And they responded by being fluid and flexible in the face of unprecedented times.

Like Tanja right before me mentioned, nonprofits essentially had to design a telehealth system

overnight and made major investments to their IT infrastructure and policies and procedures. And these investments have been made at an enormous expense, and much of it was unplanned. We urge the Committee to support House Bill 6472, which would honor these investments and allow providers to continue these essential services in a telehealth format.

For some families, telehealth -- the telehealth format would be the most effective way to deliver services. In speaking with our Members across the state, they've told us how their behavioral health systems have grown and help more people in this new format in specific communities where people have access to technology. As you heard from others before me today, telehealth has reduced barriers to care for people who struggle with a wide range of issues such as transportation, childcare, scheduling issues, and concerns around COVID-19.

It's also helped reduce barriers to care for people who struggle with social anxiety as these folks are more comfortable and less threatened by the idea of remote services. Providers have continuously told us how telehealth seems to have improved attendance, it's reduced no-show rates, and it's eliminated commute time for their clients.

In addition, that House Bill 6472, allows providers to continue to allow for audio only telehealth services, so by phone. And this is really important to ensuring access to care for people who don't have access to technology for video conferencing. The bill would also let providers use any HIPAA compliant platform, and this is important because these provisions allow providers to meet clients where they are on platforms and with systems that they're comfortable using and knowledgeably using.

And above all, telehealth allows for client choice. So, providers are telling us that as they plan for the future of service delivery, parents and families

have continuously expressed to them that they'd like to continue to have a choice on how they receive services. Providers need to be able to meet clients where they are.

They have the ability to offer clients right now a choice by the method and means which they prefer to receive services, depending on how comfortable clients are; on site, face to face, virtual, telehealth services from home, or audio only. These are all options right now. This choice has long been available for Connecticut residents with commercial insurance, but House Bill 6472 would ensure that these options are also available to people whose who are covered by Medicaid. I also want to take a minute if I still have one.

HEATHER FERGUSON-HULL: Excuse me. I'm so sorry. You're three minutes are up. Please summarize. Okay, thank you.

BRUNILDA FERRAJ: Sure, no problem, I just wanted to speak, if I may, very, very briefly, on House Bill 6470, which would also allow for the provision of telehealth services, but we believe it does not go far enough. And that it does not provide audio only services, so we respectfully request that the language be amended to allow for audio only services. If you -- if the Committee decides to move forward with 6470, we also respectfully request that the language regarding rate parity for telehealth and in person services be added to 6470 if it does move forward. Thank you for your time.

SENATOR MOORE (22ND): Brunilda, thank you for that. Is that in your written testimony? The last part.

BRUNILDA FERRAJ: It is. There are -- there are more details. I summarized my written testimony. There's more detail in there.

SENATOR MOORE (22ND): All right, I see representative Abercrombie's hands up.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Thank you, Brunilda, for all your hard work. I just want to make it clear to everybody that's on this Zoom or who's watching. The challenge we have with the law to go, is that, currently, it looks like the feds are not gonna allow it, and they're not gonna pay for it. So, we can't offer it if we're not gonna get reimbursed from the fed. So, we're trying very hard, we're hopeful that they'll change that decision. But you know at this point we really -- we have to be in compliance with federal law. Nobody's saying that it's not worthy to have it, but if we're not gonna get reimbursed for it, my understanding is even if we picked it up as a state, we couldn't do that either.

So, there's some challenges with it, but we're hoping that the feds will do the right thing, thank you, Madam Chair.

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

REP. CASE (63RD): Thank you at the last minute Brunilda. I just want to thank you for coming forward, you know, not sending Ben, but anyways.

BRUNILDA FERRAJ: Thank you.

REP. CASE (63RD): It's an interesting topic that we're gonna be, you know, debating back and forth, and looking at, and you know, I want to look at how telehealth is build out, as far as you know, if it's 10-minute visit, is it billed out as visit. You know, somehow, this has really helped people during the pandemic and, you know, I'm thinking of other nonprofits and some of the agencies for mental health really didn't think of you guys as in this neighborhood of doing this. But, you know, it does make sense 'cause that's where a lot of the mental health and those issues come on out in terms of the nonprofits. You know, the different facilities that

help people throughout Connecticut that's non-medical, but it is, you know, sociological and it does help. But thank you for coming forward.

BRUNILDA FERRAJ: Thank you.

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

SENATOR MOORE (22ND): You're welcome. I don't see anyone else's hands up. So, thank you, Brunilda. Take care.

BRUNILDA FERRAJ: Have a good afternoon.

SENATOR MOORE (22ND): You too. Next is Emma Valerio

EMMA VALERIO: Hello. Hi, Senator Moore, Representative Abercrombie, and all the Members of the Human Services Committee and a special greeting for representatives Simmons, Dathan, and Wood who represent our interests in Stamford and Norwalk.

My name is Emma Valerio. I'm a member of the mayor's youth leadership Council, which is a student activism organization at Stanford high school. I'm testifying in support of HP 6473, AN ACT EXPANDING THE DIAPER BANK TO INCLUDE FEMININE HYGIENE PRODUCTS.

I'm testifying on behalf of our sister program at the Center for youth leadership at Brian McMahon High School in Norwalk, and our allies at nine other high schools in the state. Since you have my written testimony, I will summarize my remarks. Like the Diaper Bank, our work focuses on a key element of period poverty, which is increasing access to period products for female bodied people. Yes, education and information sharing, including with boys, are important elements of our work in schools, but increased access to pads and tampons so students don't have to miss class time is our top priority.

The Diaper Bank as an important access point for period products was evident last year when it provided products to 91 people a month. According to Diaper Bank staff, it could have served more people if it had more products, which HP 6473 would address. Yes, HP 6473 does not include an allocation from the state general fund or specifics about funding for period products beyond 2022, but we understand that staff from the Diaper Bank will discuss the financial impact of the bill with members of this Committee. Given those discussions and the bank's ability to provide these services, we support the concept of the bill, which would support the Diaper Bank as an access point for menstrual health for those who are balancing multiple family needs that have been complicated by the financial fallout from COVID-19.

Finally, we believe the distribution of diapers and period products go hand in hand, both address health and hygiene issues, both are consistent with basic human rights, and both acknowledge and support a person's dignity. Thanks so much for the opportunity to testify.

SENATOR MOORE (22ND): You did an excellent job.

EMMA VALERIO: Thank you.

SENATOR MOORE (22ND): These Representatives all want to praise you. I know they do. Representative Simmons.

REP. SIMMONS (144TH): Thank you, Madam Chair, and I want to echo your sentiments. Emma, you did a fantastic job. That was one of the best testimonies I've heard. You're such a pro at this. I know one day we're gonna see you in one of these legislative seats, and that just want to thank you so much for your testimony, your advocacy, and I know you've really been a leader at Stamford High School, and on the Mayor's Youth Leadership Council

on this. So, thanks for all your good work. Thank you, Madam Chair.

EMMA VALERIO: Thank you.

SENATOR MOORE (22ND): Really nice job, Emma. Whose district are you in? Which House Representative has to watch out for you or melding you to get there?

EMMA VALERIO: I believe it's Representative Simmons, so.

SENATOR MOORE (22ND): All right, you have some work to do there. Congratulations. Very, very nice. Very nice. Thank you. I don't see any questions for you.

EMMA VALERIO: Thank you very much.

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

REP. MASTROFRANCESCO (80TH): Thank you, Madam, Chair. I'm sorry. I put my hand up last minute and I had a quick question. Emma, thank you so much for your testimony today. Just a quick question regarding school, does your school supply feminine hygiene products to the students in your school?

EMMA VALERIO: So, there are options for students at our school. If they do need these products, the nurse's office has them. But our main focus is, you know, we don't want students to have to miss class time because they need a pad or a tampon. So, if you've seen Stamford high school, I don't know if you have, it is huge. It will take you a good three minutes of back and forth to get to the nurse's office, and that's just, you know, it's unnecessary. So, what we're trying to do -- MYLC has done what we call Tampon Tuesday's. It is in the written testimony as well, where we provide menstrual products. We have had a lot of success with that. A lot of people -- you can tell there's a need for

it 'cause a lot of people come up to our table and take our products, and we also did agree with a earlier kind of movement to provide those products in bathrooms at schools, so we've been doing a lot of work with providing them in a more accessible rate than just having them in the nurse's office.

REP. MASTROFRANCESCO (80TH): So, your school doesn't have them in the bathrooms currently?

EMMA VALERIO: Not right now. No.

REP. MASTROFRANCESCO (80TH): They do not. And then when you do that, you said it's done every Tuesday you display them out at a table, or how does that work?

EMMA VALERIO: Yeah, so on our Tampon Tuesdays, we have MYLC members. MYLC is the Mayor Youth Leadership Council. We have a table where we have all kinds of products, and we have MYLC members staffing that table. We go up to people, ask them if they need anything. People will come to us and take things. And again, we've had great success, a lot. You can tell there's a need for it. And yeah, we --

REP. MASTROFRANCESCO (80TH): Yeah.

EMMA VALERIO: Just MYLC members staffing it.

REP. MASTROFRANCESCO (80TH): Okay. Thank you. Yeah, I know sometimes you can -- going to the -- obviously, the nurse's office sometimes can be a pain, but there's probably many times you have to because you just forgot to bring supplies with you, and things do happen. But thank you for everything that you're doing. And I appreciate your testimony today. Thanks. Thank you, Madam Chair.

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

EMMA VALERIO: Thank you.

SENATOR MOORE (22ND): Tampons Tuesday, you can tell there's a huge generation gap here [laughs] between you and Emma. But I salute you for your work. Emma, I was wondering who paid for the supplies?

EMMA VALERIO: So, do you mean like what? For a Tampon Tuesdays, like the ones we distributed?

SENATOR MOORE (22ND): Yes.

EMMA VALERIO: That came out of our yearly budget as an organization, from the Mayor's Youth Leadership Council. We paid for those as -- from our budget -- from our yearly budget to provide the students at the school with them.

SENATOR MOORE (22ND): Well, I salute you all for the work you're doing and being supportive for the other students. Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair. And thank you, Emma, for your testimony. Quick question. Do you know any schools that do a whole -- have pads and tampons in the bathrooms, the women's bathrooms?

EMMA VALERIO: I mean, me personally, not that I know of. I know my old middle school, Rippowam Middle School, had these little dispenser things, but I personally -- first off, you had to pay for it. And second, I don't think they were functional. Like they were in the bathrooms, but I don't think they were stocked. So, I think even if, you know, you wanted to, I don't think that would have really been an option for you. So, no.

REP. WOOD (141ST): Right. Thank you. And this legislation would allow -- I'm not sure exactly -- we've had so much on plates this session. I haven't read through what this legislation is asking. Can you just briefly bring me up to speed?

EMMA VALERIO: For sure. So, this Bill would allocate some to the Diaper Bank to provide these menstrual products. Like they provide diapers and other products like that. So, it's kind of adding on to what they do.

REP. WOOD (141ST): Great. So how it's -- how it's passed around the school is up to each individual school?

EMMA VALERIO: Yes.

REP. WOOD (141ST): Okay. 'Cause having raised teenagers -- and I had this conversation with a couple of advocates on this idea last year, I just had the envision -- you know, you know what teenagers do. And with all those things in the bathroom, it's -- they get creative in ways that we don't need them to be creative.

EMMA VALERIO: Right.

REP. WOOD (141ST): But I do support your advocacy, and I certainly applaud you. And we'll look further into this bill. Thank you. Thank you, Madam Chair.

EMMA VALERIO: Thank you.

SENATOR MOORE (22ND): You're welcome. I don't see any other hands up. So, I'm just gonna thank you, Emma, once again.

EMMA VALERIO: Thanks so much.

SENATOR MOORE (22ND): Continue your good work. Get in good trouble. Next is Sara LeMaster.

SARA LEMASTER: Hello, good afternoon. And Representative Abercrombie, Senator Moore, and distinguished Members of the Human Services Committee. I'd like to thank you very much for hosting this public hearing today and giving me the

opportunity to speak on -- in support of House Bill 6472.

Telehealth has been an absolutely critical component of delivering care at Connecticut community health centers. [Inaudible] mention the manager of government relations and public policy with the Community Health Center Association of Connecticut. This is -- I know that a lot of advocates have come forward today to speak about the merits of this Bill and allowing access to these services. I think this -- it's also important to emphasize that this is an important piece of legislation for enhancing access to health equity in our health centers.

Prior to the COVID-19 public health emergency, most of our health center patients did not have access to telehealth services. These patients often work in jobs in the service industry. They don't always have access to reliable transportation or reliable childcare. So, scheduling a doctor's appointment would sometimes require a lot of orchestration and planning. If a car broke down or if a childcare provider was unable to care for children, if they had to cover a shift at work, patients would have to reschedule or cancel appointments. There were also numerous other factors that affected a lot of our health center patients' ability to access care. Telehealth has been tremendous in overcoming a lot of these barriers. We've seen a decline in no-show rates. We've seen -- many providers have reported that they've seen an enhanced access to care and enhanced access to services.

Connecticut's Health Centers really prioritize public health and making healthcare as easy to access as possible. We allow patients to receive primary care, dental care, and behavioral health services all on the same day because we recognize that getting to a doctor's appointment is hard enough. And if we can allow people to access all of these services at the same time, it enhances our ability to deliver care to these populations.

We can -- CHCACT partnered with the UConn Health Center to conduct a study of the impact of telehealth on health center providers and patients. We only have preliminary data right now. However, in the data that we have, a majority of providers reported that health -- telehealth reduced missed appointments, as opposed to pre-pandemic numbers, made their practice of medicine better. There was an overall improvement in patient experience, and telehealth enhanced the continuity of care. Providers' surveyed also indicated that in a majority of cases, patients were able to use and access technology necessary for receiving services via telehealth.

While telehealth is not a perfect tool. While in many -- in some cases, there is a physical exam needed. It has been absolutely incredible in terms of allowing more patients to access care and do it more frequently. With -- through remote patient monitoring and other services, we've been able to deliver through our health -- through our health centers. We've been able to monitor patient conditions. A lot of our patients have hypertension and diabetes and other chronic conditions that if you only see your doctor once or twice a month, you can -- it's harder to manage that condition. However, increasing access to these services has allowed us to enhance care for many of these patients.

HEATHER FERGUSON-HULL: Excuse me.

SARA LEMASTER: Yeah.

HEATHER FERGUSON-HULL: Sorry, sorry, your three minutes are up. Can you please summarize?

SARA LEMASTER: Oh yes. Well, I just wanted to say thank you very much for hosting this public hearing and for allowing me to speak. I will take any questions.

SENATOR MOORE (22ND): Thank you, Sara. Let's see if we have some for you. I don't see anyone's hand up, so I will just thank you for your testimony.

SARA LEMASTER: Thank you.

SENATOR MOORE (22ND): So, we're going to go back up. We've missed a couple of people who we went by because we didn't see them, or they went on at that time. Elizabeth Fraser, are you here? Liz? Then we'll go to -- and if Liz comes out, I'll take her when she comes back on. Carrissa Phipps, are you here? All right, Carrissa, if you come back on, we will pick you back up. So, next I have Sabrina Trocchi.

SABRINA TROCCHI: Yes. Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Services Committee. My name is Sabrina Trocchi, and I'm the President CEO of Wheeler. Wheeler provides a comprehensive continuum of integrated primary care, mental health, and substance abuse recovery services, in addition to community justice, special education, child welfare, early childhood and prevention and wellness services to over 50,000 underserved and vulnerable children, families, and adults in communities across Connecticut.

As a federally qualified health center in Hartford, New Britain, Bristol, Plainville, and Waterbury. Wheeler serves some of the most vulnerable populations in our state, including individuals with serious and frequently co-occurring mental health substance use, and comorbid mental disorders. Thank you for the opportunity to provide testimony in support of House Bills 6472, AN ACT CONCERNING TELEHEALTH. Which would allow providers to receive payment for telehealth services as they do for in-person services in addition to providing for audio-only telehealth services.

Since the onset of COVID, having the ability to bill Medicaid for telehealth, including primary care and behavioral health services, has been a lifesaver for many of our patients. Wheeler has provided thousands of telehealth appointments since the beginning of the pandemic. We've helped patients manage aspects of their healthcare from chronic conditions like health disease -- heart disease and diabetes to behavioral health. Our patients have many complex needs. They face many barriers to healthcare access. The continued use of telehealth services beyond the pandemic must continue to be an option.

For our patients and families, the availability of telehealth services has increased their engagement in services and treatment. It has broken down the barriers like transportation, childcare, and more. We expect our patients will want to continue to have the choice to use telehealth services after the pandemic emergency ends. I urge you to pass Act concerning telehealth because it continues to pay for telehealth at the same rate as in-person visits. Payment should continue to be based on the treatment provided regardless of the modality, regardless if it's in-person, virtually, or via telephonic.

Providers, regardless of which modality is used, must adhere the same practice standards. We must be in compliance with HIPAA privacy issues. We must document in the medical record and use all billing documentation. We must provide all services that we would provide in person. Medical liability for telehealth is the same. Malpractice coverage for telehealth is the same as in-person. We have many patients who must be seen in person. This is based on the type of service they need, the risk level of the patient lab work, diagnostics, other services that patients need to come in. Because of this, we continue to maintain 100% of our office capabilities, and we need to.

The Act also would allow for telephonic audio-only sessions. Many of our patients do not have the broadband or smartphone access needed for telehealth virtual services. For these patients, having the ability to conduct a visit telephonically has allowed our patients to remain engaged in care. This is true, especially true among our urban patients and communities of color. Offering telehealth televisual-only services has the potential to reinforce and widen health disparities for many of our most vulnerable patients.

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

SABRINA TROCCHI: Okay. Just in summary, patient choice is very important, and we see it in our service delivery today. For primary care, as of last week, 88% of patients are in person, 11% are telephonic, 1% via tele-video. For psychiatric services, 28% of patients are presenting in person as of last week, 42% via tele-video, 30% via telephonic-only services. Client choice is very important. And it -- this offers us the opportunity to continue to offer patients a wide array of choices that best meets their health needs and eliminates barriers to the care they need. I thank you for the opportunity to speak.

SENATOR MOORE (22ND): Thank you, Sabrina, for your testimony. I think you make some good points that the option should be up to the person to be able to do what's best for them if they're able. Were you able to maintain those standards during COVID?

SABRINA TROCCHI: Yes, we were. So, our offices remained open throughout COVID, patients were given choice. We have patients who have presented in person throughout the pandemic. We have patients who were not comfortable. We had a patient who actually came into our Hartford location on Friday. And it was the first time this patient was presenting in person. And what this person -- what

this individual kept saying was, "I wanna see my provider face to face. I want my provider to see how well I'm doing." And just really wanting to get back. So it really varies across, but it is an individualized choice at this point. And we're giving patients that choice.

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

SABRINA TROCCHI: Thank you.

SENATOR MOORE (22ND): -- and the work you're doing.

SABRINA TROCCHI: Thank you.

SENATOR MOORE (22ND): You're welcome. Next is Liz Gustafson. Hi, Liz.

LIZ GUSTAFSON: Hi. Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and distinguished Members of the Human Services Committee, my name is Liz Gustafson, and I am the State Director of NARAL Pro-choice Connecticut. I am here to testify in strong support of SB 910, AN ACT EXPANDING MEDICAID COVERAGE FOR POST-PARTUM CARE TO TWELVE MONTHS AFTER A MEDICAID BENEFICIARY GIVES BIRTH TO A CHILD.

NARAL Pro-Choice Connecticut is an advocacy organization whose mission is to support access to the full range of reproductive healthcare services, and advocates to ensure that every individual, regardless of race, gender identity, sexuality, zip code, immigration, or economic status is able to access the reproductive healthcare they want and need. I also wanna note that I will be using the term "women and mothers" to describe people who are pregnant or recently experienced pregnancy, which aligns with language in the Social Security Act. But it's crucial to acknowledge that not all people who experienced pregnancy identify as women.

The CDC defines the postpartum period as extending through 12 months after the end of pregnancy. And data demonstrates that women who have recently given birth have health needs that continue throughout an infant's first year of life. Additionally, this will line coverage with that of infants born to women on Medicaid who are guaranteed coverage for the first year of their life.

While Medicaid pays for more than four in 10 births, and must cover pregnant women through 60 days postpartum, after that period, states can and have made very different choices regarding whether eligibility for Medicaid coverage is continued. As a result, many women in non-expansion states become uninsured after pregnancy-related coverage ends, 60 days postpartum. Because even though they are lower income, their income is still too high to qualify for Medicaid as parents and too low to qualify for marketplace subsidies.

Postpartum care encompasses a range of important needs, including recovery from childbirth, follow-up on pregnancy complications, management of chronic health conditions, and addressing mental health conditions.

Additionally, the United States is the only industrialized nation with a maternity -- maternal mortality rate that is on the rise, increasing 26% between 2000 and 2014. Continuous access to Medicaid is crucial to addressing our nation's rising rate of maternal mortality. As at least, one-third of maternal deaths occur in the postpartum period.

Identifying the causes of maternal mortality and morbidity is complex. And coverage is only one factor. But research indicates that access to healthcare throughout a woman's reproductive years, is essential to prevention, early detection and treatment of some of these conditions that place

women at a higher risk for pregnancy-related complications. Instituting a postpartum coverage extension would guarantee that women who have recently given birth have coverage for the full year and would eliminate the need for some women to try and transition to coverage on the market at a potentially vulnerable time in their life.

The COVID-19 pandemic has shown a harsh light on the existing inequities and the exacerbated barriers present within the context of our current healthcare system, as it is one built upon decades of systemic racism and inequity. Ensuring everyone has access to healthcare before, during, and post pregnancy is a critical step that will aid in improving health outcomes for mothers, for infants, and will help expand reproductive freedom and reproductive autonomy for all.

As we await action in Washington, particularly on the Black Maternal Health Momnibus Act of 2021, our state must take action to implement policy interventions that will aid in addressing the maternal mortality crisis and racial disparities in pregnancy outcomes. Connecticut mothers --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes -- excuse me, your three minutes are up. Can you please summarize?

LIZ GUSTAFSON: Yeah.

HEATHER FERGUSON-HULL: Thank you.

LIZ GUSTAFSON: Connecticut mothers can't wait. It is time to extend Medicaid coverage postpartum for all pregnant women, regardless of income, zip code, immigration, or socioeconomic status to 12 months. Thank you so much for your time and consideration.

SENATOR MOORE (22ND): Thank you. Let me just check. Representative Hughes, I see your hand up.

REP. HUGHES (135TH): Yes. Thank you, Madam Chair. Thank you so much, Liz, for your testimony. I'm so glad that you brought up the atrocious increase in maternal and infant mortality rate that -- you know, across the country. But how Connecticut is poised to really be a leader in removing -- well, exposing the barriers, but removing some of the barriers to access to care. I mean, I just thought, as you were testifying, about all the barriers new moms face and thinking about the testimony from so many of the public about the barriers to just getting basic mental health. And during this crisis, they have access to telehealth. It has removed so many of those barriers about getting out in the snow, getting, you know, to the car.

It's like what are the rates of actually accessing care when we remove some of those barriers? And Medicaid coverage to 12 months removes several barriers at once that contribute to just people not getting the care that they desperately need or may not even know that they need, right? But if they have continuation and access and trust with those providers -- and that's the other thing that we need to talk about is establishing that trust with providers, not starting afresh in some gap there that's not covered. But you know, going to the place where they've been trusting their healthcare too and continuing that healthcare. In whatever modality they can get it, right? So -- and if that saves a -- lives, then what you're talking about is a systemic exclusion that has been just baked into the norm here. And that's why we have rising, you know, infant mortality rates. So, I'd like to see us also expand to 12 months while we wait for the feds to do the right thing. So, let's have Connecticut lead. [chuckles]

LIZ GUSTAFSON: Yeah. I think you raised a great point that we are so well positioned to really follow in lockstep with the efforts happening at the federal level. We've always been a leader on, you know, protecting and expanding reproductive freedom.

And this is a great example and a crucial step we can take.

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

SENATOR MOORE (22ND): Thank you. I don't see anyone else's hands up. So, thank you, Liz. I appreciate your time and your testimony.

LIZ GUSTAFSON: Thank you so much. Take care.

SENATOR MOORE (22ND): Next is Susan Kelley.

SUSAN KELLEY: Good afternoon. Senator Moore, Representative Abercrombie, and Members of the Human Services Committee, my name is Susan Kelley. I am general counsel with Clifford Beers Guidance Clinic, Inc. Clifford Beers is a 501C3 non-profit providing behavioral health services to children and families in greater New Haven in Fairfield County and autism and related developmental services at our [Morne] Street Clinic in Hampton. Thank you for the opportunity to provide support of House Bill 6472 concerning telehealth and in support of House Bill 674, which would make permanent certain services related to home healthcare and telehealth services.

We absolutely support House Bill 6472 and its mandate that DSS provide reimbursement for audio-only telehealth services and telehealth services for two more years -- two -- the next two years. It has been a huge bright spot during the many bleak days of the COVID-19 public health crises. It is undeniable that telehealth works and has significant benefits. And you've heard from many of those how it works and the benefits today.

Clifford Beers knows of what we speak concerning telehealth. Our clinicians have provided over 37,000 telehealth outpatient behavioral health services since March 2020. Telehealth provides needed flexibility in the delivery of behavioral

health services. Flexibility and choice is essential in 2020. People's lives are complicated, and COVID made us more aware than ever of the stresses and complex problems facing families -- many vulnerable families.

You've heard about how telehealth removes barriers to care. And I would like to focus on one of the most important benefits of telehealth, which is improved client engagements in services during COVID-19 health -- during the health crisis due to telehealth. And it will continue to do so post COVID. Clifford Beers data shows that our cancellation no-show rates significantly dropped from 27% to 21% during July to December 2019 to the same period in 2020. We believe though that -- we believe that telehealth increases client engagement more though than just no-show rates.

For example, anecdotally, we are seeing more clients complete their program of services due to their ability to participate via telehealth. This is happening in evidence-based models, even though clinicians were worried about how treatment pacing would be impacted by telehealth. And there -- we have many examples of families having to take on second jobs. And it has made it too difficult to organize transportation and then continue treatment week after week in in-person sessions. So, it appears that telehealth is here to stay, but audio-only services must be continued as part of telehealth so that everyone has access to behavioral health services.

Clifford Beers provided approximately 11% of its telehealth services via audio only. This is a relatively small number. However, it represents populations that are very much in need of behavioral health and other services but are difficult to engage in services. Not everyone has access to video technology. And as you've heard today, there are many people who are uncomfortable with it. We need -- we need to make -- keep this benefit,

whether it -- the telehealth benefit, whether it occurs audio video, or audio only.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up, can you please summarize?

SUSAN KELLEY: Oh my gosh, I haven't even gotten to 6470. [laughs] Okay. 6470, I just want you -- just in summary, we fully support House Bill 6470. There are some issues with it because it doesn't cover telehealth -- audio-only telehealth, but it is -- has proved particularly beneficial for -- telehealth has proved particularly beneficial for adults and families receiving intellectual, and developmentally disabled and autism-related services. We've provided over 795 adults and their families with these types of services at our [Morne] street clinic. And this Bill would allow APRNs to order home health services. It would allow -- it would allow reimburse -- it would allow BCBAs, which are behavioral-certified behavioral health analyst to continue with their increased effectiveness of supervision by reducing travel time and missed appointments. So, in summary, please read my testimony. It's online for you. Thank you very much. I'd be happy to take any questions.

SENATOR MOORE (22ND): Thank you, Susan. I'm checking. I don't see any questions for you, Susan. So, thank you very much.

SUSAN KELLEY: Thank you.

SENATOR MOORE (22ND): Take care. Next is Doris Maldonado.

DORIS MALDONADO: Good afternoon. Senator Moore, Representative Abercrombie, and distinguished Members of the Human Services Committee. My name is Doris Maldonado. And I am a registered Latina voter in West Hartford. I'm here to testify regarding HB 6472 to expand telehealth for Medicaid beneficiaries indefinitely. As a statewide bilingual health

information specialist for Parent to Parent/Family Voices of Connecticut and National Family Voices, cultural responsiveness telehealth team, I offer more than professional experience. I am a person with disabilities, adoptive mother of 17-year-old twin boys with special needs and thriving toddler. We are consumers.

Between my children and I, we have over 15 physical and mental health disabilities resulting in being immunocompromised. Our family lost four matriarchs last year, including my mother. One of my sons survived 16 days with a false negative COVID diagnosis right after the world shut down, only to have my mother pass in April.

Telehealth has always been essential, but more so now. Health access is an essential human and civil rights. Our communities remain disparaged by health, housing, food education, and employment insecurities. Without health, the rest have become a pipe dream, further ostracizing our marginalized. My son and I suffer with very tangible fears of contamination and trauma daily. So, the health has decreased the overwhelming fear when it's not adding to anxiety because of lapsed internet bandwidth, adequate devices, and funding to maintain communication.

Our increased providers, educational, and family counseling along with access to peer and support groups, has helped band-aid our challenges as we hope for the sun to come out tomorrow, and the next, and beyond the 346 days we -- days when we were forgotten and remanded to isolation. As a guardian ad litem-certified health worker, youth mental health worker, a teacher and faith-based leader, I'm advocating -- I've advocated for our people throughout the lifespan and their civil rights in pursuit of happiness. It's health.

In the pursuit of equity, I offer Connecticut past 34 years of birth till 26, fathers, mothers, and

others centered support with a free nationally launched telehealth webinar series. Equity-centered telehealth empowers dignity when we know how we will participate in our care and decision-making. There is nothing about us without us.

Telehealth like COVID-19 vaccine, has been ordered and shipped, and awaiting consumption at a satellite near you, but delivery for many of us has been salt and walt. Please help me prevent baring our children or leaving them behind orphaned as I was. Will you put us all on the right path? Gracias. I have submitted my testimony and information for your review.

SENATOR MOORE (22ND): Thank you, Doris. I, first of all want to sincerely give you my sympathy for your loss --

DORIS MALDONADO: Thank you.

SENATOR MOORE (22ND): -- and for what your family has been going through, especially during this COVID pandemic where it's so hard. We're seeing so many people -- so many people leave us that we love unexpectedly, and not being able to give them the type of sendoff we would -- in order to memorialize them or say our goodbyes. So --

DORIS MALDONADO: I don't even know if my mother's in the casket that she was buried on. I never got to see that.

SENATOR MOORE (22ND): Yeah. So many people are going through that. So, you have my sincere sympathy.

DORIS MALDONADO: Thank you.

SENATOR MOORE (22ND): And I appreciate -- I appreciate you coming forth, giving your personal testimony of how this has impacted you personally,

but how the telehealth is impacting your family. So, thank you.

DORIS MALDONADO: Thank you.

SENATOR MOORE (22ND): I'm checking the next [inaudible] if there's any questions. And I don't have any for you. So, I just wanna say thank you.

DORIS MALDONADO: Thank you, everyone.

SENATOR MOORE (22ND): Take care.

DORIS MALDONADO: You too.

SENATOR MOORE (22ND): The next is Janine Fonfara.

DR. JANINE FONFARA: Thank you. Members of the Human Services Committee, my name is Dr. Janine Fonfara. And I'm the director of Behavioral Health Integration for Hartford Healthcare, HHC. And I'm here this afternoon to voice HHC's strong support for House Bill 6472, AN ACT CONCERNING TELEHEALTH. Just a year ago from today, I would not have imagined how our world, as we knew it then, would change so dramatically and that it would include the way in which we deliver healthcare.

In 2019 HHC, the second largest health system in the state, had 356 total telehealth visits for the year. In 2020, we had almost 420,000 visits. In March of last year, we had to make big changes in how we delivered care, and we had to do it overnight to make sure our patients had access to clinicians and treatment. In my work with our Behavioral Health Network, the state's largest provider of behavioral health treatment, the quick pivot to telehealth was really a lifesaver to our patients, and what is still a very difficult time for many people. I'd like to share with you some patient's stories so that the Committee has a greater understanding that telehealth continues to be key in delivering mental health services and that it transcends the pandemic.

Our first patient is a woman in her 60s with several health comorbidities, including chronic obstructive pulmonary disease, kidney disease, hypertension, as well as co-occurring depression and anxiety. The patient relies on medical transportation from the state to get to her in-person appointments. Prior to the pandemic, this patient was frequent -- was a frequent no-show for behavioral health appointments, primarily due to transportation issues. However, since the patient's mental health treatment went virtual, she has missed no appointments. We have also been able to have more options for her mental health treatment, particularly with psychiatry, and she now feels that she has acquired better coping skills and that she is supported in her treatment.

Our second patient is a woman in her 40s, married with two young children, presenting with significant anxiety. Her primary care physician started her on medication via a telehealth visit. And the embedded behavioral health clinician was able to see her for seven visits via telehealth. The patient expressed how helpful it was to be able to see the clinician virtually as her husband works, and she is the sole childcare provider. The patient said that she never would have been able to engage in therapy if it weren't for the virtual sessions. Her anxiety is in remission.

The clinicians I work with see huge benefits for our Medicaid patients, especially those who don't have internet access, transportation, or childcare. It seems to break down barriers for a population that already faces so many barriers. And it would be incredibly helpful to have the option for telehealth on an ongoing basis beyond even what this proposal is recommending. Telehealth has been revolutionary in our work in many ways. By meeting with the patient where they are, we have been able to engage in thoughtful and meaningful treatment, both short-term work and long-term treatment as needed.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. May you please summarize? Thank you.

DR. JANINE FONFARA: Thank you. By seeing our patients in their home environment, it has increased the clinician's knowledge of socio-economic concerns that may have not been available or shared in the past for the clinician. I urge -- I strongly urge your support for this Bill, and I'd be happy to respond to any questions. Thank you for your time.

SENATOR MOORE (22ND): Thank you. Let me check. I don't see any questions for you. So, I thank you for your testimony.

DR. JANINE FONFARA: Thank you, Senator Moore.

SENATOR MOORE (22ND): Next is Michael Patota.

MICHAEL PATOTA: Patota. Hi, my name is Michael Patota. And I'm the President CEO of the Child and Family Guidance Center. Our mission is to provide culturally sensitive mental health treatment and complementary supports to children and their families, regardless of their ability to pay. We provide mental health and substance abuse treatment and care management to almost 4,000 children in Greater Bridgeport and Greater Norwalk.

Some of our in-home therapy programs serve all of Fairfield County. Almost 90% of the children receiving treatment at our outpatient clinic have experienced trauma, physical abuse, or sexual abuse, witnessing community violence or domestic violence. Many have experienced more than one incidence. We provide proven evidence-based treatments to address the trauma so that children can heal.

The pandemic has had a profound impact on the mental health of children. There's an increase in the incidents of anxiety, depression, and suicidal ideation. Sadly, a number of young people in

Fairfield County have completed suicide. Many of these symptoms are due to the prolonged adverse social and economic impacts of physical distancing, quarantine, and isolation. Many of the child -- the clients of the Child and Family Guidance Center live at the margins, working in low-paying service industry jobs, in landscaping restaurants and cleaning and maintenance, all of which have experienced significant downturns, increasing family stress, and economic uncertainty.

Pivoting away from in-person therapy to telehealth in mid-March 2020 has allowed us to continue to provide desperately needed treatments for children and their families, helping to break down social -- social isolation and providing the emotional supports needed to maintain a sense of routine and predictability for children to feel safe and secure. In that time, we have successfully provided over 25,000 therapeutic sessions with improved attendance and no drop off in treatment outcomes.

Many communities of color face barriers to culturally competent quality treatment, including transportation, childcare, and lack of adequate insurance. Tele-mental health has lowered those barriers. I urge you to pass House Bill 6472. Thank you all.

SENATOR MOORE (22ND): Thank you. Let me check. See if we have any questions for you. I don't see any. So, I wanna just thank you for your testimony.

MICHAEL PATOTA: Thank you so much.

SENATOR MOORE (22ND): I appreciate the work you do down in Fairfield County. Thank you. Next is Samantha Lew. Hi, Samantha.

SAMANTHA LEW: Good afternoon. Representative Abercrombie, Senator Moore, Senator Berthel, Representative Case, and esteemed Members of the Human Services Committee. My name is Samantha Lew.

And I'm testifying today on behalf of Health Equity Solutions, where I serve as the policy analyst and advocacy specialist. So, Health Equity Solutions is a statewide nonprofit focused on promoting policies, programs, and practices that result in equitable healthcare access, delivery, and out outcomes for all people in our state. Health Equity Solutions supports extending Medicaid telehealth services, which are key to equitable access to health -- to safe health services during the pandemic, as well as beyond.

For years, telemedicine has been a proposed means of addressing social determinants of health that prevent people from seeking care. Yet some limitations and questions about the ability of telehealth to address health equity still remain.

So, long-term extensions of telehealth must address the digital divide if telehealth is to promote equity in access to healthcare. So, telehealth, both video and audio only, may have improved access to services. But for some, it's still a negatively impacted by a lack of access to technology. The impacts of systemic racism mean that a number of social and economic factors, disproportionately limit access to care for Black and Latino residents of our state. By expanding telehealth services for Medicaid beneficiaries for a period of two years, as well as evaluating the impact of these -- this extension on racial and ethnic disparities in healthcare, the state will be taking a key step in ensuring that all people in Connecticut have equitable access to healthcare.

And then secondly, for today, we strongly support expanding Medicaid coverage for postpartum care to 12 months. So, this proposal would advance one solution to disparities in birth outcomes by ensuring that all Medicaid enrollees who give birth are able to receive the postpartum care as well as attention needed to promote better birth outcomes in our state. Connecticut sees substantial as well as

persistent disparities in maternal deaths by race and ethnicity, as well as un-insurance rates.

A majority of pregnancy-related deaths are preventable and are often tied to lack of access to care during the critical time following the birth and changes in coverage that can disrupt the continuity of care. So, expanding Medicaid coverage for postpartum care to 12 months furthers health equity by increasing access to healthcare during the postpartum period. Thank you so much for your support today. And we strongly urge you to support HB 6472 and -- sorry, HB 6472, and SB 910. Thank you so much.

SENATOR MOORE (22ND): Thank you for your testimony, Samantha. I don't see any questions for you, so thank you. Next is Kathy Flaherty.

KATHY FLAHERTY: Good afternoon. Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, Members of the Human Services Committee, I'm here today in support of two bills. I guess, possibly a third based on the testimony I heard from the Commissioner.

But 6472 in terms of telehealth, I just heard Doris very eloquently say how important telehealth is. As the executive director of Connecticut Legal Rights Project, we represent people who are eligible for mental health services from the Department of Mental Health and Addiction Services. And having telehealth available for our clients helped a number of them stay connected to their providers during the pandemic. I think it also allows all the challenges that we faced because of non-emergency medical transportation kind of get avoided when people can do the appointment from home. But I think, like Samantha just testified, you do have the issue that not everybody has equal access to technology, and it doesn't actually work for all people.

For people who are deaf and hard of hearing, there's often an accessibility issue in terms of the telehealth. So, what I think we need to do is make sure people have access to care and that Medicaid covers it if, as the Commissioner said, Medicaid law already permits it to be covered. I did not look at 6470, because when I saw telehealth and I saw a shorter bill that I actually could understand the words, I went with that one. So, I definitely think, though, you should consider making it permanent if it isn't actually already permanent in the law and make that service available to people. Also, here, in support of 6473, which is expanding the Diaper Bank to cover feminine hygiene products for people who menstruate when, you know, they -- diapers help kids, usually little kids, usually for a short period of time.

People who menstruate, menstruate for decades every month. And the feminine hygiene products are really expensive, and you have to use them. And it's not only a pure like embarrassment issue, but it's also a health and safety issue when you talk about, you know, toxic shock syndrome and other kinds of infections if you can't change things timely. So, I would encourage you to make sure that appropriations funds the money so that they can do this. Because obviously, if you put within available appropriations, and we know the Governor's budget proposed to cut to them, we need to -- they're necessary things. And our people should be helped. So, the two Bills I'm here to support are 6472 and 6473. And I thank you for your time.

SENATOR MOORE (22ND): Thank you. Let's check. Representative Dathan has a question for you.

REP. DATHAN (142ND): Thank you very much, Kathy, for your testimony today. I wanted to ask your experience in your professional capacity about period poverty and how it may contribute to mental health issues for a young woman who can't go to school because of lack of feminine hygiene products

and how this might -- you know, if you have any anecdotal example of that, I would appreciate it.

KATHY FLAHERTY: Okay. I don't know that I do because these aren't the kind of issues that our clients tend to bring up with us. We tend to -- most of our clients tend a little bit older too, so it's quite possible they're past the time. But I know what it was like for me, you know, when you would not have access to what you needed when you needed it. And especially, you know, they are things we know around the world where girls don't go to school and they have to stay home. That may not be as desperate here, but it can be pretty close. And that -- when it's something that your body does, because that's what bodies do, we should be able to help people and support people with that so that that's not another barrier placed in their way.

REP. DATHAN (142ND): Got it. Thank you so much for your presentation or your testimony. Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you, Representative. I don't see another question for you. So, just thank you for your testimony, Kathy.

KATHY FLAHERTY: Thanks so much. Have a great day.

SENATOR MOORE (22ND): You also. Next is John Deramo.

JOHN DERAMO: Good afternoon. Senator Moore, Representative Abercrombie, and Members of the Human Service Committee. I'm John Deramo, the president and CEO of MCCA Incorporated. We are a not-for-profit full-service substance abuse agency-based out of Danbury. We provide services throughout the state, which include outpatient group and individual counseling, short and long-term inpatient rehabilitation, detox, prevention, and housing.

First, I'd like to thank you for the opportunity to provide testimony and support of House Bill 6472. Since March of last year when COVID first hit and significantly impacted our ability to provide inpatient services, we've had the ability to utilize both video and audio telehealth services with reimbursement through Medicaid. This has provided the people we serve with the opportunity to engage in treatment without having to risk exposure to large groups of people and traditional group therapy and avoid having to risk exposure to COVID-19 while waiting for treatment in large waiting room. It's also benefited our staff in the same way as they're providing the treatment to our clientele.

Clients and treatment at MCCA have truly benefited from the telehealth services, and they've voiced their appreciation with our ability to offer more services and assure their safety. COVID-19 has impacted our clients by mimicking the symptoms of addiction that include isolation, depression. All that lead to increased risk and -- of relapse and overdose. Telehealth services combat these challenges, and they keep clients engaged in treatment.

Because the authorization to provide telehealth services in Connecticut programs came out the day before the state closed in March, we didn't have the infrastructure as most agencies didn't in place prior to the pandemic. At MCCA, we had to design this telehealth system overnight, assuring that we met all the guidelines that were put in place.

We were also challenged with identifying and purchasing a platform to provide the service while also meeting HIPAA regulations and ensuring that we have the equipment for the staff to provide the [Inaudible]. This included laptops, cameras for office, personal computers. These investments have been an enormous, unexpected expense while promising results have come that suggests continued use after

the reopening of the state will lead to increased service delivery efficiency and effectiveness.

MCCA staff have been able to stay mostly COVID free throughout the pandemic, as well as our clientele have been able to provide continued quality care that meets the client's needs and provides a level of satisfaction during a very non-traditional and challenging time.

The continued use of telehealth services will be important as we transitioned back to services that are in person in our facilities. We -- currently, we're providing both, telehealth and in-person services for those people that do need in-person. But there will be a learning curve, and we'll have to make this transition offering telehealth services so that we can support our staff and our clients and bridge the gap.

After the pandemic crisis is over, the clients who will continue to benefit from telehealth services as they did during the pandemic are gonna -- they should get the opportunity to continue to utilize them. A good example of this is seeing a nurse practitioner for a medication renewal. Through telehealth services, this is a very simple service.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. Please summarize.

JOHN DERAMO: So, thank you. I just urge you, in conclusion, to pass an act that is -- it supports continued use of telehealth services. Thank you.

SENATOR MOORE (22ND): Thank you, John. I have a couple of questions for you. Are you fairly new organization?

JOHN DERAMO: No. MCCA has been around since 1972.

SENATOR MOORE (22ND): Okay. And where are you located?

JOHN DERAMO: We're -- our main office -- administrative offices are at 38 Old Ridgebury Road, in Danbury. But we have seven outpatient clinics that are throughout -- from New Haven to Torrington, Milford, Bridgeport, New Haven. Also. in Danbury and Derby. And then our inpatient programs go all the way up to Sharon, Connecticut up in Litchfield. Sharon and Kent.

SENATOR MOORE (22ND): And had you been doing much telehealth before the pandemic?

JOHN DERAMO: We weren't doing any because as -- I'm sure you're all aware that Connecticut was one of, I think, two states in the country that did not have telehealth services for Medicaid clientele. Our primary clientele that we serve is the Medicaid --

SENATOR MOORE (22ND): Okay.

JOHN DERAMO: -- the Medicaid population. So, no, we were not using it. It's been a lifesaver. It should have been in place prior. And I just really urge you to keep it in place as we move forward. 'Cause it really -- it doesn't have to be the main mode of providing service, but it certainly -- it certainly is a lifesaver for those who can't get out for service.

And I -- you know, I can say, from a medical perspective, during this last year with COVID, I've had several medical telehealth visits because the doctor wanted me to participate that way. I had the ability to get out, but, you know, the doctor was trying to keep the office safe and started with telehealth before they bring you in for an in-person visit. So I found it myself to be extremely helpful.

SENATOR MOORE (22ND): And you were able to tap into CareTech money for updating your equipment and stuff? Was that helpful?

JOHN DERAMO: We've applied for that. We -- I don't know that we've gotten it yet. I assume we will get some reimbursement for the money that we've spent. If we don't, it was -- it was an investment that was well worth it. So --

SENATOR MOORE (22ND): Great.

JOHN DERAMO: Yes.

SENATOR MOORE (22ND): Thank you for that. And one thing that I -- that stuck out to me was like at this pandemic is over. So, from your mouth to God's ear.

JOHN DERAMO: We're all waiting. I do --

SENATOR MOORE (22ND): We're all waiting on it.

JOHN DERAMO: We're all waiting. Thank you.

SENATOR MOORE (22ND): I didn't see any other question for you. So, thank you for your testimony.

JOHN DERAMO: Thank you, Senator Moore.

SENATOR MOORE (22ND): You're welcome. Next is Mark Spellmann. Mark, are you here? I do see you. I'm gonna go to Gretchen Raffa, and I'll come back to Mark. Gretchen, are you here?

GRETCHEN RAFFA: Hi. Hi, Senator.

SENATOR MOORE (22ND): Hi, Gretchen.

GRETCHEN RAFFA: Sorry. Good afternoon, Senator Moore, Representative Abercrombie, and honorable Members of the Human Services Committee. My name is Gretchen Raffa, senior director of public policy and advocacy with Planned Parenthood of Southern New England, testifying in support of several bills

today, including raised House Bill 6472, AN ACT CONCERNING TELEHEALTH.

As the state's largest provider of family planning and sexual and reproductive health care to nearly 62,000 patients last year at 14 health centers across our state, we believe all people should have access to quality, affordable healthcare as a fundamental human right, regardless of who you are, where you live, your income, or if you have health insurance. We know people's sexual and reproductive health care can't wait, especially during a public health crisis.

Our virtual telehealth services and visits over the last year has provided uninterrupted access to services such as birth control, sexually transmitted infection testing and treatment, gender affirming, hormone therapy, primary care, HIV prevention medication, and connects patients to the healthcare providers they know and trust. Since March of 2020, our Planned Parenthood has conducted more than 17,000 telehealth visits through the end of January of 2021, reaching patients who might otherwise have struggled to take time off, or arrange transportation, or childcare to come in person to a health center.

It's also expanded access for those who often face the systemic barriers to healthcare and who are also disproportionately impacted by COVID-19. Our experience has shown that patients overwhelmingly appreciate this flexibility, and availability, and access, making preventative healthcare available by phone or video to residents across the state, no matter how far they live from our health centers.

We're thankful for the state and federal governments' immediate action steps taken to make telehealth more accessible during this public health crisis, which has ensured more people have access to care. That's a -- that's a great thing. And we are also thankful that this Committee has recognized the

importance of audio-only telehealth option to allow patients to use their telephone for their visit if video option is not accessible. And we know that that is because of barriers, including lack of technology or internet access. We also thank you for recognizing the important -- importance of payment parity for telehealth for providers to be reimbursed at the same rate, as well as coverage for new and established patients and allowing verbal consent for services during a telehealth visit.

We do recommend the Committee consider amending this Bill to make the -- the policy permanent and not just two years. While further data and study can be helpful, we have already seen the increased use and effectiveness of telehealth over the past year and the great need for patients who are covered by Medicaid to continue this service. Patients are becoming more familiar and will expect continued care through telehealth. And we strongly support this Bill with suggested amendments that I elaborated on in my written testimony.

We've also submitted testimony in support of Senate Bill 910 and Senate Bill 911, which will increase access to care during pregnancy and postpartum. Providing postpartum care through Medicaid will help eliminate preventable maternal deaths, allowing residents to access essential and life-saving care and work towards eliminating disparities in our healthcare system caused by systemic racism and economic inequity.

The overlapping crises of maternity mortality and COVID-19 are particularly pronounced among people with low-income in community of color -- in communities of color. You've already heard some of the alarming statistics in earlier testimony and what postpartum care encompasses and why it's needed. For people who give birth, the need for healthcare services does not come to an end two months after childbirth. We must continue --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. Can you please summarize? Thank you.

GRETCHEN RAFFA: Yeah. We must continue to identify interventions that aim to dismantle inequities based on race, class, and gender. These inequities can lead to poor birthing experiences, particularly for black women and women with low income. Denying people access to healthcare during pregnancy through birth and postpartum period is reproductive injustice. Having continued healthcare coverage before, during, and after pregnancy provides fundamental reproductive autonomy that should be guaranteed to all people, regardless of their immigration status or insurance coverage. And our state must act now with policy interventions to address the maternal mortality crisis and racial disparities in pregnancy outcomes in Connecticut. We are -- we thank you for considering these bills, and we urge the passage of all three.

SENATOR MOORE (22ND): Thank you, Gretchen. One of the things I've heard from many people who have been giving testimony is about the equity that is necessary and what telehealth does. And I appreciate that. And I'm looking through a racial equity lens on the bills. And this is one of them. I saw Representative Abercrombie posture change early, so I knew she wanted to speak. I don't [inaudible]. So, Representative Abercrombie has something she wants to ask or say.

REP. ABERCROMBIE (83RD): Thank you, Senator Moore. Good afternoon, Gretchen. Thank you for being here. I always appreciate your testimony. I just wanna just explain the logic behind having a sunset date in the bill that's the Human Services Bill. So, you know, it's very hard to change state statute. And my thought was, if any of the technology has changed in two years, it would give the legislature a better opportunity with a sunset date to be able to change it. 'Cause what happens is, we get a notice from

Murray Grady our [CO] and whomever that'll be in two years. And she'll say, "Hey, if you guys don't act on this, then the legislation goes away." So, I thought it would be easier. And it's already, in my opinion, like a red flag. There's no intention of having telehealth go away. But if the technology changes, I wanna make sure that we have a vehicle to change with it. So, that's the thought behind it. And it's probably -- you know, most people probably didn't know that, because it wasn't explained. But there's no intentions of getting rid of telehealth. If anything, it's just an opportunity to expand on it. So, thank you. Thank you, Madam Chair.

GRETCHEN RAFFA: Thank you, Representative.

SENATOR MOORE (22ND): You're welcome. I don't see any other questions for you, Gretchen. But I thank you for taking your time and your testimony. Good day.

GRETCHEN RAFFA: Thank you. Have a good day.

SENATOR MOORE (22ND): You're welcome. Next is Lauren Barnhart. Well, let me do this first. Is Mark -- we had skipped over someone who wasn't there.

MARK SPELLMANN: Hi, I'm here. Can you --

SENATOR MOORE (22ND): Hi, Mark.

MARK SPELLMANN: Hi. Can you see me?

SENATOR MOORE (22ND): No, but I can hear you.

MARK SPELLMANN: Well, we may just start video. What a concept? Senator Moore, Representative Abercrombie, you know, we just gotta be patient and gentle with each other in the age of Zoom, don't we?

SENATOR MOORE (22ND): Okay.

MARK SPELLMANN: We all need more slack. I'm here speaking on behalf of the Connecticut Psychological Association in support of House Bills 6470 and 6472.

I'm a psychologist who private practice in New Fairfield. I was a psychologist in New York City, but I've closed my office there. Don't expect to reopen it. I haven't done an indoor session since March. I don't expect to do one for the foreseeable future. I, myself, have been an asthma patient -- patient at the Yale Winchester clinic.

I see about 60 patients a week. Probably 15 of them are on state insurance. My state insurance patients have the same problems as all my other patients. They just seem to have them all at once. I'd like to tell you a little bit about one of them. Her name is Janet. She has three children at home. She's a single parent. Her husband died of alcoholism last year. She works part-time job in a restaurant for a family member. She was recently diagnosed with rheumatoid arthritis, although she's only 40. So, she's immunocompromised. She's got three kids to take care of. She's got her own mental health problems. She's just hanging on. Psychotherapy is tipping the balance for her functioning.

With three kids at home, a father and two bedrooms, one of which she shares with the daughter, she has no privacy. So, although they have broadband, the kids are all on school on the broadband, and she gets a telephone out in our mobile office, which is her card to talk to me. It's her lifeline. I don't know where she'd be without it. It's so representative, though, of so many of my patients.

And then there's me. I've been exposed to COVID three times, quarantined three times, never got sick. But that would have been six weeks out of my practice without telehealth. Telehealth is what's keeping us all going, and telephone is super

important. I urge you to extend our policies and to not sunset till next February. Thank you.

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

MARK SPELLMANN: Thank you.

SENATOR MOORE (22ND): Next is -- I don't see Lauren Barnhart. So, I'm going to go to Samantha Tamulis.

SAMANTHA TAMULIS: Hello.

SENATOR MOORE (22ND): Hello.

SAMANTHA TAMULIS: All right. Representative Abercrombie, Senator Moore, and distinguished Members of the Human Services Committee. My name is Samantha Tamulis. And I'm a certified nurse midwife at First Choice Health Centers in East Hartford. This is a federally qualified health center. And the majority of mothers I care for are either covered by Medicaid or uninsured. It is my experience working with these women in pregnancy, birth, and postpartum that leads me to speak in strong support of Bills 910 and 911.

Regarding Bill 910, expansion of Medicaid coverage for postpartum care for one year after delivery. Approximately 700 mothers die in the U.S. each year from pregnancy-related causes. And it's estimated that a staggering 60% of these deaths are preventable. There were 32 pregnancy-associated deaths of mothers in 2015 through '17 in the State of Connecticut. Approximately 80% of these occurred in a year after delivery.

Furthermore, women of color die from pregnancy-related causes at significantly higher rates than their white counterparts. Causes of maternal deaths postpartum include cardiomyopathy, stroke, and mental health disorders. Presently, Medicaid coverage extends 60 days postpartum in Connecticut.

These life-threatening conditions are unfortunately not bounded by such a time limit.

I will highlight the importance of SB 910 with a brief anecdote. Jessica had her first child at age 21. And the pregnancy was complicated by preeclampsia. At her six-week visit, Jessica was undecided about contraception and counseled on her options. A couple of weeks later, she decided she wanted the implant. The claim was denied because her Medicaid benefits had already been discontinued. She returned to the clinic, once again, pregnant three months later. The second pregnancy is considered high risk because of a short interval and a history of preeclampsia.

As to SB 911, concerning Medicaid benefits for all pregnant women, regardless of immigration status. I see a disproportionately high number of uninsured women. I often tell my students that learning to navigate the system for these women is a steep learning curve as learning to recognize medical complications. Being uninsured is a pregnancy risk factor unto itself. Being uninsured leads women to initiate prenatal care later, decline important testing and experience stress-related to medical bills.

We know that early and regular access to care as well as access to specialists and testing are critical. And we know from our discussion of mortality that limiting access can lead to catastrophic outcomes. I'll conclude with one more anecdote. Jane, a recent immigrant from West Africa, presented to the clinic at approximately 18 weeks to initiate care. Her initial labs showed a significantly increased risk of having a baby with a spinal cord defect, a potentially devastating condition that can be diagnosed on a routine anatomy ultrasound. However, Jane, a 20-year-old mom with another small at home, had to decline that scan due to cost.

Thank you so much for your attention today and for taking the time to consider the under-insured moms of Connecticut.

SENATOR MOORE (22ND): Thank you, Samantha. Any questions? Thank you, Samantha. Next is Trisha Farmer.

TRISHA FARMER: Hi. Good afternoon, everyone. Senator Moore, Representative Abercrombie, and other Members of the Human Services Committee, thank you for the opportunity to share some thoughts regarding House Bill 6472, AN ACT CONCERNING TELEHEALTH. My name is Trisha Farmer. I'm the vice president of regional partnerships and operations at Connecticut Children's. I oversee our telemedicine program for our pediatric health system.

I know many of you on this Committee are familiar with our work. But for those who are less familiar, Connecticut Children's is the state's only independent children's hospital. Meaning we focus exclusively on the care for children. So, since mid-March, we've performed about 70,000 virtual visits. And on average, we're doing 300 virtual visits a day right now. So, this has allowed children access to care during the pandemic. So, telemedicine has been a valuable tool to ensure these kids have safe access and continuity of care.

And we know we -- this is gonna be an important tool as we move into the future. We're optimistic that telemedicine can help increase access to care. And we appreciate that this bill allows for reimbursement of audio-only services since this is critical as you've heard before from some others. It's critical because a lot of our patients struggle with reliable internet access. So, telehealth is -- has really helped bring our specialty providers, our physicians to children in every corner of the state, so in urban settings, in rural settings, and to those kids who have unreliable access to transportation.

So, through virtual visits, our doctors are able to share their best practices and guide community pediatricians and community hospital providers. And not only can this help reduce hospital visits, it allows children to receive care in a familiar location without having to find transportation, and have parents have to take more time off from work, pay for parking, pay for gas, or even travel the great distances between some of the physical locations of our sites.

So, for many of these families, these are barriers related to the social determinants of health. And telehealth takes away some of these barriers and allows this out to be seen by a provider where they may have been late for an appointment previously, or maybe missed an appointment altogether. So, telemedicine visits can help those families better adhere to their child's plan of care, and in the end, can help improve health outcomes for these children.

Telemedicine also allows immunocompromised children and children with complex medical needs to feel and stay safe in a familiar environment versus coming into an office setting where very often they're uncomfortable or at risk for infection. Telemedicine has an important role to play in the future of pediatric healthcare. And we look forward to partnering with the state and looking at innovative ways that we can work together to improve health outcomes for children. So, this might include doing something with the schools or other -- doing something in other appropriate community settings.

So, although we appreciate the additional two years of reimbursement this legislation would provide, we urge you to make the telemedicine policy changes enacted in response to the pandemic permanent due to --

HEATHER FERGUSON-HULL: Excuse me. You three minutes are up. Please summarize.

TRISHA FARMER: Okay. Thank you. The utility of telehealth as a tool for providers has been amazing during the pandemic, and we see it as a tool that we need to use moving forward in the healthcare delivery system. So, I want to thank you for your time today.

SENATOR MOORE (22ND): Thank you, Trisha. I don't know if you've heard Representative Abercrombie explain why it says two years. But it was not her intent to limit it but be more mindful, almost like a flag. So, it won't slip away from us. So, thank you for your testimony. I don't see any questions for you.

TRISHA FARMER: Okay. Thank you.

SENATOR MOORE (22ND): You're welcome. Thank you. Mark Schaefer.

MARK SCHAEFER: Good afternoon.

SENATOR MOORE (22ND): Good afternoon.

MARK SCHAEFER: Pleasure to be here. I'm pleased to have the opportunity to make testimony for the Human Services Committee. The Connecticut Hospital Association appreciates the opportunity to submit testimony concerning House Bill 6472 concerning telehealth. CHA strongly supports the telehealth provisions in this Bill. Before commenting on the bill, it's important to acknowledge that since early 2020, Connecticut's hospitals and the health systems have been at the center of the global public health emergency, acting as a critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, and it stood up countless community COVID-19 testing locations and are a critical component today of the vaccine distribution plan.

Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals and Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

Telehealth uses technology to connect patients to a wide variety of vital healthcare services and enables access to primary physicians, specialists, and a variety of other providers. It facilitates patient and clinician contact and support the diagnosis and treatment, behavioral health, and rehabilitative therapy, as well as routine monitoring, advice, reminders and education.

Telehealth helps ensure that options are available for patients to receive the right care at the right place at the right time. Patient care will be improved by retaining the significant expansion in telehealth coverage and flexibilities that the Department of Social Services introduced under the Medicaid program in response to the pandemic. Although the pandemic was the catalyst for these changes, this proposed legislation recognizes that telehealth is an essential method for delivering healthcare services that should be preserved even after the public health emergency ends.

We strongly support the provisions that provide coverage for the full range of telehealth modalities, including synchronous communications, such as real-time telephone or live audio/video interaction, typically with a patient with a smartphone, tablet, or computer, and sometimes peripheral medical equipment, asynchronous solutions store and forward technology or messages, images, or data are collected at one point in time and interpreted later. Remote patient monitoring, which is when a patient's clinical measurements are

directly transmitted from a distance to their healthcare provider.

It's critically important that the legislation preserve access to audio-only telehealth services as a number of commenters have already suggested. It's especially -- especially for those patients who remain on the far side of the digital divide. This Bill recognizes that audio-only telehealth services ensure equitable access for low-income populations and older adults.

The bill also ensures, at a time of increased awareness of, and sensitivity to help disparities, equitable access where these barriers exist for communities of color. The proposed legislation also adheres to the following essential principles: reimbursement on par with the same services rendered in person, flexibility with respect to where the patient is located at the time in service; whether at home, or in a community, or facility-based setting, and also where the physician or practitioner is located at the time of rendering the service. And also, it provides coverage for both new and established patients.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. Please -- please summarize.

MARK SCHAEFER: So, we are -- we do propose amendments to the bill to make the provisions permanent or at a minimum to encourage the Committee to amend the date till the end of 2023, and also to permit providers, who are licensed in a border state but part of a state Connecticut-based health system, to render services to Connecticut patients. And so, thank you very much for the opportunity to provide testimony. I'm happy to take questions.

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

REP. ABERCROMBIE (83RD): Good afternoon, Mark. It's been a long time since we see you testify before a --

MARK SCHAEFER: Indeed, it has. It's a pleasure.

REP. ABERCROMBIE (83RD): [laughs] Just so people know. Mark and I first started years ago as part of DSS. So, it's really interesting to see how he's come full circle. And then he was part of the SIM project. And now, you know, he's a member of the hospital association. So, it's great to see you here.

Just a quick question -- and I didn't see it in there. You talked about in the -- in the DSS Bill, when it comes to the telehealth, the audio, I guess, is really important. Do you believe that in that bill it covered all of the areas that you spoke about, or should we be amending any of that language?

MARK SCHAEFER: As it pertains to audio only?

REP. ABERCROMBIE (83RD): Or anything else that you saw on there. Because I know there's still one bill that we had that was just strictly telehealth. I get that people don't understand what my thought was with the sunset, but with the DSS it's still like just wanting to make sure that all of the parts that you and the proponents think it should have it does pass.

MARK SCHAEFER: So, we think it's -- so, thank you for that question. It appears to provide a comprehensive coverage. I think at the tail end of our written testimony, we identify the various things like the rehabilitative therapies and so forth. And so, I think it might be useful to give examples that are -- so that it's not simply interpreted as limited to say professional physician visits. With regard to audio only, I looked carefully -- we looked carefully at the provisions

where the DSS commissioner might have latitude to restrict, where when audio only is available -- and I talked with that with some of our hospital members, and they emphasized how important it is for patients and clinicians to have discretion as to when telehealth may be the only or best means to ensure continuity of care and access, and including, and especially for populations that may not be equipped with the technology. But --

So, I think that is one of the things I'll alert you to, which is we do believe that in providing for the same reimbursement as face-to-face, that there are nuances to that that may have to be looked at to make sure that that actually event that it's technically implemented in such a way where the reimbursement is on par. But the way the statute is crafted seems to me to provide the right point of reference for that.

REP. ABERCROMBIE (83RD): And then this may not be in your wheelhouse, but if you have an opinion, I would appreciate it. The DSS Bill does not include dental at all. I know that dental is more complicated because of the type of service array they are. But do you believe that this Bill, when we talk about the telehealth, should also have a piece of dental, even if it's just for a -- you know, just to make the diagnosis before someone has to go in? Do you have an opinion on that piece?

MARK SCHAEFER: Well, I believe that -- I think you made the point earlier that the technologies available are evolving, you know, and will continue to evolve, especially now that telehealth has been irrevocably, I think, established as a feature in the healthcare landscape. I don't see why aspects of dental services screening for kids for early childhood caries, for example, which is, by far, the most prevalent of chronic conditions in kids. I don't see why they would necessarily be barriers to being able to provide some aspects of oral healthcare via telehealth. And -- and so, that's

not very -- so I can't -- I don't specifically have the expertise in oral healthcare to say exactly what those technologies are or what the circumstances would be. But I like the way you were thinking about it, which is this is an evolving process, and we might wanna be careful about putting strict boundaries around things that -- where -- and permit clinicians and organizations with their patients to continue to extend what they can provide from an accessibility perspective and so forth.

REP. ABERCROMBIE (83RD): Thank you. That was really helpful. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. I don't see any other questions for you, so thank you.

MARK SCHAEFER: Thank you so much.

SENATOR MOORE (22ND): Next is Konstantia Papapateras. I don't see you. And Robert Brody. I don't see you either. So, I'm gonna go to Alison Weir.

ALISON WEIR: Good afternoon, Senator Moore, Representative Abercrombie, and Members of the Committee. Hi, my name is Alison Weir. I'm with Greater Hartford Legal Aid. I'm a policy advocate and staff attorney. And I'm here, not only on behalf of Greater Hartford Aid, but also Connect Legal Services and New Haven Legal Assistance.

I'm here on a number of bills. I've written -- submitted written testimony, so I'll keep it fairly short, I hope. And I do -- will wanna modify a bit what I wrote on 911 following the commissioner's testimony regarding SB 911.

We're here in support of the telehealth Bill 6472 and 6470. We're big proponents of telehealth as legal services is served to keep our clients healthy by minimizing unnecessary visits to the doctor's offices. There's also improved healthcare for those

with mobility impairments, with limited transportation options, or who are located in remote areas.

As wonderful as telehealth is, however, we do caution that must be used always at the option of the patient provided, of course, if the provider is available. We applaud the continuation of audio only as an option for telehealth. It has made a huge difference for a lot of our clients who don't have great access to video options. But at the same time, while we support the continued allowance of audio only, we do note the video can provide additional information for providers in assessing conditions. So, we also support the efforts to expand reliable, affordable access in a wide band internet access to across the state for all Connecticut residents.

We also commend the inclusion of nurse-wise providers -- nurse-wise midwives as providers who can be reimbursed as specified in 6470. We support SB 910, which would authorize DSS to request a waiver to expand HUSKY A coverage for pregnant women and their children 12 months after birth. Because of significant difference in income to qualify for Medicaid as a pregnant woman and as a parent, 263% of poverty for a pregnant woman versus 160% of poverty -- federal poverty level for parents, low-income new mothers can potentially lose their insurance just as their children become two months -- two months old. For the mother, postpartum complications make her well beyond the 60 -- current 60 days covered after birth.

In Connecticut, 63.6% of pregnancy-related deaths between 2015 and 2017 occurred between 43 and 365 days after pregnancy ended. So, extending the period beyond two months is really sort of critical for ensuring that we kind of cut down our unacceptably high maternal mortality rates, which are particularly high among the black and native American on women in the state and nationwide.

Many of these desks could be rendered with a sufficient Medicare -- a medical care. The Connecticut Maternal Mortality Review Committee examined the state's pregnancy-associated deaths between 2015 and 2017. Found that 82% of the deaths were preventable. So, it really is sort of important as much as we can to extend the coverage for the full year.

My opposition to SB 911 was really more at the point where HUSKY -- HUSKY B overlaps with HUSKY A coverage. HUSKY A provides better coverage. It's -- it doesn't require co-pays. It's a longer period. And because of the long -- the wider income limit for pregnant women, there's a fair amount of overlap. But to the extent that HUSKY B --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up, and so please, summarize. Thank you.

ALISON WEIR: Certainly. So, to the extent that that there is no overlap, we support SB 911. And just stepping out of my role -- current role and back into my previous position, regarding 6473, I would commend that the Committee take a look at Alliance for Period Supply -- period -- the Alliance for Period Supplies website on the National Diaper Bank Network. They provide a lot of good information about period poverty across the country and can give you some more information on some of the questions that I've heard. With that -- if anyone has any question, I'm happy to answer them.

SENATOR MOORE (22ND): Thank you, Alison. I don't see any questions for you. So, thank you.

ALISON WEIR: Thank you very much.

SENATOR MOORE (22ND): Let's see. Sheldon Toubman, I believe you're next.

SHELDON TOUBMAN: Good afternoon, Senator Moore, Representative Abercrombie, other members of the Committee. My name is Sheldon Toubman. I'm a staff attorney with New Haven legal assistance. And I'm speaking today on behalf -- as with Alison -- of the three legal services programs. Which represent low-income seniors and people with disabilities. We support SB 913, Section 2, providing for retroactive coverage for home care services where Medicaid eligibility is established, both because it's required by federal law and because it makes good economic sense for the state while meeting our client's needs.

We also provide some suggested revisions to more accurately accomplish the goals of the bill. It's attached to my testimony, and I will address the commissioner's objections today to the bill. This provision is very important for elderly and disabled folks with their Medicaid application pending, who immediately need extensive home care services. Without those services, they are likely to be forced to go into a nursing home, which under state law, cannot refuse admission individuals with Medicaid application pending while their Medicaid application is pending. Not only is this inherently traumatic, but statistically, it threatens to cause an avoidable long-term institutionalization, denying home care services, which could be cost-effective over the long run.

Under federal Medicaid regulations, retroactive eligibility for Medicaid is required for up to three months upon the granting of a Medicaid application, as long as the applicant was, in fact, eligible during that retroactive period. And there's no exception for any particular kinds of services. And in fact, Connecticut does this for nursing home care, we provide three months retroactively, again, encouraging unnecessary institutionalization. Section 2 of this Bill fixes this longstanding illegality by assuring the payment will be available for home care services already rendered during that

retroactive period if the person did in fact meet all eligibility criteria.

This makes a provision of these services more likely during that critical period when a Medicaid application is pending, which sometimes does take over three months to process that because the provider will know there's at least some possibility of getting paid for providing services to someone without resources during that period, whereas currently they know retroactive Medicaid payment is completely unavailable.

Now, the commissioner today testified that this Bill is just about home and community-based services and says that CMS takes a position that under these waivers that you cannot provide retroactive coverage. I don't know if that's true. I'd have to look at all those waivers. But this Bill is not limited to homogenic-based services. It says all home care services. And in general, there's no exception to the three-month coverage. The commissioner also objected to this Bill saying that only Medicaid-participating providers can be reimbursed, and also said they only service is provide pursuant to a plan of care can be reimbursed. And lastly, that there is transfer of asset penalties. My draft language, which I've attached to my testimony, addresses all of these issues. But I do wanna address this thing where the commissioner is incorrectly reviewing -- viewing the bill as just about home and community-based services.

If that's really true, that under federal law, there is a special carve out for these waivers under which retroactive payment is not available, we can carve that out. And I'd be happy to work with the Committee to draft language to make clear it's home and -- that home care services, except through a waiver -- and I believe most of the home care services are not through waiver. Home care services, except through a waiver -- I'll wrap up --

should be reimbursed and have to be reimbursed as long as they're provided by a Medicaid-participating provider.

And lastly, the language I provided says that DSS should do a prior-authorization procedure for home care services, if it would otherwise do it. And that way, we won't have a situation where the services were sort of provided willy-nilly, but rather the person can ask for prior auth. And if it's granted, then they will be paid if in fact the application is then granted retroactively. Thank you for the opportunity to speak to you today. I'd be happy to answer any questions.

SENATOR MOORE (22ND): Are there any questions? Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Sheldon, just a couple of quick questions. I agree with you that there isn't anything in Medicaid law about retro -- I mean, prior -- being able to give home care services before they're approved. I think where the issue is -- is what if someone doesn't become Medicaid eligible, right? How does the -- how does the state recoup that funding? So, that's -- I think that's what the -- and maybe the commissioner didn't say it properly in her testimony. But that's been the issue that we've had for years on trying to pre-approve people for home care services.

SHELDON TOUBMAN: So, under the current situation for retroactive coverage for all kinds of things, drugs, and doctor visits, and all that, if the Medicare application is not granted, there is no reimbursement for that. And even there are people who apply, and they do get found eligible. And they prospectively -- but they perhaps, it's a HUSKY C case and they had too much in assets last month. So, they don't have it anymore now they're eligible, but they're not eligible for the retroactive period.

All that is covered under the federal law is that, if in fact an application is granted and if the person was eligible in every way up to three months retroactively before that, then there will be coverage for that past period. There's no liability to the state. Unfortunately, the liability to the home care agency, which provides the services and then can't get paid because the application is not granted or is not granted retroactively. But that would be better than what we have now, where there's no possibility. And if the person's granted and if they were eligible for the three-months retroactive, there's no possibility of the home care agency being paid.

REP. ABERCROMBIE (83RD): And you believe that it takes more than three months for someone to be approved at --

SHELDON TOUBMAN: Some --

REP. ABERCROMBIE (83RD): -- for just the home care piece? I know we're not talking long term. We know that that's a very lengthy process, and that's why they get approved early on, even if they're not. But, you know, in the home care, I think it's a little bit -- I think the concern is that it's such a wide-open area of services that who's gonna pick that up? And I'm sure that the providers do not wanna be on the hook for something that they may not -- at the end of the day, the person may not qualify. So, I think it's -- I understand the intent of it, but I think there's also some ramifications to providers that also -- you know, at this point, we're not paying them enough as it is. So, now we're gonna tell them that they have to pick this up. And oh, by the way, it may not -- this person may not qualify, anyway. So -- but I thank you for your testimony, and I --

SHELDON TOUBMAN: Can I respond that though --

REP. ABERCROMBIE (83RD): Okay.

SHELDON TOUBMAN: -- Representative Abercrombie? If I could. That there's no mandate for the providers to provide anything. This would just make it a possibility. And what they could do is request prior authorization, which if granted means that if the application is then granted down the road, they will get reimbursed. There's no mandate at any providers to do anything under this.

REP. ABERCROMBIE (83RD): No. But if you put something out there like that, there's an -- there's an intent that these people -- that individuals will be able to get the services before their application is processed. So, from a provider's point of view, it's kind of a scary concept for them considering the fact that these providers are not getting reimbursed at a level they should be, anyway. And, you know, three months can be a long time in a non-profit's world. So, that -- that's just my only thought. But I do appreciate your expertise, and I will definitely take the time to look through your testimony. Thank you, Madam.

SHELDON TOUBMAN: Thank you.

SENATOR MOORE (22ND): Thank you. I don't see any other questions for you. So, thank you, Mr. Toubman. Next is Stephen Wanczyk-Karp.

STEPHEN WANCZYK-KARP: Yes. Thank you. Wanczyk-Karp. I am Stephen Wanczyk-Karp. I'm the Executive Director for National Association of Social Workers Connecticut's Chapter. We represent over 2,300 members. We're here today to say what many people have already said, which is critically important that telehealth continue beyond the Governor's executive orders. It's very clear that telehealth has dramatically expanded access to care.

In terms of behavioral health, we've heard from our members that issues such as lack of reliable transportation, employment hours for clients, people

residing in facilities, family obligations, keep people from being able to meet their appointments. So, telehealth really gives that option to folks and makes it much easier to receive care. The accessibility issues are undeniably increased under expanse with telehealth, including improvement in health equity. We believe that there's a number of things that are very successful in this Bill.

First of all, it's audio. For somebody who lives in a facility, there may be no other option but audio. For somebody who does not have video equipment, audio is the only option. For somebody who has unstable connections -- we've heard talk to social workers who said internet connect -- internet connections have discontinued or disconnected. They release, they would call back and finish services through audio. It's extremely important that audio remain.

Secondly, the bill deals with payments structure by giving equal payment to both in-office and telehealth services. Totally appropriate because what we're paying for is the treatment, not the location of the treatment. And additionally, it will surely encourage providers to stay with Medicaid.

The bill looks at other risks, which we think are particularly important. It says a HIPAA compliant -- compliance allows them in any platform. So, providers won't be required to have a specific platform to utilize this Bill.

It also eliminates obstacles that have made telehealth less feasible. For instance, it allows for verbal consent for services, and it allows for ongoing and new patients. And that was a problem that early telehealth laws in Connecticut had. We do look for this to bill to remain permanent. And Representative Abercrombie, I've heard your comments. And if I can be so respectful as to suggest that maybe the language of that study could

be rewritten so the intent behind it is clearer. Because at least when we read the intent, it looks to us like we're looking at potential cutoff date of 2023.

We know right now that many of our providers are experiencing this where their clients are already getting anxious that the Governor's executive order will end, the telehealth will end for them. And I think this language sort of exacerbates that concern. We know that there is a tsunami of mental health needs that have come out of this pandemic, and Connecticut has not really even begun to see that tsunami. Telehealth is going to be a very key piece of providing mental health services. And without continued telehealth services, that tsunami will wash away many Medicaid patients. So, again, we urge the --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up. And please summarize. Thank you.

STEPHEN WANCZYK-KARP: Sure. Thank you. So, again, we urge the Committee to take a look at the language in the -- in the study, and to pass this Bill and make sure that there's not a discontinuous or break in telehealth between the time that the Governor's executive orders end and the bill [inaudible] is passed. Thank you.

SENATOR MOORE (22ND): Thank you, Steve, for your testimony, and thank you for the social workers for all that they do. Any question? See none. Thanks Steve. You have a great day.

STEPHEN WANCZYK-KARP: Thank you, you too.

SENATOR MOORE (22ND): And I hope I said it right, Lyanna.

DR. LYANNA LILES: Lyanna.

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

DR. LYANNA LILES: Hi, welcome -- I almost said welcome. Well, good afternoon to Senator Moore, Representative Abercrombie, and the distinguished Members of the Human Services Committee. My name is Dr. Lyanna Liles. And I am a licensed obstetrician and gynecologist physician at St. Francis Hospital in Hartford. I'm also representing the Connecticut Chapter of the American College of Obstetrics and Gynecology, which is our specialties premier organization, dedicated to the evidence-based practice and improvement of women's health.

The Connecticut chapter represents 935 OB-GYN and partners in women's health in our state. I am grateful for the opportunity to provide strong support for SB 910. And I provided written testimony. I want to highlight a few things today. First as an obstetrician and gynecologist physician, I take care of women in pregnancy and postpartum. Postpartum care includes addressing childbirth recovery, pregnancy complication follow-up, family planning, breastfeeding, mental health conditions, and social issues.

Traditional postpartum care has centered on a single visit around six to eight weeks after delivery. However, the new paradigm emphasizes that postpartum care is a continuum that requires follow-up that may last a year or even longer. This is particularly important for those who experience pregnancy complications or have chronic conditions such as high blood pressure, diabetes, or mental health issues. The financial coverage for this time period usually ends after six to eight weeks, and women may not seek care for important postpartum issues if not covered.

Additionally, preventative health services, such as Pap smears for cervical cancer screening, mammograms for breast cancer screening, and reproductive health services, may be missed if women do not come to visits. Therefore, extending Medicaid coverage to

12 months will remove a barrier for women after the six to eight weeks and allow clinicians like me to provide this important care.

Secondly, we are facing a national and statewide issue associated with maternal deaths and pregnancy. As a member of the Connecticut Maternal Mortality Review Committee, we know that the United States has one of the highest maternal death rates. And they're staggering racial and ethnic disparities with black women disproportionately affected. Connecticut is not immune to these. And a recent DPH report, which I attached to my written testimony shows that in 2015 to 2017, 81% of maternal deaths in Connecticut were during the postpartum period, which is up to 365 days after birth. While the number of deliver -- deaths in Connecticut is low, I believe that even one death is too many. And extending Medicaid coverage to 12 months could have significant survival benefits to women in our state.

Lastly, I wanna tell a patient's story. And I'll be brief. But Ashley was a young woman who required early delivery by C-section, and also had a pregnancy complicated by diet-controlled diabetes. In her postpartum visit, she relayed that she would not be able to attend future visits to manage the diabetes and family planning. And I referred it to the financial planner. However, Ashley didn't return. Legislation like this would have greatly benefited this patient, removing a significant stress and barrier to care.

In conclusion, I thank you for the opportunity to discuss these issues on behalf of my patients at St. Francis and ACOG, the American College of Obstetrics and Gynecology. Postpartum care is extremely vital and should extend to one year because there are a variety of conditions addressed during clinical visits, and we need to protect new moms in our state after they deliver. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you so much for your testimony. Question? See none. I see you you're in your office. I know your schedule is busy but thank you for taking the time to testify. We really do appreciate it. Have a good day.

DR. LYANNA LILES: Thank you.

REP. ABERCROMBIE (83RD): Janet Alfano followed by Lynn Evans. Good afternoon.

JANET STOLFI ALFANO: Good afternoon, Representative Abercrombie. I think you're muted.

REP. ABERCROMBIE (83RD): I am, but I said hello to you.

JANET STOLFI ALFANO: Okay. Sorry. [chuckles] Thank you. Good afternoon. Representative Abercrombie, Senator Moore, and Members of the Human Services Committee. I'm Janet Stofli Alfano, Executive Director of The Diaper Bank of Connecticut. I'm here in support of HB 6473, AN ACT EXPANDING THE DIAPER BANK TO INCLUDE FEMININE HYGIENE PRODUCTS.

Since 2004, we've been distributing infant and toddler diapers to low-income families. Through our bulk purchasing power and strategic network of over 60 community partners, we have become an efficient and cost-effective way to distribute these basic necessities to families who need them. And we've become a national model for other diaper banks to follow. But we know the need for basic health items does not end once a child ages beyond toddlerhood. In particular, we are increasingly seeing the impacts of period poverty throughout our state.

Imagine being unable to afford period supplies, having to skip work or school or social opportunities because of it. No one should have to miss out on the aspects of daily life because they can't access these very things. But too many in our

community do. We've been donated -- donating period supplies through partners for years with products that are donated through drives or our strategic partnership with the National Alliance for Period Supplies. And we are the Connecticut Chapter.

Pads and tampons are basic health needs, yet many go without them, because they must spend their limited income on other necessities. And every day, people are forced to choose between buying periods supplies or affording other necessities like rent, groceries, or transportation. Without access to the products, folks use rags, or toilet paper, or other items that are not intended to be used in this fashion.

A couple of stats. In Connecticut, about one in eight women and girls or folks who menstruate between the ages of 12 and 44 live below the poverty line. And 40% of female public-school students in Grades 7 through 12 attend tittle-one-eligible schools.

We know how to reach these vulnerable populations and get folks the items that they need. And I will say -- keep this in mind -- against this backdrop of this increased need for all kinds of basic health and hygiene items, our funding was cut for the Diaper Banks for the diaper portion of our program, which is our primary program. Our funding was cut in half.

So, while we appreciate and understand the need that folks are facing in terms of period poverty, we know that also the need for this cannot compete with the need for diapers for infants and toddlers, and that if this is to -- could be considered, we would need to ensure that we can continue to meet the needs for the babies as we are right now.

You know, so many folks are struggling, and this is the time to invest in those who need our help the most. We do not wanna pit the needs of those who menstruate against families with very young

children. So, I'm happy to answer any questions. And I appreciate the time to testify in front of you. And I do wanna give a shout out to the young people who have been such leaders on this issue, particularly the young woman, Emma Valerio, and the students of the Mayor's Youth Project in Stamford have been so amazing and inspirational. And I wanted to just shout them out today.

REP. ABERCROMBIE (83RD): We should give them credit. They did a great job, and even the emails we're getting, you know, from all over the states has been amazing. Can you give me a figure off the top of your head if we were gonna do the one of personal hygiene items? If we were gonna add that to it, what was the dollar amount about that you think we would have to add?

JANET STOLFI ALFANO: Yeah. So, when we're looking at straight need, keep in mind the number's gonna be astronomical as it would be for infant and toddler diapers, if we were meeting all the needs. But I'll talk about -- since we're talking about period products, I will talk about that. So, the numbers look like 91 -- around 91,200 women and girls between the ages of 12 and 44 live at or below. That's only 100% of the federal poverty level. So, I did the math very quickly and just looked at usage data, industry-wide usage data around how many supplies folks use in a month times 12 months over the course of one year. And it looks to be around $4 million. So, if you think about that, that's covering only 100% of federal poverty level. It's over 91,000 women and girls who could use that service.

So, it's astronomical. We're just scratching the surface of need, even in terms of what we're thinking about for infants and toddlers in diapers. Our allocation prior to, you know, the Governor's budget cut was $333,000. And that's again, scratching the surface of need. When we look at, you know, the roughly 35,000 infants and toddlers

who could use our services, again, you're talking about another over $3 million to actually meet that need of -- just a supplement of diapers for those families. So, I just want folks to understand the scale of the issue and that, you know, what we're doing is a lot, but it's scratching the surface of need, and understand there's competing priorities for funds, of course.

REP. ABERCROMBIE (83RD): I think that's the important part that people have to understand that if this Bill doesn't go forward, it's not because it's not a priority.

JANET STOLFI ALFANO: Right.

REP. ABERCROMBIE (83RD): It's competing. Right?

JANET STOLFI ALFANO: Great.

REP. ABERCROMBIE (83RD): So -- and I hate to use the term, but, you know, it's unfortunate that even in this budget, we're picking winners and losers. And it's just not fair. And I agree with you. You know, we fought really hard with OPM last year when they were cutting. And we were praying that we were able to, you know, get that money back in there, and we didn't have any luck. And it was really hard.

So, you know, in this budget, I'm hoping to at least put the money back that they cut, and we're trying to figure out how we make it so that they can't cut you. You know, but it's very challenging. So, I thank you for your testimony. I think it's important for people to understand the dilemma that we're all in.

JANET STOLFI ALFANO: Right.

REP. ABERCROMBIE (83RD): Representative Dathan.

REP. DATHAN (142ND): Thank you so much, Madam Chair. And thank you, Janet, for your testimony and

your advocacy. You know, I've received quite a few emails this week about Diaper Bank. And I share concerns and share [inaudible]. I also appreciate you giving the statistics that you gave. [inaudible] as said earlier of another panelist.

And I just wanted to say thank you because, you know, it is -- it is really important. It is an issue in our state, and I'd really like to see that program get funded. But as my Chairman mentioned, you know, we are in tough budgetary times and we're looking at every line item. But your advocacy over these programs and you're letting us know what sort of statistics we're talking about and how this affects people's lives is [inaudible] also. Just wanted to say thank you for coming and testifying today, thanks.

JANET STOLFI ALFANO: Thank you.

REP. ABERCROMBIE (83RD): Thank you Representative Dathan. Any further questions or comments? See none. Thank you so much, Janet, have a good day and we'll talk soon.

JANET STOLFI ALFANO: Thank you.

REP. ABERCROMBIE (83RD): Up next is Lynn Evans, followed by Laine Taylor. Hi, Lynn.

LYNN EVANS: Good afternoon, Senator Moore, Representative Abercrombie, and human -- and distinguished Human Services Members of this Committee. I am Lynne Evans, a voter in the town of Manchester.

I would like to tell you a little of my story. Because of InterCommunity, Common Ground, and Masonicare, they have been my support for the last six months. Being in a hospital and two nursing care facilities did not help. With my medical services, therapist, case managers and many Zoom groups, I would not have survived.

My mounting bills -- my mounting bills, medication -- my mounting bills, medication, and supplies, it has been a struggle, but because of InterCommunity and Masonicare, I am proud to say that I'm a COVID survivor. As a senior, I would not have survived without this bill. I -- please, I thank this committee for their service and asking you to -- for your support of both Bills 6470 and 6472, the telehealth bill. Thank you again for listening to my story, a concerned citizen Lynn Evans.

REP. ABERCROMBIE (83RD): Thank you, Lynn for your testimony and thank you for taking the time to share your story. The only -- always important for colleagues to hear what's really going on with the people that we represent in the community, so thank you for taking the time. I don't see any questions, so thank you, and have a great day.

LYNN EVANS: Thank you.

REP. ABERCROMBIE (83RD): Laine Taylor, followed by Tracy Wodatch.

LAINE TAYLOR: Hello, good afternoon Senator Moore, Representative Abercrombie, Senator Berthel Representative Case, and Members of the Human Services Committee. I'm Laine Taylor medical director and child psychiatrist for The Village for Families and Children, Hartford.

The Village is a nonprofit organization dedicated to serving families and communities in Greater Hartford and Connecticut at large, through comprehensive mental health, early childhood, youth development, and family strengthening services. Our lifespan clinical and mental health programs served around 4,000 Connecticut residents last year.

Thanks for the opportunity to provide testimony in support of House Bill 6472, AN ACT CONCERNING TELEHEALTH. Which would allow providers to receive

payment for telehealth services as they do for inpatient -- in person services for the next two years. It also allows for the provision of audio only telehealth services, which is sometimes the best option for individual patients.

While telehealth is a valuable access tool at any time, it has been critical during the COVID-19 pandemic. Following state ordered shutdowns, the ability to bill to Medicaid for telehealth was the only way to provide continuity of care for patients. It has provided people a chance to talk to their providers without adding to crowds and risks in waiting rooms, eliminating transportation concerns for low income and rural patients, and reduce staff and client exposure to the Coronavirus. The expanded coverage and flexibility were bright lights in the darkest times of the pandemic.

In March 2020, the number of individuals accessing mental health care at The Village dropped dramatically. Once telehealth services were up and running this improved access to care. Adults and children alike returned for treatment.

Telehealth has had a better show rate than in clinic appointments. From March to December 2020, the percent of kept appointments for face-to-face visits was 63%. The rate was 80% for telehealth. While we have moved to more in-person services as the pandemic has continued, there are many patients who explicitly request telehealth services due to concerned about COVID exposure, childcare, financial difficulty, or transportation.

With the option of telehealth, we can serve individuals on quarantine without exposing staff and still helping the child or adult continue progression in their treatment. The authorization to provide telehealth services in Connecticut's Medicaid program came out the day before the state closed in March. Most providers did not have telehealth infrastructure in place prior to the

pandemic. They had to design a system overnight, including the purchasing of laptops, online security, privacy systems, virtual meeting platform licenses, and issuance of smartphones to patients.

These investments have made an enormous -- have been made at an enormous expense, much of it unplanned with promising results. Continuing to use these systems after reopening the state will lead to increased service delivery, efficiency, and effectiveness.

At the Village, we have been able to continue care for patients in all situations, quarantine, inclement weather, and at home learning. Whereas many providers may have had to reduce their work hours or stop working all together due to childcare issues, our staff have been able to continue their work with the most struggling children while also caring for their own.

Care was not only accessible but was of quality. On average, the satisfaction and symptom improvement are comparable for telehealth and in person visits. The use of telehealth services will continue to be important during the transition period when site-based programs resume full in person operations.

Nonetheless, some families will continue to experience anxiety about meeting face-to-face. For other families, the availability of telehealth has dramatically increased their engagement and services and treatment.

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

LAINE TAYLOR: Okay, we urge you to pass an Act concerning telehealth because it continues to pay for telehealth at the same rate as in person visits and allows services to be delivered from any setting. It allows telephonic and audio only sessions, allows the use of any -- of HIPPA

compliant platform. And I'll just also say that it is very much an equity issue because it allows access to telehealth for people on -- who have Medicaid, our lowest income and most vulnerable populations. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Laine, and thank you for what The Village does. You guys are a great organization, and especially in these really tough times you guys have been there for our families, so thank you for what you do. I don't see any questions from colleagues, so thank you and have a great day. Tracy Wodatch followed by Jessica, and I think it's Guite. Hi, Trace.

TRACY WODATCH: Good afternoon, Representative Abercrombie, Senator Moore, Senator Berthel and Representative Case, and Members of the Human Services Committee. My name is Tracy Wodacth, President and CEO of the Connecticut Association for healthcare at home. The association is the united voice for the State Department -- State Department of Public Health Licensed and Medicare Certified home health and hospice agencies. As well as several non-medical DCP registered home care agencies. Together, our Members provide services that foster cost effective person-centered home care for Connecticut's Medicaid population in the setting they prefer most, their own homes.

Our home and community-based providers are the reason that Connecticut residents can successfully agent place avoiding higher cost institutional care. They are a savings vehicle for the state. I'm testifying today in support of three bills, House Bill 6469. For the Connecticut home care program for elders, 6470, AN ACT CONCERNING HOME HEALTH AND TELEHEALTH. and 6472, AN ACT CONCERNING TELEHEALTH.

6469 proposes elimination of the 9% co-pay for tier 1 CHCP services. This will encourage more eligible elders to apply and receive much needed long-term services and supports and keep them out of

institutional settings. Our providers have reported the problem that Representative Abercrombie put forth earlier in this hearing that clients turned down services because of the co-pay, stating they cannot afford it.

We especially thank the Committee for raising House Bill 6470, as it will ease Medicaid and state funded waiver home health care access. By making permanent the ability for APRNs and PAs to sign home health orders, allow for audio only telehealth visits when audio visual is not possible, and relaxes some of the prior authorization requirements for Medicaid -- Sorry, for Medicaid services. All of these have become necessities throughout the COVID-19 public health emergency and need to be made permanent.

Just to clarify, the APRN, PA allowance is needed. A federal law was passed at the beginning of the pandemic permanently allowing APRNs and PAs to sign home health orders and certify home health care plans. However, Connecticut's law at the time limited this practice to physicians only. The DPAH Commissioner at the time, expanded the allowance to include APRNs and PAs but just during the public health emergency.

The Public Health Committee is working on making this allowance permanent across all of home health. This, the language in this Bill 6470, will align with Connecticut law once passed. We support this and need this to be passed.

Regarding telehealth, we support 6470, which allows audio only visits in certain situations as oftentimes our patients do not have Internet or smartphones making audio visual visits impossible. We also support 6472, which will make telehealth a permanent Medicaid reimbursable service.

Throughout this past year during the pandemic, our home health and hospice providers have struggled with being able to access their patients. All too

frequently, remote telehealth visits were the only access. We appreciate the temporary Medicaid telehealth coverage during the public health emergency and have proven the value and benefits of being able to remotely access our patients and their families, whether it be in their private homes or in nursing homes and assisted living where we were denied access for large portions of the pandemic. As for the sunset date, it's already been discussed, we also would like to see a permanent benefit in place. We appreciate Human Services considering all three of these bills and encourage you to pass them. I'm happy to answer any questions and thank you for the opportunity to testify today.

REP. ABERCROMBIE (83RD): Thank you, Tracy. And thank you for your work. Just a quick question, you probably heard Attorney Sheldon talk about the prior authorization and the home care. What -- do you have an opinion on that?

TRACY WODATCH: Well, it's interesting because I testified before Aging Committee on the retroactive eligibility for Medicaid for home care, and I said exactly the same thing that Sheldon said today. Our providers are so tentative to take cases at this point that do not have already approved Medicaid services in place. It -- even if things are pending it's too much of a risk. And what I've asked is the consideration of some type of a prior off for a pending case, so that our providers would be more likely to take a case on knowing that with prior off, they would eventually get paid.

REP. ABERCROMBIE (83RD): Thank you. That's really helpful. Any question? Seeing none. Thank you for taking your time to -- I mean, for sticking around to testify, we really do appreciate that.

TRACY WODATCH: Thank you. Have a good day.

REP. ABERCROMBIE (83RD): Thanks. Jessica. Followed by Suzi Craig.

JESSICA GUITE: Hi, can you hear me?

REP. ABERCROMBIE (83RD): I can. Hello.

JESSICA GUITE: Wonderful, thanks so much. Good afternoon Senator Moore, Representative Abercrombie, and distinguished Members of the Human Services Committee. I thank you very much for the opportunity to speak to you today in support of both HP 6470, AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW. As well as HP 6472, AN ACT CONCERNING TELEHEALTH.

My name is Jessica Guite. And I'm a licensed psychologist, clinical researcher, healthcare innovator, and also, a member of this Connecticut Psychological Association. So, through my work in these roles, I've gained a broad perspective on the public health need for access to behavioral health assessment and treatment services in the State of Connecticut and beyond. As an advocate for health care reform and behavioral health care integration, telehealth is an important tool to advance both that and access to services.

The present syndemic of co-occurring crises, so when I say that I'm talking about, you know, all this stuff going on together. The COVID-19 pandemic, the economic crisis, the social determinants that are impacting health inequities. They all have further escalated the need for greater access to behavioral health providers and the support services they provide.

Services provided through telehealth have proven essential for eliminating these access barriers, and behavioral health access issues in particular. It's for this reason that I'm really in support of both bills and for also all the compelling reasons that you've already heard stated by so many of the distinguished speakers who preceded me.

The things that I would really like to emphasize in my limited time are three critical issues. Health equity, continuity of care, and improved access, particularly for those that are seeking behavioral health treatment. And I'd also like to include those who are participating in clinical research protocols that play an important role in creating high quality evidence-based care.

It's important for telehealth services to include audio only telephone communication as an option to ensure accurate equitable access to meet the needs of the broadest range of patients. We do understand that the Federal Government may not currently allow for this, but if they do change that decision, we would like to see Connecticut allow for it as well. It's in the best interest for individuals in need of behavioral health care services to have also no sunset date for the Governor's executive order pertaining to telehealth.

I would just add that telehealth access is consistent with the framework set out by the recently released Connecticut office of health strategy strategic plan, which really includes a vision for integrated high-quality healthcare that's affordable and equitably accessible to everyone.

As a clinical researcher, I also understand the importance of evaluating the success of this new telehealth model and the value it brings. It really does need to be evaluated through data collection and data driven decision making to support it. And I do also understand that there's been discussion that the sunset date would help to provide an opportunity to review the technology available at the time, which I think is a wise thing. However, I would respectfully request that any proposed sunset date to telehealth legislation not occur before June 30th, in order just to allow some time for the 2023 session to make a thoughtful determination as to the merits of the model. That timing would really allow for healthcare researchers and policymakers to

consider this data and properly evaluate it to see how it's impacting Medicaid recipients and speak to the merits of continuing or modifying telehealth legislation based on that.

So, I will keep this brief. In conclusion, I thank you really, very much for considering the written testimony that I provided, which has a bit more information in it, and I strongly encourage you to support both HP 6470 and HP 6472. I'm happy to answer any questions, and I thank you so much for taking the time to hear me.

REP. ABERCROMBIE (83RD): Thank you Jessica. And thank you for waiting to testify. We really do appreciate. Seeing no questions, thank you very much for being here.

JESSICA GUITE: Thank you.

REP. ABERCROMBIE (83RD): Suzi followed by Holly. Suzi Craig, long time no see. Where you been?

SUZI CRAIG: I know. I think the last time I saw you I was a redhead. [laughs]

REP. ABERCROMBIE (83RD): Yes, you were.

[laughter]

SUZI CRAIG: Good to see you around. Good to see a Senator Moore, and Representatives of the Human Services Committee. It's probably been a really long afternoon for you all, so you have my testimony. I will be putting a fine point on a lot of the things that other folks have been saying around access.

If you don't know me or mental health Connecticut. I'm the registered lobbyists and Chief Strategy Officer for MHC. We've been around for 113 years. We started out as an advocacy organization out of New Haven from Clifford Beers. And he began the

organization 100% because he wanted to create an atmosphere focused on recovery community-based services and access to care. So, something like telehealth which helps us modernize the ways that we access care is really important to our community. I will tell you that we debunked a lot of myths that we had around telehealth.

So, before 2020, we were 90% in person, with everything that we do with our housing services, everything, almost everything was in person. And I think we told ourselves that the virtual world was something that wasn't as good as the in person, right. 'Cause as you can imagine, all of our work is based on relationships and supporting the relationships of the people we serve, getting them what they need so that they can be independent and take on their own list. And that is -- that is 100% rooted in the relationships our care team has with our folks.

So, we thought, you know, the telehealth world, well, I don't know, I guess, if we have to, right. And then, yeah, we did have to, so. So, huge financial investment, huge like on a dime, thank God we have like the best IT team in the world. We turned it around, we had, you know, all of our staff on board ready to just really understand how to make this work.

And we really surprised ourselves, we found that folks were -- you know, obviously, some of our folks were super nervous about it. There's some technology education that had to happen, but, you know, overall, we changed a lot of the way that we did things. So, check-ins happen more regularly instead of once a week, maybe they were like every day or every other day. We found out that our folks actually accelerated in their recovery because they had to do things on their own, so they became more independent more quickly. Which is really fascinating so, you know, I don't want to speak for all community-based non-profits, but I will tell you

that there are other stories like that, that access to care like this, is going to be critical moving forward.

And one, you know, speaking of equity because we've been doing a lot of our own research around systemic racism and equity and how this is impacting access as well. I will also say that there's one group that we can speak to that others haven't been talking about, and that's the deaf community. So, imagine if your deaf going to doctor's office or going in for, you know, some appointment, everyone has to wear masks. How does that happen? Right. With telehealth, no one has to wear a mask and you can also break down that barrier transportation, you can have -- it's much easier to coordinate ASL.

So just want to make sure that that community is represented in this as well that when you start opening up the doors of access, then suddenly you're reaching communities that you've never thought of before.

And Representative Abercrombie, I just want to say thank you for noting about, you know, the push on the federal side. So, whatever we can do to help you reach out to the federal delegation, and we'll obviously be doing it ourselves, but whatever information we can help arm you all with to push the -- our federal delegation and make this a priority, please let me know because -- you know, along with, you know, the audio being a key factor and rate parity being a huge factor, we want to make sure that the Federal -- at the Federal level everyone understands that this is really critical. So thank you.

REP. ABERCROMBIE (83RD): Yeah, I think we're really fortunate because of Rosa being in the Chair of Appropriations now. So, you know, I think it's important to reach out to the Connecticut Delegation, and also, our Senators. To just let them know that as they go forward with the

telehealth and we know that they're gonna expand it, you know, throughout the country, want to make sure that the audio is included.

My understanding is they have included it with Medicare, so I would think that Medicaid would follow suit, but having said that, you know, we haven't gotten the okay on that piece yet.

SUZI CRAIG: Right. Right.

REP. ABERCROMBIE (83RD): So, thank you for all you do too. It's so great seeing you again. It's been a while.

SUZI CRAIG: Thank you. Yeah.

REP. ABERCROMBIE (83RD): Questions? No? Seeing none. Have a great day Suzi. Thanks so much.

SUZI CRAIG: Thanks everyone. Take care.

REP. ABERCROMBIE (83RD): Holly Hackett.

HOLLY HACKETT: Hello everyone. Before I get started to being timed, I would just like to say that for Senator Moore, your friend has what is called white coat syndrome, where she gets afraid and panic stricken to go to a doctor's office. So that's what it's called, it's called white coat syndrome.

Okay, so now Heather, you could start my three minutes. Good afternoon, Senator Moore, State Representative Abercrombie, and distinguished Members of the Human Services Committee.

My name is Holly Hackett. I'm a registered voter in East Haven Connecticut, but I am adapted to the City of New Haven. I'm a member of Mothers and Others for Justice and Health, which is helping everyone achieve lifelong trusted healthcare. You have my bio here, my written testimony.

I have been quite educated being the last person in line to testify. But as a person with lived experience and as the person themselves, I would just like to tell you, I do have mental health issues. I have panic and anxiety disorder and PTSD. So, for me personally, my behavioral health appointments online have been a godsend to me, especially given the pandemic.

But, of course, as someone who has an immune compromised system, I am definitely even more afraid to go out, so telehealth has helped me connect with all of my specialists. And you have some of my illnesses listed in my written testimony. But for my role with my Mothers and Others for Justice group, we are really trying to educate everyone about racial equity and health equity.

It's very, very important that everyone realizes in government, that we do exist, we are not just numbers, we are people, we have faces, we have lives, we do count. Even though most of the time, those of us who are low income and disabled, and in the black and brown communities, our considered marginalized, we should not be because we have a lot to offer.

I know you guys have heard all of the statistics and spoken to a lot of professional people. But if you have any questions for me, as a person living this, I would be more than happy to answer any questions that you have. You do have my information. But we, as Mothers and Others for Justice, also support SB 910 expanding Medicaid for mothers, due to the horrific maternal mortality we have here in Connecticut for black women. SB 6473 [sic] or HP 6473, HP 6470, and I am testifying for HP 6472 as well.

All of these bills have to do with racial equity and access, and it's very, very important that everyone pays attention. And if there's anything that we can

do to help you get these things passed, we will help as a community organization, and also, I'm very discouraged by the fact that we have 122,045 millionaires in Connecticut and 17 billionaires in Connecticut. I don't understand why we can't reach out to them and have them pay on their unearned income into our system so that people of lesser income and who are disadvantage can actually be helped by the state and by them.

And the -- it is a fallacy that if you tax them, they will leave. That is not true. We are a very welcoming state tax bracket to people who are wealthy. And they would be more than happy to continue to stay in Connecticut, and that is it. Thank you, Heather. I will not speak anymore. Thank you so much for listening.

REP. ABERCROMBIE (83RD): Thank you Holly. It's so interesting, by the time we get to the end of the list, people are looking for Heather. [laughs] So thank you for saving Heather's time to help us say something. But, you know, you were absolutely right on all of the issues that you hit on. And we do appreciate your support and your comments. Senator Moore, I didn't see your hand up, but did you want to say anything?

SENATOR MOORE (22ND): I want to thank Holly for sharing that information about the white coat syndrome. So, I can share that, let her know other people have that same concern. But I want to thank you for being a comrade fighting for racial equity. I really appreciate it.

HOLLY HACKETT: Yes, ma'am.

SENATOR MOORE (22ND): We're gonna bang that drum till we can't bang it anymore, and we see some changes. So, thank you so much for doing that. Thank you for --

HOLLY HACKETT: Yes, ma'am.

SENATOR MOORE (22ND): Thank you for that testimony also.

HOLLY HACKETT: You're very welcome. Thank you, Senator.

SENATOR MOORE (22ND): I want to thank Representative Abercrombie for stepping in for me. I had to step away for a couple of minutes, and Representative Garibay for helping me out today. I appreciate both of your help. We're a great team, thank you. Are -- I don't see anybody else. Is there anyone else who wanted to make a statement or say anything?

Well then, I guess, you know, I guess it's time to go. So, I just want to thank everybody for their time. Cathy, you're really good about timing. I want to give it to you that. I won't be betting against you on any of the timing of how things work out. But thank you everyone. I look forward to seeing you all in our next meeting or hearing.

REP. ABERCROMBIE (83RD): And now Senator is adjourning this public hearing. Thanks everyone.

SENATOR MOORE (22ND): Thank you all. We're gonna end the public hearing now. Take care.

REP. ABERCROMBIE (83RD): Bye guys, thanks.

SENATOR MOORE (22ND): Thanks.