CHAIRPERSONS:	Senator Abercrombie
SENATORS:	Berthel, Cabrera, Lesser, Moore
REPRESENTATIVES:	Anderson, Abercrombie, Arora, Buckbee, Butler, Case, Cook, Dathan, Garibay, Goupil, Hughes, Mastrofrancesco, Santiago, Simmons, Stallworth, Wood

HEATHER FERGUSON-HULL: So YouTube is set and the recording is started. So I believe you're ready to go.

REP. ABERCROMBIE (83RD): Good morning, everyone. I'd like to welcome you to the Human Services Committee meeting -- I mean, Public Hearing for today, March 4th. I'm Representative Cathy Abercrombie, Co-Chair of Human Services. Senator Moore, any opening remarks?

SENATOR MOORE (22ND): Yes, good morning. Glad to be here. Thank you.

REP. ABERCROMBIE (83RD): Representative Case?

REP. CASE (63RD): Oh, good morning, everyone. Glad to be here.

REP. ABERCROMBIE (83RD): And I don't see Senator Berthel.

REP. CASE (63RD): He'll be late. He's at another meeting.

REP. ABERCROMBIE (83RD): Okay. So with that, why don't we get started? We have 36 speakers today. The first hour is dedicated to elected officials. After that, we will go to the public. The public has three minutes. Heather is our timer on that. So when she comes on the screen and politely tells you that your

three minutes are up, please be respectful of other people's time and adhere to the three minutes. And with that, our first speaker today is our Commissioner of DSS, Deidre Gifford. Good morning, Commissioner. Thank you for being here.

COMMR. DEIDRE GIFFORD: Good morning, Representative Abercrombie. Good morning Senator Moore, Representative Case and Members of the Human Services Committee. Very happy to be with you this morning to testify on a number of bills, and I'm very much looking forward to the time when we can be together in a hearing room someday soon. So I'll just jump right in.

I'm, Representative, just planning to give very brief remarks on these and then assume that Committee Members will have questions for us.

REP. ABERCROMBIE (83RD): Thank you, madam.

COMMR. DEIDRE GIFFORD: First of all, HB 6446, THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES. Sections 1 and 2 of this Bill eliminate the cost-of-living adjustments for recipients of temporary family assistance, state administer general assistance and state supplemental cash programs for the aged, blind, and disabled. This is a state savings of approximately $0.8 million in fiscal 2022 and $2.1 million in fiscal 2023.

Section 3 of this Bill creates an asset test for qualifying for the state's Medicare Savings Program. Connecticut right now is one of only nine states that do not have an asset test under the Medicare Savings Program. This Bill would institute an asset test at a level that is more generous than the asset test utilized by most states. Our asset test would be double the federal minimum, aligning us with our neighboring state, Massachusetts.

The Bill does not change income eligibility, which remains the highest of any state in the country. This

proposal results in a net savings of approximately $27 million in 2023 and $34 million in fiscal 2024.

Section 4 creates prompt payment standards, which are common practice in Connecticut's healthcare industry, requires health insurance companies after receiving a bill from DSS to either pay the claim within 90 days or request also within 90 days, any information necessary to determine whether it's obligated to the claim.

It also requires a health insurance company that has reimbursed the department for healthcare services or equipment under Husky, and then who determines that they are not liable for the cost to request a refund within 12 months to DSS.

Sections 5, 6, and 8 remove rate increases for boarding homes over the biennium. This Bill eliminates the rate increases for boarding homes that choose not to submit annual cost reports and maintains the flat rates at current levels. And savings are estimated at $2 million in 2022 and $4 million in fiscal 2023.

Section 7 implements our long-standing plans to transition the way we pay for Medicaid-funded nursing home services, a strictly cost-based method which we use now, to a new method which would be based on so called acuity or severity of illness among the residents. This will be phased in starting in July of 2021.

Very briefly, this method would involve moving from a cost-based one-size-fits-all payment method. The one that is based on the care needs, the amount of direct staff support that's needed by residents and to calculate those rates and update them quarterly. This will promote access to higher quality care for residents, especially those with extensive care needs. It will enable Medicaid to pay nursing homes based on the complexity of care that their residents require. We would be following the lead again of 33

other states and the District of Columbia, which have already implemented this method. It would, as I mentioned, permit nursing home rates to be adjusted on a more timely basis, quarterly instead of annually. And eventually allow Connecticut to very importantly move towards a value-based payment, and that is linking the quality of care to the payment for services.

Section 8 requires the interim rate paid upon the sale of a licensed chronic and convalescent home or rest home that is in receivership and cannot exceed the rate in effect for the facility at the time of the imposition of receivership. And Subsection H of Section 8 eliminates the inflationary increase for intermediate care facilities for persons with intellectual disabilities, except for costs associated with capital improvements who by DDS in consultation with DSS related to the health and safety of the residents in the facility.

Section 9 of this Bill is just a technical adjustment noting that what is currently subsection H will become subsection I if that Bill is enacted.

Moving on to SB 955, AN ACT CONCERNING OUTDATED DEPARTMENT OF SOCIAL SERVICES STATUTES, there are a number of requests here to update or eliminate language that's no longer relevant. It would appropriately recognize that the weatherization program has moved from DSS to [DEEP 0:06:50] and change some language there. It would make the mandate to amend state plan amendments to provide coverage for optional adult rehabilitation services permissive rather than mandatory because we already currently cover a comprehensive array of behavioral health services through our behavioral health partnership, not through the rehab option.

It would change the state requirement that we submit to see CMS, a copy of a transcript of the Joint Committee Proceedings related to [as far as waivers,

CMS does not require the department to submit these transcripts.

It would eliminate the requirement that DSS promulgate uniform regulation for licensing of all human service agencies. We do not license human service agencies at DSS and the Auditor of Public Accounts has recently informed us that they interpret that statute to require DSS to promulgate such regulations.

It would eliminate a report concerning health care choices under Husky because that applies to managed care organizations, none of which are currently operating in the State of Connecticut. It clarifies that freestanding medical clinics have always been and continue to be paid on a fee schedule and not on cost reporting.

It would eliminate a requirement that the Department adopt regulations for a consortium of FQHCs operating as a preferred provider network. There is no such consortium or network in existence today.

It would end the long dormant client advisory board that we believe has been effectively replaced by the 2Gen Advisory Council, which includes parents, the Department, and other agencies that work closely with the Department.

It would eliminate a requirement to create a maximum allowable cost list. This is no longer a federal requirement under the drug pricing methodology.

And finally, it seeks to remove an outdated provision from 1989 law that requires DSS and the Department of Labor to provide ongoing assessment of the needs of the business community and the ways persons with disabilities could fill such needs and to assess skills needed by businesses, necessary training available jobs in specific worksites. This is not a typical mandate for the Department of Social

Services, and we are asking that this language be repealed.

Moving on to SB 958, AN ACT ALLOWING CERTAIN SNAP BENEFICIARIES TO USE ELECTRONIC BENEFIT TRANSFER CARDS AT PARTICIPATING RESTAURANTS. This Bill would require DSS to develop and implement a plan to begin participating in the federal restaurant meals program, which allows homeless individuals, adults aged 60 and over and disabled recipients of SNAP, the ability to purchase prepared meals using their SNAP EBT cards.

Right now, there are only three states that operate this program, Rhode Island, California and Arizona. The restaurants must agree to participate in the program and they need to agree to offer low-cost or discount meals. They can't charge a gratuity or sales tax and must have a seating area for patrons to consume their meals.

DSS does not support this Bill, not because the intent is not appreciated, but because in these three states that have adopted this program, there has been minimal participation by restaurants, and the cost for implementing it to DSS would be significant. We would need to make modifications to our eligibility system and the State's vendor system, and we would need additional staff to do so and to administer the program and in our neighboring state of Rhode Island, even though the program has been in existence for a number of years, there are very small number of restaurants that have agreed to participate.

With respect to HB 6518, AN ACT PROVIDING MEDICAID COVERAGE FOR CERTIFIED DIETITIAN-NUTRITIONISTS, this Bill requires the Department to include dietitian-nutritionist as an optional service under the Medicaid program. Currently, Medicaid members can access these services in a number of ways.

First of all, we will approve the services of a certified dietitian or a nutritionist when medically

necessary based on an individual assessment. We also pay for the service of a certified dietitian or nutritionist provided through a federally-qualified health center or an outpatient hospital setting when prescribed by an enrolled physician, APRN or PA. We also pay for nutritional counseling services when they are rendered by a physician, APRN or PA in an outpatient setting.

And the Department has also implemented some programs through our Administrative Services Organization CHN, such as the diabetes prevention pilot program or intensive care management program for people with diabetes and obesity, and both of which do include dietary counseling. We recognize the benefits of dietitian-nutritionists. However, we would prefer to work and do some additional review on the context of moving forward with these services.

Finally, HB 6520, AN ACT CONCERNING THE PROVISION OF TEMPORARY STATE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE. This Bill would seek to expedite the provision of federal SNAP benefits and state-administered general assistance to victims of domestic violence. The SNAP provisions in the Bill unfortunately conflict with a very restrictive federal laws regarding SNAP eligibility to who can receive an expedited benefit. It would also limit whose income is considered when determining eligibility for benefits, which is also not something we have the flexibility to do. Under existing federal law, DSS can subtract from such victims' household income, the income of any spouse or partner not living with the victim. But if the applicant is still residing with the spouse, federal law prohibits us from excluding the income from the eligibility determination.

With respect to the general assistance cash, DSS already excludes the income of spouses that are not living with the applicant. Therefore, we do not support the Bill, but are certainly available to

discuss solutions to help address the Committee's underlying concerns.

I'm joined by several esteemed Members of the team from DSS. That concludes my testimony, Madam Chair, and we're happy to answer questions. Thank you for the opportunity to testify.

REP. ABERCROMBIE (83RD): Thank you, Commissioner and thank you for the testifying on these issues. Colleagues, if you want to ask a question, please raise your hand in the box. If for some reason, you're having a hard time raising your hand, please just wave in the screen and we'll make sure that you're acknowledged. I will start with Senator Moore. Do you have any questions?

SENATOR MOORE (22ND): I do. I was trying to raise my hand, so thank you for calling on me.

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

SENATOR MOORE (22ND): I was only -- it was nothing wrong, it's just that I was trying to get through. Thank you for your testimony, Commissioner. I want to go back to the restaurants -- using SNAP at the restaurants and you said it wasn't used in the other three states. Do you know why people didn't use it? Do you know if people were aware of the benefits that they could?

COMMR. DEIDRE GIFFORD: So, I'm joined by our SNAP Director Daniel Giacomi, so I'll ask him to offer. But I think the requirements that I mentioned, Senator, with respect to the restaurants needing to offer discounted meals and have a seating area and not charge tax and not allow gratuity, my understanding from Dan and others who said, there really haven't been very many restaurants who wanted to participate in this program. I think the last number I heard was there were nine Subways across the entire State of Rhode Island that were participating. So I think it's been a challenge with actually

getting the restaurants to join in. Dan, I don't know if you have analogous information in Arizona or other states?

DANIEL GIACOMI: Certainly. Good morning, my name is Dan Giacomi. As the Commissioner said, I'm a Program Administration Manager for the Connecticut Department of Social Services, overseeing the SNAP program. And Senator Moore, thank you for your question. I think to add to what the Commissioner was saying as well would be the simple mathematics of it, as well. You know, if you look for a single adult, for example, the maximum benefit that individual can receive in a month is $234. So if you divide that amount by 30 days, for example, that gives them $7.80 per day to use in order to maximize the amount of SNAP benefits they have.

So when you look at the restaurants that are participating, as Commissioner Gifford has noted, by and large the amount of the restaurants that do participate are fast food restaurants. As she, you know, correctly noted, there is nine Subway Restaurants in Rhode Island, one independent pizza parlor that also participates.

In Arizona for example, it was I think 520/600 restaurants that participated in Arizona that were fast food restaurants, as well. So when you take that $7.80 a day that they're using or that they're willing to spend or have available to them if they're receiving the maximum amount of benefits, it doesn't allow them to stretch their benefits out by going to a restaurant. So there's not a large advantage of them being able to go to this restaurant, purchasing a meal and having a good portion of their day's allotment so to speak or average go towards that one meal.

So what we find more so is that the individuals want to be able to go to the store to look for the sales, look for things that they're able to do to maximize

the amount of benefits that they have so that it can last them throughout the entire month.

SENATOR MOORE (22ND): So wasn't this a pilot someplace before they implemented or all three of those states still in a pilot mode?

DANIEL GIACOMI: So currently, Arizona is statewide, they're out of the pilot mode. Rhode Island is still within the pilot, they're only operating in two of their five counties. California, which has been the oldest one to operate the restaurant meals program since I believe the beginning of early 2000s, they do it in a county opt-in mode. So they allow their counties to decide whether or not they want to participate. The county would then fund it, operate it, staff it, so on and so forth. And I think as of February, so as of last month, there were only 17 of California's 58 counties that had chosen to participate. So, although it may not be in a pilot there, it's still used somewhat sparingly within that state as well.

Florida was another state that previously operated, but recently I think within the last year or two, Florida has decided to forego the program for the reasons that the Commissioner had already laid out in her testimony.

SENATOR MOORE (22ND): Thank you. Thank you, Commissioner, and your staff. That's it. Thank you, Representative Abercrombie. Thank you.

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

REP. CASE (63RD): Thank you, Madam Chair, and good morning, Commissioner. How are you?

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

REP. CASE (63RD): So a little more light has come with the EBT in the restaurants. I think that's going to be a lot of the topics that are talked about today. Not realizing that it was just in-house restaurants that a lot -- You have to eat in-house, takeout is not an option. Is that what I'm hearing?

DANIEL GIACOMI: No, Representative, they would be able to take it out. I think one of the requirements though is that they have to have the ability if the individual chooses to eat it there, that there is a place for them to be able to eat it there if they chose. You know, obviously with the Public Health Emergency, for example, where we were limiting the number of individuals or we were not allowing, they would still be able to take it out. It's just that you can't solely offer takeout, you can't -- I don't want to use the word "discriminate", but you can't tell that these individuals that come in, purchase with their SNAP benefits, then have to leave. We have to have the ability to have them to seat.

You know, when we look at the three populations that are being served, especially within the homeless population, they may not have a place to take it. So one of the requirements they said is that if you're going to operate it, you had to give them the ability to sit down and consume the meal there.

REP. CASE (63RD): And in talking when the Bill came up a few years ago, it was Rhode Island that had, I believe, one Subway that took it up and I believe what we heard in testimony and correct me if I'm wrong, is there's also reporting by the restaurant that takes it on. And that's why a lot of restaurants were pretty unsure about doing it because they had to have a special swipe for the card, and they also had to have reporting which is not cost-effective or cost-inhibitive to them as a restaurant unless we can do something as a state to supply them with that, but the extra reporting is also what some restaurants are concerned about. Is that what we're hearing and is that the case?

DANIEL GIACOMI: Yes, that's a valid concern, and I think you bring up a great point. One of the reasons that we've noted that the fast food restaurants are willing to participate is because they already have the point of sale or POS devices available within their stores, they're already using them. So it's a smaller lift for them to be able to add on the SNAP EBT component to their device. If you were a normal, you know, Mom-and-Pop Restaurant, you would have to either lease or purchase a POS device that would allow for the ability to accept SNAP benefits there.

There is also then monitoring on both the agency side as well as the restaurant side to ensure that the individuals that are coming in and trying to participate fall within one of the three categories that are laid out. So they have to either be 60 or older, disabled or homeless. And on the state side, we have to ensure that only the restaurants that have been approved to accept the benefits are the ones that are accepting it and that the transactions are occurring for only the individuals that are allowed to use this benefit at the restaurants.

REP. CASE (63RD): Okay, and I think we've gotten some information on that. I'd like to hear how the pilots are going, but from what I understand, Rhode Island even though they have one Subway that's going down a lot are using it. But we did move steps forward, I believe last year or the year before where these cards can be used on Amazon Fresh. Is that correct? Some other things, so they can get produced and stuff. So that was one step moving forward and this is the second step to get into restaurants. And it's not just us here as the State, it's getting the restaurants to get on board to actually come forward and do this.

So okay, I appreciate that. And I just wanted to ask a question real quick on number six, which is 6520. So in a lot of these cases, Commissioner, you know, this domestic violence, whether it's a he or she, you

know, they are in a financial situation of affluent and the reporting is very difficult what they're going through, they just need to get out of the house. And I think that's where this comes forward to say, hey, we got to get them some benefits or get them working or get them settled. And this is a way to get them some dollars. I know from working with the family project in Boston, myself, which was an affluent place for domestic violence people to go to. That was always the issue because they didn't have the proper reporting, because the money was always there for them, but it wasn't able to be touched.

COMMR. DEIDRE GIFFORD: Right. As I said, Representative, we understand and appreciate the goals behind this. Our hands are a bit tied on the SNAP side with respect to what we can and can't ignore on eligibility determinations. On the cash side, you know, we of course at DSS, we support in partnership with you our domestic violence shelters. We're certainly willing to sit down and talk about, you know, other ways that we might be to approach the challenge [inaudible].

REP. CASE (63RD): Sounds good. Thank you for coming today. I appreciate it. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome, Representative Case. Senator Berthel, do you have any questions?

SENATOR BERTHEL (32ND): No, thank you, Madam Chair. And I apologize for my delay. I had another meeting that overlapped this. But thank you Commissioner for the explanation on the -- I came in right when you were finishing your comments on the SNAP program. And I think that makes, you know, it makes a lot of sense in terms of the difficulties, if you will. If that makes sense what I just said that would come with administering that program. You know, I think we're all sympathetic to the intent here, but it sounds like from a logistics and operations standpoint, it would be very difficult to administer and ultimately

to control. So I appreciate your providing some guidance on that today.

COMMR. DEIDRE GIFFORD: You're welcome. Madam Chair, with your permission, I wonder if it would be helpful if Dan just said a little bit about the expansion for online ordering that has happened over the course of the pandemic and referenced Representative Case's question. Would that be helpful?

REP. ABERCROMBIE (83RD): That'd be great. Thank you, Commissioner. Dan, please proceed.

COMMR. DEIDRE GIFFORD: I don't want to put you on the spot, Dan, but it might be helpful just to round that out a little bit.

DANIEL GIACOMI: No, thank you. And that's a fantastic point, and I did not want to interrupt the Representative while he was speaking. But that is something as a result of the pandemic, that we did go forward with as a state here and that we have found to be very successful. And that is we do now offer online purchasing with SNAP benefits for retailers that are operating here in the State of Connecticut. Obviously, two of which, Amazon and Walmart, are nationwide. The other three of which I should say, one is a little bit smaller, but it is all the stores through Instacart as well as the third. And then the fourth is more local, it's ShopRite stores. So I believe there is around 20 ShopRite's here in Connecticut that now offer online purchasing with either curbside pickup or delivery for individuals that find it difficult to be able to get out to the store and do their shopping.

We're working with FNS. I know that on the federal side and federal legislation has put forward additional funds to try and bring in more stores and particularly focusing on some of these smaller more independent stores. We've engaged in conversations with stores as well looking to gauge their interest. I know one for example, is Geissler's, that operates

a number of stores here in Connecticut, trying to see, you know, who would be willing to do it, who would want to come aboard. But that is another way in which individuals, as I said, that do not have the ability to get out or perhaps don't feel comfortable getting out to the stores at this point, can use their benefits online to have the groceries delivered right to their house or as I said contactless pickup for things of that nature.

REP. ABERCROMBIE (83RD): And Dan, if I may, how was this information sent out to recipients of SNAP? How did they know that they have that option now?

DANIEL GIACOMI: Sure. So we have been posting it on our website, we've been putting it out through the Governor's Office. I myself also engage in the ESF 6 biweekly food group calls. So we've given materials to all of our outreach providers and all of our partners on that to let them know, particularly with 211, making sure that in any forum that we visit, that this is something that we definitely promote and push forward with.

Obviously, it's not without its own challenges as well to operate this program or for individuals that are using it, but it's something that we think is definitely a step in the right direction and hope to be able to expand on in the near future.

REP. ABERCROMBIE (83RD): And is this something that you did through an executive order or was this something you were able to do internally, because it came from the Feds?

DANIEL GIACOMI: So this was originally, if you recall last year just prior to the pandemic starting, was something that was being asked of the agency itself, and it initially was a pilot program. I think one of the groups that I belong to, the American Association of SNAP Directors, got together and really pushed forward with this issue to say that this was something that we need to be able to do.

Our partners on the Food Nutrition Services then got together with the retailers, with the card vendors, with the individuals that do pin security for example, and tried to see how they could get this done quickly. So it became a pilot that we as a state would be able to opt into as we, you know, if we chose to and as soon as we heard about it went in full force with the pilot. Reached out to as I said, Walmart at the time, it was Walmart, Amazon and ShopRite and were able to get them to support us here in Connecticut and move forward with it.

REP. ABERCROMBIE (83RD): And do we need language to codify this to make it a permanent?

DANIEL GIACOMI: No. Sorry, Representative, once we went through with it as part of the pilot, it now becomes permanent. It's something we will continue on. They will not be taking it back at this point. It's kind of like they open Pandora's Box, which was absolutely necessary, but not something that needs to be added to the legislation or anything of that nature.

REP. ABERCROMBIE (83RD): That's great. And does this include prepared cooked meals that you can get at grocery stores, also?

DANIEL GIACOMI: No, that unfortunately is still in federal regulations that we're not able to support that at this time. If we wanted to try and look at something like that, we would have to request a waiver for something. I will say that that was a waiver we looked into in the beginning of the pandemic and were denied.

Typically, they reserve what's called "hot or prepared meals" for disaster situations and something that I shudder sometimes to say the word but our D-SNAP program that we ran back in 2011 as a result of the hurricane. That's a piece of D-SNAP that comes in normally and they really shy away from allowing it as

a part of normal operations. But it was something that we would have to request the ability to do with FNS and receive approval if we wanted to offer hot or prepared foods.

REP. ABERCROMBIE (83RD): So just for clarification, we were not able to offer that through this extension of people being able to order their food. It wasn't included in that even though it was, in my opinion, COVID would go under a disaster timeline. So we weren't able to include that in that?

DANIEL GIACOMI: We were not. And in fact, we did have conversations with the Grocers' Association to see what their beliefs were. And in the beginning of the pandemic, what we were finding was a number of the hot food sections of the grocery stores were closed. They weren't allowing individuals to come and take it because of all the uncertainty of how the virus was being spread and things of that nature. So even if we were to get it, it was our understanding or belief that it wouldn't have been super helpful because the hot or prepared foods, at least in the major grocery stores or the independent grocery stores were not available for purchase at the time.

REP. ABERCROMBIE (83RD): Thank you. That was really helpful and informative. We appreciate you giving us that information. Representative Hughes, followed by Representative Mastrofrancesco.

REP. HUGHES (135TH): Thank you. Thank you, Madam Chair. And thank you Commissioner and your staff for being with us today to kind of comb through some of these proposals before us. I'm concerned about a number of things. So I'd just like some clarification. Section 1 of 6446, Withholding payments related to CPI increases for the next biennium and withholding payments related to CPI increases for adult payment standards to the State's Sheriff's SSI for the next biennium.

We heard so many testimonies and of course, you know, also from, you know, folks that have been deeply, deeply impacted during this pandemic in terms of getting access to just basic necessities. Is this simply an attempt to -- to save costs? I guess that's my question.

COMMR. DEIDRE GIFFORD: Thank you, Representative. Of course, you know, these are part of the overall challenge of finding, balancing the many, many, many demands in this, you know, difficult economic and challenging circumstances as a result of pandemic.

We have been able to, you know, through a number of our programs, for example, the pandemic EBT and the supplemental payments through EBT, we have been able to fortunately provide tens of millions. In fact, I think it might even be up to hundreds of millions of dollars now in additional assistance for food purchasing through SNAP, through a number of relief bills, which has been helpful. But these whole adjustments, my understanding is, this has been a number of years that this provision has been implemented.

REP. HUGHES (135TH): Okay, and we are hearing from across the State a concern about reestablishing an asset test for the Medicare Savings Program. Again, it seems to a lot of Members that they're penalized for savings, for having some buffer for retirement, and then they're being denied access to basic program of the, you know, the benefits of paying for their prescription and co-pays for basic, you know, for their deductible. And I just would caution characterizing that as generous because really, it's very basic. It's like people feel like this should be a bare minimum of, you know, being covered, for paying into Medicare all these years and regardless of their assets, they feel, I believe rightfully so, but they should be able to access full value of this very, very basic benefit and should not be nickeled and dimed. Because they worked really hard to save, you know, and to have a buffer of asset. That's not

generous, that's just bare minimum and I believe that it goes a long way towards communicating that the State values our retirees, regardless of their income level and understand that this is a basic right to healthcare and to prescriptions that they need and to cover that.

So I feel like we are not in a position especially during this pandemic that has really been catastrophic on our older folks and they are very much at risk to balance the budget on the backs of a benefit that they expect. And to re-establish that asset test, I think would be catastrophic. So I'm going to request we don't do that.

I'm also really concerned about the freezing reimbursement rates for intermediate care facilities for folks with intellectual disabilities. Again, we've heard just, you know, hours and hours of testimony and certainly throughout this pandemic of the folks that are first in line helping our most vulnerable population, putting themselves on the line, showing up to, you know, to work regardless of the risk and showing up to work without protections. And they are begging for increases to their reimbursement rates for residential care homes, community living arrangements and community companion homes, so that they can keep doing this because it is not viable without increase in reimbursement rate.

So, again, I would ask is this simply a cost-saving measure to deny that reimbursement increase?

COMMR. DEIDRE GIFFORD: Representative, I certainly understand the concerns and we also have been engaged with conversations with a number of these providers and understand and are grateful for their continuing, you know, work on behalf of our members. Again, I would just point to the fact that in this very challenging period of time with the budget as a result of, you know, the pandemic that we've all experienced, that there are difficult budgetary choices as I know all the Members of this Committee

understand and appreciate. I did want to go back to your comments if I could on the Medicare Savings Program and the asset test.

REP. HUGHES (135TH): Sure, Madam Chair, thank you.

COMMR. DEIDRE GIFFORD: I do want people to be reassured that the Medicare portion of their benefit is not at issue here. That is a separate federal program, the Medicare benefits continue. This is the program that has Medicaid programs, a separate federal state partnership covering the deductibles and co-pays and other costs for Medicare beneficiaries. I do want to point out again that our income levels to qualify for this program would not change under this proposal and they would remain the highest income levels in the country. So, I do think people should be reassured that Connecticut is not moving to anything close to an extreme when we talk about the Medicare Savings Program. And also that our asset test would be double that of the federal minimum and in line with our other states, our neighboring states.

So I appreciate your concern Representative, and understand it. But I do want to make sure that people know that even though this is a modest adjustment in what continues to be higher standards and the remainder of the country for qualifying for Medicare Savings.

REP. HUGHES (135TH): Yeah. Through you, Madam Chair, I totally appreciate that. I'm just saying that our constituents do not see that they have to qualify for a benefit that they believe is basic that they should be afforded anyway, you know. That they shouldn't have to be penalized again for doing their best to, you know, manage the costs. We are one of the highest cost-of-living in the States, and you know, to our constituents it feels like nickel and diming our budget balance on the backs of seniors. And you know, even though we try to explain, "Hey, it's really generous compared to other states", that they're

like, "Why are you coming after me? I've done everything right, and I'm supposed to have--", you know, again the deductibles and co-pays feel like nickel and diming seniors that just need to be reducing barriers to care, reducing barriers to, you know, medically necessary prescription.

And that brings me to my third concern about the SNAP benefits. I appreciate that these are pilots and that we're trying to be in line with the federal administration's guidelines. I believe that those are going to change now with a new administration, and I would like to be ready for those changes to be in line as federal law allows. Again, to remove the barriers, we're in a different world now. We need to remove the barriers for people to just have access to basic food. You know, many people are relying on those prepared foods, you know, pushing them to only the fast foods, again, reduces the quality of nutrition that people can access, that people who are, you know, desperate people are working, just trying to manage basic, basic things. And I feel like our job as government is to reduce the barriers to get the maximum benefits just for basic, especially for those low-wealth folks that are denied, you know, access to fresh and healthy products for instance, and more nutritional, you know, more nutritional options for just feeding their family.

So when we look at how can we modernize what's happening now especially with a lot of, like, you're saying Instacart, Amazon, Walmart, ShopRite, but also, you know, how can we help those restaurants that are trying to open up and be viable in this post-pandemic economy? And how can we make that point of sale easier, so that it's not a burden on, you know, both the restaurants or the stores and in on the folks that are attempting to use this benefit.

REP. ABERCROMBIE (83RD): Was there a question, Representative?

REP. HUGHES (135TH): I guess, can we get our proposal in line with coming modernized legislation from the federal, because I hear that that's a barrier right now.

REP. ABERCROMBIE (83RD): And have you seen any of that? Because I haven't seen any of that. We had a briefing the other day about what was coming in the next package and there was nothing talked about in SNAP. Are you saying that you have seen something on the federal level that's coming that we should be aware of? Because we can't put legislation in for something that we don't know. So are you aware of something?

REP. HUGHES (135TH): Well, what I'm hearing is that we're going to review those barriers again to modernize them. So I'm wondering if we can make our budget to say as federal law allows in terms of, you know, the removing barriers to access for folks.

REP. ABERCROMBIE (83RD): Okay.

REP. HUGHES (135TH): You know just that language as federal law allows.

REP. ABERCROMBIE (83RD): I was just trying to figure out what you're getting at. So, okay, that's clear.

REP. HUGHES (135TH): To be prospective, to be prospective. Because, you know, I'm hearing rightfully so that we were trying to adjust to how things work, how these regulations were ruled out at the beginning of the pandemic. I think we're rightfully so to be anticipating that we're not going to return to the way the SNAP, you know, administration was before the pandemic. It's going to be a hybrid of something new in post-pandemic times. And I wanted to register that.

REP. ABERCROMBIE (83RD): Understood, understood. Thank you for your questions.

REP. HUGHES (135TH): I think that's about it, all I have for now. Thank you.

REP. ABERCROMBIE (83RD): Okay. Representative Mastrofrancesco.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. And thank you, Commissioner Gifford. As always, I always appreciate your detailed testimony, it's very helpful. Just a quick, on two topics. One, I just want to talk a little bit about Senate Bill 958, about the SNAP benefits for restaurants. You had mentioned something or maybe Daniel did about the cost to the State increasing from that program. What costs are involved on our end to implement something like that?

COMMR. DEIDRE GIFFORD: So if you notice, there are only certain SNAP beneficiaries that would be eligible, alright. There are certain categories. So, we would have to enhance our system in such a way as to define who is homeless, for example. And then we would need to make modifications to our system to be able to periodically assess that and identify those individuals because as Dan said, only those individuals and not everyone with SNAP would be able to use his program. Unfortunately, every time we make modifications to our eligibility system that requires time and investment, and then as Dan said, the human, you know, the staff that would be required to oversee and manage the program, the engagement with the providers, etcetera, the other part of the cost. Did I miss anything, Dan?

DANIEL GIACOMI: No, and thank you, Representative, for your question, and you hit it very well. So just a little bit of background on the way that our EBT operations work is we have our eligibility system at the Department of Social Services. Once an individual or a household is determined eligible for SNAP benefits, a file is then sent to our EBT vendor that allows the funds to be spent. It does not provide at this point, any demographic information on this

household because that's not a requirement of any of our programs. It just tells them, here's the account, here's the head of household, here's the number etcetera. So we'd have to make modifications to that to then identify these individuals that would be allowable or would be allowed to use these benefits at the restaurants.

Separately, we would have to modify their system which obviously as I'm sure those of you are aware, any change order is going to cost money when it's not currently within the contract. We would have to modify their system to identify the restaurants that are participating and then allow them to accept those purchases from those individuals that we have identified.

So those are two of the costs that would go into it as well that we would need to, as she said, account for the separate. As she said, each restaurant or group of restaurants, if they're under one organization, would need to enter into a contract with the State agency that, you know, allows them to operate this program. So there wouldn't be costs around having staff members being able to do that outreach -- that contract where there would be outreach in training for not only our providers or our restaurants, so to speak, but also our clientele and our eligibility workers to notify them of this program. That's another cost that we would have to incur.

You know, as I said, in California themselves, I recently spoke with them. For their 17 counties, they have four staff members that they use just on the state level to administer the program. And the only part that the state [inaudible] itself administers is the contract piece. So then they have each individual county has another group, of three or four individuals that do the outreach, that do the work with the monitoring, that do the work with going to the restaurants, etcetera.

So each of those individuals would then obviously come with an additional cost as well to be able to keep them within the staff for however many individuals we feel that we would need to not only start up the program, but then be able to monitor it and keep it going for years to come.

REP. MASTROFRANCESCO (80TH): Okay, yes, thank you. That makes sense. I'm sure it could be very costly for the State in any event. There was something in there -- Do certain restaurants contract with the State because it says in here "The plan shall identify restaurants that contract with the Department of Social Services." Are there specific restaurants that already contract with the State that they would have to use, would it be limited?

DANIEL GIACOMI: No, no, I'm sorry, Representative. That was confusing. No, what that is identifying is that the restaurants that choose to participate would then be contracted with the State to allow us to monitor and make sure that they're abiding by the rules of the program. So we don't currently have any contracted restaurants here for the SNAP program.

REP. MASTROFRANCESCO (80TH): Okay. It was just confusing, the way it was worded in the language there. I think you mentioned something that the restaurant would have to offer meal discounts, did I hear that correctly? And why would that be? Restaurant is charging, I don't know, $5 for a hotdog or hamburger or a meal. Why do they have to offer that at a lower cost?

DANIEL GIACOMI: That's actually written right within the federal regulations that they have to offer the meals at concessional prices. A concessional price though, if you think about it from a fast-food perspective, would be a $5 footlong at Subway. So it's offered to offer all individuals, but it would also you know, qualify them as offering concessional meals. Accommodation platter for example, at another

restaurant is something that's allowable because it's a discount for a meal.

I think one of the things that they want to ensure is that you're not charging a different price for the individual that's coming in and using their SNAP benefits, then you would be, that is above and beyond what you would be someone that is not. So they wanted to ensure that they're at least on equal plane, if not have more availability than an individual coming in using their debit card or cash or something of that nature.

REP. MASTROFRANCESCO (80TH): Okay, that makes sense. And then also, currently when somebody is using their SNAP benefits, do they pay tax on anything? Because I think you mentioned you can't charge tax or gratuity. Obviously, I understand the gratuity. Tax, do they pay no taxes at all no matter what they purchase?

DANIEL GIACOMI: No, because it's only for allowable fruits and vegetables and food items, which generally don't have a tax associated with them. In the current SNAP, if you go to the grocery store, you're not paying a tax on those items that you're using your SNAP benefits for.

REP. MASTROFRANCESCO (80TH): Okay. And then you mentioned something about when you've expanded online ordering right now due to the pandemic. Is there a delivery charge associated with those and who pays the delivery charge? Does that come out of their SNAP benefits or is that separate?

DANIEL GIACOMI: That's a separate charge. Some of the vendors do not charge it, for example with Amazon, I believe it's like around $35 or more, it's free of charge. But if there are any service or delivery fees, the individual would be responsible for them and would not be able to use their SNAP benefits to pay for those. It's just not currently allowable on a federal level.

REP. MASTROFRANCESCO (80TH): Okay, thank you, and then just one more quick question. You had mentioned, I understand what the restaurants they would have to have their certain credit card machines reprogrammed, not necessarily have to buy new machines like a lot of them, they just reprogram that it takes the SNAP, the EBT cards. And always there's a fee associated with that for the restaurant, right? It's a processing fee, interchange fee, credit card fees and all that. Those fees are a little bit higher on EBT cards as opposed to Visa, MasterCard or whatever, which the restaurant would have to consume, correct?

DANIEL GIACOMI: That's correct.

REP. MASTROFRANCESCO (80TH): It would be a deterrent for the restaurants not to accept it, like some don't accept American Express because their fees are just ultimately higher. So I can see where there'd be a lack of participation on some of the restaurants just due to the credit card fees alone.

Thank you so much for your answers to my questions on that. I did have, Commissioner Gifford, just a couple of quick questions for you if you don't mind.

On the new formula for the nursing homes, the new formula that you're going to be using. You mentioned that those are based on acuity. Can you just kind of give me a quick overview, what is the formula today and financially how would it affect the nursing homes in the future?

COMMR. DEIDRE GIFFORD: This is a good question. Today, our payment to nursing homes, our daily rate, is based primarily on costs. So we have a complicated formula that looks at their average costs and has a number of adjustments, and then we pay the same rate for every individual who resides in that facility, based on the costs to operate that facility again with some adjustments. And we'd be happy to talk more offline about the details of this.

This new system uses a very well-recognized and mature system that is part of the Federal Medicare Program to measure how complex the needs are for each individual who resides in the facility. Some people residing in nursing homes have relatively minimal care needs, although, you know, to get into a nursing home, you need to have requirements for assistance in many of your activities of daily living, but some people have fewer. And others are very complicated and require a lot of hands on here. Our current system, we pay the same for both of those individuals.

What this system does is it introduces this new measure of acuity or complexity, which is a proxy for how much care is actually needed, and it pays differently. So every quarter, we will look at the blend of lower-care needs and higher-care needs in the facility, and we would adjust our payment to that nursing home to reflect the complexity of the individuals that they're caring for. Right now, this transition to this system and this would happen over a period of time. Right now, this transition is cost-neutral. So we would see some adjustments down and some adjustments up, and we've got boundaries around those adjustments so that no one facility is severely impacted as we move to this newer system.

But in the end, what this does is it allows us to appropriately pay more for facilities that are caring for more complex individuals.

REP. MASTROFRANCESCO (80TH): Thank you. Thank you for explaining that. So has there been an analysis done, let's just say on a certain -- maybe one specific nursing home, to say, this is what we're paying you now, based on this formula, everything staying the same. This new formula, this is what your reimbursement will be to give them whether it's a positive or a negative? And was that amount significant either way?

COMMR. DEIDRE GIFFORD: Yeah. So we have been in the process of getting the baseline data that will be used for this new formula and working with the individual facilities to produce that information. Kate, you can correct me. I don't believe that any facilities yet have seen what their actual rate would be under the projected system, although they have the industry and the nursing facilities. Just like we have a consultant who's helping us develop this program, they also have a consultant that's helping them to understand what the impact of it would be. And so I think they have a general sense. But my recollection, Kate, please correct me if I'm wrong, is that we have not yet shared, although it is our plan to do so, the specific changes in reimbursement.

REP. MASTROFRANCESCO (80TH): So currently in a nursing home, they have some residents that private pay. Is there a percentage allowed of occupancy for private pay in the nursing homes that they can only have 20% of their occupancy as private pay when they're accepting Medicaid? No, it could be 50% of it, could be private pay 50% of their patients could be through the State?

COMMR. DEIDRE GIFFORD: Yeah. It's quite unusual for facilities to have a very large percentage of private pay for any period of time. I don't believe such things exist. Am I right about that, Kate? Thank you.

REP. MASTROFRANCESCO (80TH): Okay. So that does it, okay. It's very interesting. I'm interested in seeing how the formula works out. You know, you get concerned that our nursing homes are so important to the State and to our seniors here that they are able to survive, certainly and take care of their patients. And you know, some of them are closing, they're really struggling right now. So I certainly want to make sure that they're here in the future because they're very important. So I'd be interested to see that those numbers -- When you get them if you wouldn't mind sharing them, that would be very

helpful. Let me just see if I had any more on that one.

KATE MCEVOY: Representative Mastrofrancesco, if it's appropriate I make this briefly wrap around the Commissioner to say a few more things about that. Medicaid is typically the predominant here for nursing home care and approximately 83% of the beds are currently supported by Medicaid. So that's something that we very carefully track. Each home does have a mix based on Medicare funding some of the care for individuals typically on a more eventually limited basis. And then also some private pay individuals and those individuals might have retiree healthcare coverage or other. But Medicaid, as I indicated, is in all states, the major care for long-term services and supports beds.

I do just want to say that we regularly publish information on census. We update that on a monthly basis, and that's publicly available through a dedicated webpage. So there's considerable data on both the incidents of beds and also the rates that we pay for them. So we've always maintained great transparency around that.

And I also wanted to follow-up on the Commissioner's remarks. We have with our contractor, Meyerson Staffer, which is a nationally-recognized entity that has helped many other states to transition to this means of paying for nursing home care. This modern and care-based. So really resident-focused means of paying for nursing home care. Meyerson Staffer has developed a modeling tool so it's essentially a very extensive spreadsheet that enables you to examine the different factors that make up the rate. As the Commissioner said, there are five components of that that relate to the direct care that's being provided, the administrative costs, the rent, and other costs. So all those really contributed ultimately to the way that you move to a system where, as she said, we're using clinical data that is gathered by the nursing

homes on each resident, that's called the minimum data set.

That's been a long-standing requirement of the Medicare program. Using that to roll up and influence the rate that is paid in a way that is more key, as she said, to the care needs of the residents. The modeling tool gives us the opportunity to examine impact across the system, but also on a home-by-home basis. The Commissioner is correct. We have not yet broadcast that specific information of the homes, but that will be built into an extensive stakeholder process that we are just poised to implement. So we will be able to share very specific information. And you can use that modeling tool to examine impact by influencing some of the factors that roll up to that rate. So for instance, if you wanted to use different maximum and minimum impacts that Commissioner talked about protecting homes from a very large decrease, you can adjust for that and examine how that ultimately affects each home. So again, just to make sure that we commit to you that we will be building that into the stakeholder process that we will engage in with the homes.

REP. MASTROFRANCESCO (80TH): Okay. Well, thank you so much for your thorough answer. I appreciate the information. Thank you, Madam Chair. I have no more questions. Thanks.

REP. ABERCROMBIE (83RD): Thank you Representative. What we're going to do is, we had a slide presentation with DSS last week and we also had a slide presentation with the industry, the nursing homes. I'm going to have Heather send that out to all Committee Members. It might answer a few of your questions and also help you to understand the direction that DSS is moving in. With that, Senator Moore.

SENATOR MOORE (22ND): Thank you. I'm sorry, I missed that. I think that was the day we were in session. The acuity-based, is that right?

REP. ABERCROMBIE (83RD): I think you were part of the DSS-1 and then on Monday, it was with the industry. Yes, when you're in session.

SENATOR MOORE (22ND): Thank you. I just want to ask a question, Commissioner Gifford, about the SNAP in restaurants. If it would be possible, consider doing a pilot with maybe a Connecticut-based company like Subway to build our own data on what they're doing and know exactly how they're communicating to people that this is available. I just think there is opportunities and you know, I've had this conversation about there's not enough money, it's not the right time. We don't try and do some of these things, we won't be prepared for something that's coming down the road. You know, we talked about some of these things pre-COVID, and then we were able to get the waivers to change some things. Like, that made sense, but there are a lot of barriers. I'd like to see if there is an opportunity to at least do a small pilot and put a small amount of people to see if there's an opportunity to be able to do that. I thought about it when Daniel said, you know, the $5 Subway. Sometimes it's even a bonus that they offer with it, you know, that they're, you think about the $7 that it takes that they get per day. There's a lot of places that you could get these days, you can get two fish sandwiches for $5, right, or something like this. And in McDonald's, food has dropped dramatically in the cost of some of these fast-food places that they could probably get more food than going to -- I'm not talking about healthy eating because I don't know how healthy you can eat. But $7, if you're getting the minimum of what you're going to get an orange is over $1. If you go into the grocery store, buy an orange and an apple could be more than $1.

At least if we could do a small pilot, we could change the language in this bill and at least try with minimal impact. That would be something I thought also about how people come into some of these

smaller restaurants with these little bonus cards that they have, right? People want the business, right, and so it would bring business in. I think some people would try it.

And then I think there's some people who care about people enough to say, "I would like to do this as a humanitarian effort. Let me at least try and do this." So I would hope that we can at least consider doing a small pilot to figure out what are the problems and really, what would it really cost. The world's changing, the world we had a year ago is not the world that we're going to be having, that we'll face in the next couple of months or so what we're all being able to be together again. So I would like to at least consider that.

COMMR. DEIDRE GIFFORD: Thank you, Senator. We will take that back and engage in some further conversation and get back to you about any ideas for a pilot to pertain to that.

REP. ABERCROMBIE (83RD): Representative Goupil?

REP. GOUPIL (35TH): Alright, good morning. Thank you so much for your time with us this morning. Commissioner Gifford, I just have a couple questions. I'll try to do them in three parts if you'll entertain me. Can you just clarify how Medicaid covers the medical nutrition therapy? And then if the MDs and the APRNs, if they're specified as trained in the medical nutrition therapy in school? And then lastly, if you're familiar with the research on the net cost-savings and increase in quality of life when the RDs provide the medical nutrition therapy?

COMMR. DEIDRE GIFFORD: So, I appreciate the opportunity to elaborate. So the way that Husky currently pays for these services is, if they are provided through one of our federally-qualified health centers or through a hospital outpatient, then they are covered through Husky.

In addition to that, we have a number of programs at our Administrative Services Organization that are targeted to specific individuals. So our Diabetes Prevention Program pilot and our Intensive Care Management program for people with diabetes includes services of a diet nutrition or dietitian or nutritionist, excuse me. Or if a clinician orders and determines that the service is medically necessary, you can be covered. So those are the ways that Husky currently pays for the services. An individual in Husky may not on their own call up a registered dietician or nutritionist and schedule an appointment independent of one of those other processes that I just described.

With respect to your question on the evidence, yes, I agree, that particularly for certain chronic conditions, this is an important part of the treatment in education regime.

REP. GOUPIL (35TH): Thank you. And just as a follow-up question. For the RD Services, weight loss, allergy, celiacs, ulcerative colitis, are they covered typically or other nutrition-related chronic diseases?

COMMR. DEIDRE GIFFORD: They would be covered Representative, in the ways that I previously described, but not beyond that.

REP. GOUPIL (35TH): I appreciate it. Thank you very much.

COMMR. DEIDRE GIFFORD: You're welcome.

REP. ABERCROMBIE (83RD): Thank you, Representative, great questions. I don't see anyone else's hand raised. Is there anyone that I missed that wasn't able to raise their hand or has a question? Okay, seeing none, my turn. I always like to give my colleagues the opportunity to go first.

COMMR. DEIDRE GIFFORD: I thought we were done, Representative.

REP. ABERCROMBIE (83RD): It's your lucky day, Commissioner. I've only got just started. Okay, so let's start with some of the -- maybe easier ones in my opinion. House Bill 6520, which has to do with the domestic violence. I understand what you're saying about being within compliance of federal law but I think we had reached a compromise on this language last year. This Bill has been around for a couple of years. I'm not sure if the current language we're using was the compromised language, but if you guys could really go back and think about anything we could do on this particular Bill. I have to tell you that it's really important to both caucuses, my Republican colleagues and ourselves, and if there's any kind of movement we can make on this Bill, we would really appreciate your support on that.

COMMR. DEIDRE GIFFORD: I'll just say and because I've had an education on this in the last year myself. The term "Expedited SNAP Benefits" is a very specific federal definition. And I see Peter nodding, which means I'm maybe saying things correctly. And the Feds define who is and is not eligible for Expedited SNAP Benefits. So we would need to find another way to describe what is being requested here because we don't have as a state, the ability to change that definition for that very narrow program, and it is very narrow in terms of people have to be almost destitute in order to qualify for Expedited SNAP. So I'll just put that out there as a constraint, notwithstanding that we certainly will continue to engage in conversation with you. But I just wanted to make sure that everyone understood that term has a very specific meaning over which we don't have a lot of control.

REP. ABERCROMBIE (83RD): Understood, but we would appreciate any help that you could give us with that. That would be really appreciated. And going back to the Governor's Proposal. So in Section 1 and Section

2, we removed the COLAs. What's the lapse amount in both of those line items currently in the budget?

COMMR. DEIDRE GIFFORD: Mike, do you have that at your fingertips? You're on mute, Mike.

REP. ABERCROMBIE (83RD): Mike, you're still on mute.

COMMR. DEIDRE GIFFORD: I see the trick you're playing. Okay, there we go.

MICHAEL GILBERT: Sorry about that. Michael Gilbert, Deputy Commissioner of DSS. I was just trying to find those numbers very quickly. You know, we certainly are projecting a lapse in the TFA program. And we also have some lapses in our Old Age Aide to Disabled programs, I believe. I don't have those numbers handy. I certainly can have them handy for a subcommittee or I could probably find them in a few more seconds. And you know, we have been historically running lapses in the temporary Family Assistance Program for many years now with rare exceptions. So that's been more of a perennial lapse. Old Age, Aide to Disabled, those programs tend to cycle and not have as consistent a lapse. But I do believe we've had lapses over the past few years and I believe we have lapses projected for this year.

REP. ABERCROMBIE (83RD): Yeah, I think you're right. We've had lapses over the six years, which is three budget cycles. So let me see if I can ask you perhaps maybe an easier question. What's the amount that we need for the COLA for those line items?

MICHAEL GILBERT: So the COLA savings, the savings attributable to the COLA, are $800,000 in SFY, approximately $100,000 in SFY 2022 and $2.1 million for SFY 2023.

REP. ABERCROMBIE (83RD): And I'm going to really try and do this very respectfully, because I know how hard you guys work. Bottom line is this, guys. This line item has a $5 million lapse, 5 million. So even

if we gave him the COLA in both years, you'd still walk away with over $2 million. So I have to tell you, I find it really distasteful that the Governor would put out a recommendation like this. Especially because those line items have been lapsing year after year after year. And I just want my colleagues to understand because a lot of these members are on appropriations. So I know I'm doing a little bit of crossover here but I want them to understand what's going on in this budget, because I will tell you and I said it to the Secretary [inaudible], you know, I'm really disappointed that this. We had an opportunity here between what went on in the 2021 budget, which was a $450 million lapse of Medicaid and $170 million surplus in the budget. And we did nothing to help the people out there with those dollars.

And here we have an opportunity again, because we're getting an increase in Medicaid of over $100 million, and again, we're going after the same people. So I just want people to understand is we're going through the appropriations and we're putting things back in the budget. It's not new money, it's lapse money that should be going back into the services. And, you know, Commissioner, I'm really trying to be respectful here. But I'm really at wit's end when it comes to the Human Services budget. So let me just say that.

MSP. Again, I don't understand the shortsightedness of doing these changes to the MSP program. First of all, we're going to spend $1.1 million in 2022 to try and get a computer system up and working to do an asset test and then in 2023, we're going spend $3.2 million to disrupt people's lives. I mean, I just don't get the direction we're going in when it comes to the Human Services and the people that we represent. And I'm furious with, especially the MSP, because we've had this fight two years ago. And it's just ridiculous that we keep going after the most vulnerable population. And I'm, you know, I know you have to defend this budget, let me say that, right. And I apologize that you're on this end. I wish it

was OPM truthfully, that had to sit there and defend that, because we know they're the ones that come out with this budget. But with all due respect, DSS should be fighting for these things also. And it really disappoints me that we're here doing this again.

You know, these freezes that are in here. Again, you know, there's money in the budget to be able to help these facilities. I can't even believe that there's nothing in this budget that helps our providers who have been on the front line, not only just through this pandemic, which we know has just been so devastating to the whole system, but through the years. They haven't gotten increases in over seven years. And again, we had the dollars to do something and this Administration again didn't put any forward.

Again, in this budget, we have more money coming in from the Feds. And again, there's nothing in this budget to help them. So you know, I just have to say for the record that I'm very frustrated, very frustrated. And I know you do the best you can to defend this, but I just have to tell you, and I just want my colleagues that are in Human Service to understand this is just the first round. You know, this is the debate that we are going to have in Human -- I mean in Appropriations, and I just want people to understand where Appropriation is coming from. I'm not talking about new money here. I'm talking about taking dollars that are lapsing and dollars that the federal government gave us, an increase of 6.2 in the Medicaid line, right? That's how we got that deficit in 2021. Why would they give you that money? To help the people that need it out there and we didn't do that and then it's not in the next budget for 2022-2023?

So, you know, I'm not going to pinpoint every section and go through what the lapses and what it's going to cost us to do the right thing. I just want my colleagues that are on this Committee to understand what the conversation is going to have to be going

forward because we have an opportunity here to do the right thing. And Appropriations is going to be doing the right thing. So that's it for my little spiel. I don't know, Commissioner, I will give you the opportunity to comment if you would like. I do appreciate you listening to my concerns. So if you would like to make any comments at this point, I would open the floor to you, madam.

COMMR. DEIDRE GIFFORD: I will, and Representative, thank you. And I do find your comments respectful, and I understand your passion, and I know where it's coming from. So no offense taken whatsoever.

I do defend this budget, but I understand that there are differences of opinion. I just want to say a word about the increase in Medicaid funding. We saw that in the Great Recession of 2008 and we saw that again during the pandemic. And it is a big help to states. At the same time, Representative, as you all know, we were also required not to do the regular re-determination of eligibility for Medicaid, appropriately so. Because we typically see a lot of people drop off the rolls and the federal government did not want to see that happen during the pandemic.

So we have during all of this period of time, retained eligibility for large numbers of people who would have otherwise, because of changes in income or failure to reapply, lost their Medicaid eligibility. So that the enhanced funding helps to offset the cost of that retaining eligibility.

In addition to that, like the 2008 Recession and the pandemic, the federal government recognizes that in times of economic distress, what many states do and I'm proud to say this has not been Connecticut's impulse over the years, that's why I'm very proud to work for this program. What many states do is in fact cut eligibility, not fail to expand, they cut or shrink eligibility for the program. They cut, not fail to increase but cut rates to providers. And we in Connecticut have historically not done that and

used the expanded Medicaid match in order to maintain the program at the level that it was going into the crisis.

Now, I understand and appreciate where you're coming from, Representative, but I just wanted to also offer the framework that this extraordinary bump in the Medicaid match really helps states maintain a program rather than have to shrink it because so many states struggle during times of crisis with keeping people on the rolls, not cutting benefits, and not cutting rates to providers. And Connecticut has gone through this pandemic, not only not cutting, but expanding as you know, with Telehealth and, you know, really being able to provide some relief in terms of temporary payments to providers over the course of the pandemic.

So, I completely appreciate where you are on this budget, but I did want to offer the framework that we were able to use that enhanced match to preserve the program rather than have to face cuts during a really difficult economic period.

REP. ABERCROMBIE (83RD): And I do appreciate that, but the bottom line is we still lapsed $450 million. I mean bottom line. We could have done grants to these providers. You know, I'm going to tell you the truth. I am so concerned about some of these programs that are closing units in their programs, right. We have one of the biggest providers in the State that helps the ABI population, which is the -- Of course I think of it right now. ABI is the --

COMMR. DEIDRE GIFFORD: Acquired Brain Injury.

REP. ABERCROMBIE (83RD): Thank you. They are the biggest provider, they closed their whole unit. They're no longer offering those services. And we don't have a lot of those providers. So where are they going to go? We have a really -- a big issue going on with our nurses, right? RNs and LPNs that do the overnight services for our most vulnerable babies

and children who are right now sitting in the Hospital of Special Care with trachs or they're stuck at CCMC or they're stuck at the Hospital in Boston, instead of being where they should be with their families, right.

So we had an opportunity, with all due respect, to help these providers and I get it. I understand how it works with rates. That becomes your new base, you have to worry about the 2022-2023 budget, you have to worry about the 2024-2025 budget, we could have done it with a grant. We could have tried to stabilize them and we didn't. So I appreciate the fact that we didn't cut, but Husky has been cut along the way, it didn't the pandemic, I agree. It expanded Husky D, which is single adults. I think the last number I saw was about 40,000 new people were enrolled in that, I get that. We have to pay for it. But we could have done better. We had an opportunity and we didn't.

So I think that this is going to be a conversation that we're going have going into Appropriations. I do respect your team. You have some great people there that we work really well with. I know this isn't personal for you guys. You know, I mean, this is your job, you're doing what you have to do. I think for me and my colleagues that are here, it's kind of personal because we're really at a point where we're really fearful of what's going to happen with our safety net system, and we're seeing it dwindle. And I think COVID has only made it worse. And you know, you can't bring something back once it's gone. These providers, it's a really hard struggle for them to decide to close their doors. And once they close them, they're not opening them again, because they've done everything they can to try and stay whole. So that's my concern, is our safety net is really in a really critical position. And yeah, you know, it just scares me to death. So I do appreciate your comments. I do appreciate the relationship we have with DSS and that we're able to have these conversations. And this, I know will continue going into the budget cycle.

So thank you so much for being here. Thank you to your team for being here, and we will see you, I think we meet again on Friday.

COMMR. DEIDRE GIFFORD: You're welcome. Have a good afternoon.

REP. ABERCROMBIE (83RD): Thank you. So we've reached past our first hour for public officials. So now what we will be doing is going back and forth. So the first person up from the public is Ann Wilson. And I think she's number 13, is Ann on here. Heather, is Ann on here. I don't --

HEATHER FURGUSON-HULL: I do see her here. She's in the panelist panel. I don't --

REP. ABERCROMBIE (83RD): Oh, there she is.

ANN WILSON: I'm sorry. I had to switch gears and unmute my microphone and my camera.

REP. ABERCROMBIE (83RD): No problem.

ANN WILSON: But I want to thank you all for giving me the opportunity to speak here today. I'm here representing Companions and Homemakers, for those of you who I have not had the privilege of talking with before speaking before. Just a little background. We are one of the largest privately-owned home care companies here in Connecticut. We've been in business for 30 years. We do serve the entire State of Connecticut on both an hourly and live-in supportive care, home care arena.

And, you know, I did submit testimony in and I'm going to stray a little bit about -- away from that testimony, because I kind of wanted to talk to you today more as the boots on the ground. You know, my role here at Companions and Homemakers is I'm overseeing Client Services and also recruiting. So I am working with clients, I'm working with caregivers

and I'm working with families on a regular daily basis.

And our concern today is really that the discrepancy between the Medicaid reimbursement rate and the minimum wage increase is making it very difficult for us to sustain and continue to do business. It's jeopardizing the ability of homecare companies to be able to pay their workers and do what we do best. And this pandemic has only magnified that discrepancy. You know, I did a couple of just quick statistics before going into this meeting because I do look at all of these things. And for the month of January alone this past year, I looked at 100 new clients, 78.8 or 8/10 are in need of personal care that came on-board with us, and 77% or 7/10 are requiring 10 hours or more of ongoing services a week or live-in care.

So, you know, on the homecare side of things, it doesn't matter if we refer to somebody as nonskilled or not, that is truly not the case. These are skilled workers. You can't tell me that we don't have to pay or compensate somebody who's going into a home where somebody has got Alzheimer's or dementia to provide companion care at the same rate at which we would pay somebody to bag groceries at the grocery store. Or that a personal care assistant who is working with somebody who has extensive mobility issues or requires Hoyer assistance or needs end-of-life supportive care that we're paying a personal care assistant the same wages that we would be paying somebody who is checking us out at our favorite department store. And I'm not by any means belittling, you know, those jobs or those works, I just want you guys to understand that by not keeping the reimbursement rate in alignment with the minimum wage increase, we're already having to pay and we want to pay people more than those minimum wages. But our ability to hire the skilled force that we need, the ability to train them, and the ability to be able to maintain them is getting to be more expensive than what we're reimbursed or able to do.

And my fear is that we talk a lot about -- we're on the same page with DSS in terms of this, but we want people to have the ability to have choice, right, for their home care. And if agencies are forced out of the mix because they can no longer sustain the Medicaid business, then we are limiting the choice, we're taking that out of the hands of our vulnerable elderly population. And none of us want to be able to do that.

I can certainly speak from the heart in saying that after 30 years in business, that's not the model that we want to employ. We want to be able to continue to do this, we want to be able to continue to give choice, and just from a personal standpoint, I think any one of us, you know, my mother is 82, I do not want to have to go to her and say "Listen --

HEATHER FURGUSON-HULL: Excuse me, your three minutes are up. Can you please summarize? Thank you.

ANN WILSON: Sure. So I mean, I guess in closing, the thing is that anybody, regardless of their age or their income level, should have the ability to be able to choose home as an option, and not have to be forced into an institutional care setting if it's not right for them or if they just don't care.

REP. ABERCROMBIE (83RD): Thank you, Ann. Thank you for your testimony, we do appreciate it.

ANN WILSON: Sure.

REP. ABERCROMBIE (83RD): Any questions from colleagues? Seeing none, thank you very much. Have a great day.

ANN WILSON: Thank you for your time. Appreciate it.

REP. ABERCROMBIE (83RD): You're welcome. We're going to go back to elected officials. And next up is

Commissioner Amy Porter from Aging and Disabilities. Good morning, Commissioner.

COMMR. AMY PORTER: Good morning. Good morning, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Distinguished Members of the Human Services Committee. My name is Amy Porter, and I'm the Commissioner for the Department of Aging and Disability Services. I want to thank you for the opportunity to offer testimony on House Bill 6519, AN ACT CONCERNING DATA COLLECTION TO PREVENT MALNUTRITION AMONG SENIOR CITIZENS.

While we understand the underlying motivations behind this Bill and we really appreciate the Committee's focus on this critical area, I want to outline several reasons we cannot offer our support for the Bill. Before I do that, I want to acknowledge the importance of our aging network and responding to the COVID-19 pandemic. Our Area Agencies on Aging and their elderly nutrition providers, both mentioned in this Bill, have done incredible work to ensure that older adults in Connecticut have access to meals and they continue to deliver high-quality services in this pandemic. I'm really grateful for their work as well as the work of our ADS staff and the broader aging network, and I offer my sincere appreciation for their work in partnership.

The content of the Bill however causes some concern for our agency. You have my written testimony, so I'll just summarize our bigger concerns here and then we'd be happy to address any questions.

So first, the proposed change in the role of elderly nutrition providers is inconsistent with our procurement rules. Elderly nutrition providers are respondents to a competitive procurement and we want to be sure that we're able to keep the roles clear in that procurement process. The proposed change in role for elderly nutrition providers could also impact programs that have no link to nutrition. So, our distribution formula itself is used for many of our

programs, not just elderly nutrition. It's used for supportive services, health promotion, family caregiver support. So the views of our elderly nutrition providers, while they have incredible experience in the nutrition world, may not be the same as the views of the providers from these other programs.

Also, the proposed emphasis on rural and less densely populated areas is not consistent with our current state plan on aging for Connecticut. Geographical distribution is actually already taken into account in our distribution, but it's just one of six factors that we consider when we determine the formula to distribute the funds. Any advantage or added weight that we give to rural factors in the formula might have to become at the expense of some of our other factors which include things like disability, minority status and low-income status. Our agency does have a formal process built into our three-year planning cycle. We do a state plan, so we are able to solicit and accept input from any interested party, so elderly nutrition providers certainly have the opportunity to share that information and their insights and we really welcome their contributions.

There are a few additional items in my written testimony, but the items I just raised reflect our biggest concerns. Thank you for your attention and for allowing me the opportunity to offer the testimony. And I look forward to continuing to work with this Committee on this important matter and answer any questions you might have.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. It's great to have you here today. Representative Cook?

REP. COOK (65TH): Thank you, Madam Chair, and you could have called me Cookie, I knew it was coming out of your mouth. So great to see you, Amy. And I appreciate your conversation on this piece of legislation. Obviously, this is something that I've

been working on with our senior centers, the directors, and you will be able to see my senior center directors' testimony and listen to them and a little bit. They have a huge collaborative effort going on, but we obviously know that there are disparities. And I think that as much as we hear regularly in our positions that we've always done it this way, that we are consistent in this, we do this. We can't be afraid to change. And these providers are obviously recognizing some inefficiencies, inconsistencies and a lag in what they're doing, and are offering up changes. And I think that we really need to figure out a way to hear and meet them in the middle, if you will. And not always go by what we've been doing and the status quo. These are the folks that are on the ground.

So as much as you all are taking an opposition role because of this or because of that, can we figure out a way to move forward and get away from what we do or is this always going to be a We-can't-do-this mentality?

COMMR. AMY PORTER: Thank you for the question. I think, you know, we are definitely open to engaging in conversation. I think we have demonstrated that and been part of some informational sessions. I think we just have to be careful about the clarity of the roles and making sure that we get the input at the right time, that we get the input where it's not going to compromise any of the elderly nutrition providers opportunity to apply for a procurement because we all know that can happen. We want to make sure that having elderly nutrition, our current providers providing that input doesn't put them at an unfair advantage over other providers who might want to compete. So it's just trying to think through how to gather the information in a way that meets our procurement rules. How we're able to take some of the information and move forward with it. And we're happy to work with you on that.

REP. COOK (65TH): I appreciate that. I think more importantly, because I'm not the expert in the field, I think that we have to be willing to work with those experts that are in the field that are identifying the problems. When we look at the disparity between the very rule -- so you divide the state up, I mean, take the 84 corridor when you have your big cities in the corridor. And then if you look way to the east and way to the west, you know, it takes somebody 35 or 40 minutes to get to a door and then it might be another 20 minutes to get to a door when, if I'm in Waterbury, Bridgeport, Hartford, New Haven, you know, I can do 40 or 50 people in a matter of an hour and I'm going to be able to do one person, you know, deliver to one person in an hour. We don't necessarily take that into consideration. You know, and so those are some of the things I think we need to look at.

I also think that it's vitally important that when we look at the Meals on Wheels and the congregate care, that they're an integral part of a senior's life and our ability to recognize that they're okay. So not only are we delivering meals, but we're checking on them. You know, we're doing meal delivery, but you're also doing well visits. So we're doing a variety of other things at the same time.

So I just really hope and we can talk about this offline. I want to hear from those people that are on the ground and truly doing what I would consider to be God's work and getting out there and doing things daily for our seniors. And as I've been delivering meals through the Farm to Families since the pandemic started in delivering literally to seniors in their housing complexes. Some of them haven't seen people in months and nobody is checking on them and they don't get Meals on Wheels or they don't get something else. So we need to really look at this wraparound service, and maybe, you know, not for nothing, upset the applecart, do it a little bit differently, figure out a way to allocate the dollars, but at the end of the day and I heard, Ann, you say it earlier, it's

really about respecting our elders and not discrediting them and ensuring that as they are older, we still give them everything that they need. We can't worry about, we don't do it this way or we're afraid to do it that way.

I'm really hoping that by listening to those folks that are going to testify in a bit on this Bill, that we hear the experts, and we figure out a way to do what they're doing because they're communicating, they've been working together -- There is nine groups on one testimony that have signed and endorsed this piece of legislation. I think that speaks volumes, and I think we need to listen to them a little bit more.

So I thank you for your willingness to work and really hope that we can come to resolve for this. Thank you, Madam Chairman. And great to see you, Amy.

COMMR. AMY PORTER: Thank you.

REP. ABERCROMBIE (83RD): Thank you, Representative. Representative Goupil? Goupil, sorry.

REP. GOUPIL (35TH): That's okay. Thank you so much for your testimony. I just wanted to just again reiterate what Rep. Cook said. It's so vital in our communities. A lot of towns, small towns around the State do not have the robust services of some of the other municipalities and larger cities. And what we're seeing is especially during the pandemic, but even before the pandemic, you have people in the community that have nobody checking in on them even to the standpoint their housing conditions are deteriorating. And there could potentially be a layer-in from services within the community to check on these folks and help support them. So this is one of the critical areas where we do have that ability to touch base with them.

Just in my community of Clinton, we have expanded senior services through our police department by

providing that layer in. So communities are trying to make it work and they are trying to make sure that our seniors are cared for, but again making sure that we have the resources specifically when it comes to nutrition right there. And then also the critical point of the touch base with those in our communities that wouldn't normally happen is so vital, especially now. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any further questions or comments? Seeing none. Thank you so much, Commissioner. We really appreciate you being here today and have a great day.

COMMR. AMY PORTER: Thank you, you as well.

REP. ABERCROMBIE (83RD): Going back to the general public. Up next is Elizabeth Brandt.

ELIZABETH BRANDT: Good morning, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Services Committee. My name is Betty Brandt, and I'm a registered voter in Fairfield, Connecticut. I oppose the Governor's recommendation to impose an asset test for the Medicare Savings Program.

Imagine this scene. Your doctor prescribes a life-saving miracle pill that allows you to be successfully treated at home for a serious illness. There's only one problem. The drug is very expensive. Would you take that drug? You could if you had a Medicare Savings Program. Along with the Medicare Savings Program, one also gets the low-income drug subsidy from Medicare as well as payment of $148.50 Medicare Part B monthly premium.

I take Imbruvica, which costs over $15,000 a month. I paid a co-pay of $9.20. Medicare paid the difference. Now, imagine how frightened you would feel if the State pulled the rug out from under you by denying you the Medicare Savings Program, including that monthly Medicare Part B premium as well as Medicare's

low-income drug subsidy, because you had some sacrificial savings. This is how we seniors feel. Since Connecticut abolished the popular ConnPACE prescription program and for seniors to rely on Medicare drug plans, the State has saved millions of dollars. Low-income elders have gone without to save for a rainy day. Medicare doesn't cover dental care or hearing aids, for example. My car is 18-years-old, a replacement would cost at least $7,500. Don't take away health insurance in a pandemic penalizing us for our hard won savings.

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

ELIZABETH BRANDT: Don't balance the same date budget on the backs of Connecticut seniors. I urge you to reject an asset test for the Medicare Savings Program. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Elizabeth. Excellent job. Especially explaining it, what it really means to someone like yourself and what the consequences are of an asset test. So thank you so much for taking the time to be here and testify. Questions colleagues? Senator Moore, did you just put your hand up, madam. Senator Moore?

SENATOR MOORE (22ND): Mrs. Brandt.

ELIZABETH BRANDT: Yes.

SENATOR MOORE (22ND): I want to thank you for your testimony. I read your -- you sent it directly to me, an email with your testimony, and I read it last night. I couldn't believe the amount that it cost you for your medication if you did not have the Medicaid Savings Plan. You educated me in that letter, and so that email that you sent. So I thank you for your testimony. And I think you did an outstanding job of laying everything out to educate all of us on what it means the seniors, not just seniors, but what it

means to people who may have an illness and how we can help. So thank you for that.

ELIZABETH BRANDT: Thank you, Senator.

REP. ABERCROMBIE (83RD): And I think, Senator Moore, you raise a good point. This isn't just for seniors. There are young people on this plan that are disabled and would not get their medications without it. I know a young woman that's 33 years old, that has multiple disabilities and was going blind. There was a prescription that was available to prolong her sight. If she didn't have that MSP, she would not be able to get it. So you're absolutely right. This is life-saving for all individuals that are on MSP. So thank you for that. Representative Goupil, Goupil, sorry, I'm sorry I keep doing that.

REP. GOUPIL (35TH): That's okay. Thank you so much for your testimony. I just wanted to know what would happen if you didn't have access to this medication without the plan? Where would that leave you and what other options would you have?

ELIZABETH BRANDT: Well, I would have to rely solely on my Medicare drug plan, and it would mean that in one year, I would spend over $14,000 for this one drug. So, if I continued to take it and it's not the only drug I take, I take 15 other prescriptions. So you can see how that would decimate any assets I have very quickly. So our assets which we've sacrificed to save for, we've gone without other things, our assets are really a stop-gap to just keep us from having to give up all kinds of healthcare which we need. And many people in this situation or state, you know, that they would just stop taking the pill probably.

REP. GOUPIL (35TH): Thank you very much for sharing that.

ELIZABETH BRANDT: Thank you.

REP. ABERCROMBIE (83RD): Thank you, Elizabeth. Any other questions from colleagues? Seeing none. Thank you so much, madam. We really appreciate you taking the time to be here today.

ELIZABETH BRANDT: Thank you.

REP. ABERCROMBIE (83RD): Going back to our list of -- Elected Officials list, Representative Leeper?

REP. LEEPER (132ND): Thank you, Representative Abercrombie. And I am so happy to speak on the back of my constituent, Betty, who said it better than I'll be able to. But I just want to say thank you to the Chairs, and Senator Moore and Ranking Member, Senator Berthel and Rep. Case. I'll be brief. And it's been brought to my attention that 6446 would impose the asset CAP for seniors who currently benefit from the Medicare Savings Plan. Many seniors in my community, as you just heard from, have reached out to me to express their concern about this cliff they would face if they lost their MSP, and that it would result in their inability to afford life-saving medication.

And I also worry just logistically enforcing such an asset CAP would be extremely challenging and could result in greater inequities. And as we all work hard to ensure our seniors can afford to remain in our communities, I just raised this concern for the Committee's consideration. Thank you so much for your time. And that's really all I have.

REP. ABERCROMBIE (83RD): Thank you very much. We appreciate. Rep. Case.

REP. CASE (63RD): Thank you, Madam Chair. And thank you, Jennifer, for coming forward. I just wanted to, you know, Rep. Abercrombie will hopefully back me on this, the MSP comes up every year. And this is something that her and I have fought all the time in Appropriations.

It's not fair to go after this population and it's not fair to cut this out of the budget. This is their portion of their life where they can have something and I don't understand and as you heard before with Rep. Abercrombie was talking about, to have this cut in the administration's budget is just so wrong. If I were still on Appropriations, I would still be fighting for it. But I will fight through it through my Members and through Rep. Abercrombie, because this is just so important and I'm sure now that the budget is out, we will all be getting tons of emails on the MSP program. And it's just such an asset for our elderly population that we cannot let go. Rep. Abercrombie, I'm leaving that to you.

REP. ABERCROMBIE (83RD): Thank you, Representative Case. I think just for some historical information that people might not be aware of on this Committee. I was here years ago, when we changed from the ConnPACE, which was our drug insurance plan here to this day to MSP. The State gets reimbursed for every person that's in the MSP, they get a co-payment, which is $146, which you heard from Elizabeth to offset some of this cost. So this is, as the agency and OPM may say, this burden that the State takes on, they're also getting reimbursed for it. So there actually really is no reason to do this.

So I just want people to be aware of, this was a decision we made years ago because we knew it would be more cost-effective than the ConnPACE, which was the insurance plan we had back then for pharmacy. So, Jennifer, I think Representative Hughes has a question.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you, Representative Leeper, for bringing the concerns of your constituents and your public and your well-organized senior advocacy group in Fairfield. I just ask for the sake of the Committee to remind us that they perceive this as taking something away, it's taking something away that they currently have, is that correct?

REP. LEEPER (132ND): From what I'm hearing from my constituents is that the only way they have access to these medications that are not only life-saving, but quality of life inducing is because of this program, and without the program, those access to medications would be in serious jeopardy.

REP. HUGHES (135TH): Yeah. So it really becomes catastrophic for them after, you know, surviving a catastrophic public health crisis and it just feels like, you know, the good Chairwoman said, a little bit tone deaf to the impact on our seniors. But not just our seniors, all kinds of people that are really vulnerable to catastrophe. So thank you. Thank you very much for testifying.

REP. LEEPER (132ND): Thank you for the time, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Representative. I don't see any further questions. Thank you for taking the time to be here today. We will now go back to the public. Elizabeth Fraser, and then we'll go back to a list of elected officials which will be Greg Howard. Hi, Liz.

ELIZABETH FRASER: Hi, how are you? Good afternoon, Representative Abercrombie and Senator Moore, Representative Case and Senator Berthel, and Members of the Human Services Committee. My name is Liz Fraser. I'm the Policy Director for the Connecticut Association for Human Services. While the COVID pandemic has provide problematic for most of us, it has proved devastating for many others. What became clear as the pandemic moved across the country is that COVID-19 was landing most heavily among those who had been living with poverty, inequity, borderline health, and disproportionately Black and Brown families. This is the moment to begin to address the inequities in our system that have contributed to one of the largest wealth gaps in the country within the Human Services Budget, and

hopefully with some additional funding. There is opportunity to have greater positive impact on the lives of so many desperate families.

My full testimony has been submitted, but I'll quickly raise several worthy programs in addition to everything I've just heard because it is really quite devastating. We are here to promote increasing the eligibility for Husky A and restoring it up to the 201% of the federal poverty level. Restoring eligibility will ensure that access to affordable insurance is significantly increased, impacting the well-being of both parents and children.

This step will also ease the benefit cliff that will be coming to Husky A with increased minimum wages. We also support extending Medicaid to prenatal care, longer term postpartum care, and frankly folks who really need health care protection. We also believe we were asking you to protect the Diaper Bank funding. This Committee -- The Diaper Bank has been cut in half at a time when many parents with young children are struggling to find the money to put food on the table. One package of free diapers a month can make a difference. There is ample evidence that clean diapers are a health issue and a medical necessity, and this is not the time to decrease this important family support.

We also are asking you to consider some TANF updates. First of all, we're asking you to consider the COLA for the nine of the last 12 years the legislature has opted not to fund the required COLA for TFA. This has led to an erosion of the cash benefit and the current buying power is 33% lower than in 1996, making it harder for a family to scrape by. The estimated cost to the State would be about $647,000 which is not cost-prohibitive to the State and yet can mean a great deal to families. And there are several other programs A, B, D and SAGA are also suffering the same fate and COLA should be included.

And the final thing I'll ask you to consider today is increasing the cash assistant time limits. Our 21-month time limit, even with possible extensions is one of the most prohibitive eligibility periods in the country, and it just does not provide enough time to help many parents stabilize and get back on their feet. During the Public Health crisis, the eligibility period was temporarily suspended, yet many of the participants are continually living in crisis. The pandemic isn't, you know, is on top of the crisis they're already living in.

We believe the suspension should be made permanent --

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

ELIZABETH FRASER: Okay. I'm done. All we're saying is that through our policies, we can construct barriers to keep families from prospering or providing an environment that allows families the opportunity to thrive. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Liz. Well done. I do have some good news that we just received from DSS this week. So in the next stimulus package, the federal government has decided for postpartum women on Medicaid to go from the two months to a year for up to five years. So, we're going to be amending SB 910 so that we codify that language, because it's an option that the states can take or not take. So we want to make sure that we're a state that makes sure that pregnant women with postpartum are protected for the full 12 months. So little bit of good news, which will be great for us. So thank you. Seeing no questions or comments. Thank you very much and have a great day.

ELIZABETH FRASER: You, as well. Thank you.

REP. ABERCROMBIE (83RD): Going back to elected officials, Representative Howard.

REP. HOWARD (43RD): Hi, afternoon. I guess we just switched over. So good afternoon, Chairs Abercrombie and Moore, Ranking Members Case and Berthel, and Members of the Human Services Committee. The House Republican caucus is appreciative of the opportunity to present testimony in support of Raised House Bill No. 6520. This is AN ACT CONCERNING THE PROVISION OF TEMPORARY STATE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.

This Bill fast-tracks the application process for victims seeking temporary benefits under the Supplemental Nutrition Assistance Program, commonly referred to as SNAP or SAGA cash assistance and Care for Kids program. Currently, these programs consider the income of all the family members in the household. While the process is suitable for most benefit applicants, it fails to take into consideration the desperate and dangerous situation facing families experiencing domestic violence. In family units where the abuser is the sole income earner or earns income above the qualifying thresholds, victims find it difficult to financially detach themselves from their abusers out of fear of not having financial resources needed to meet their basic living needs.

I spent the last 19 years of my life as a police officer and a strong advocate against domestic violence. Much of domestic violence centers around the abuser's control of the victim, inclusive of controlling the victims access to these basic needs. This Bill will help correct that by excluding the income of the abuser for the SNAP, SAGA and Care for Kids program, offering victims 90 days of temporary benefits as they try to move on with their lives. It should be noted that precedent for 90 days of temporary services already exists on our Medicaid is reasonable opportunity rule that grants temporary benefits to applicants whose citizenship or immigration status can't be immediately verified and is pending further documentation.

The House Republican caucus is grateful to the Committee for raising this important Bill. However, we have one suggestion to approve the language. We suggest that the Bill be amended to ensure that temporary benefits are provided to victims who demonstrate intent to live apart from the abuser. We urge the Human Services Committee to pass House Bill No. 6520 to protect families and to provide a path forward for victims of domestic violence. Please allow the full General Assembly the opportunity to debate this important legislation. I thank you, Madam Chair, for the opportunity. And I'm happy to take questions.

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

REP. CASE (63RD): Thank you, Madam Chair. And thank you, Representative Howard, for coming forward. It's always nice to have new people come forward to our Committee and testify with your background as a police officer with these domestic violence situations, I did speak earlier when the Commissioner was here. And it is a struggle when you have somebody who is in a different type of situation with domestic violence and it happens to be an affluent situation, and our rules and regulations are that the whole family's assets go towards getting benefits. The Commissioner did say that she would work with us in trying to find a way to better to get them benefits. But right now, with your history, what did you see as far as these domestic violence victims and where they had to go but couldn't get benefits?

REP. HOWARD (43RD): Thank you Representative for the question. I will tell you that when I started as a police officer at 22-years-old with not so much worldly experience and having the good fortune of being raised in a home void of domestic violence, I remember thinking to myself, "Geez, it would be nice if -- why don't these victims just leave these environments." But as time went on and I got the experience in the worldliness to understand how you

know other things go, I equate it to this for people when I discussed this topic. You know, we all know somebody who goes to work every day to a job they hate, their job they can't stand because they need that paycheck to support themselves, to feed their families, to feed themselves, to keep a roof over their head and clothes on their back.

Now imagine that the domestic violence victim is in the exact same boat. They hate living where they are, it's dangerous for them but they have to stay there because of their basic needs. By providing them a 90-day opportunity to get out and not be held under that umbrella and that control of the wage earner who happens to be the abuser, we can actually give these people relief. The one revision that we suggest is simply to provide a safeguard to make sure that you know, like any of our programs that this isn't misused for someone who actually isn't necessarily being abused and trying to seek relief, we're trying to just manipulate our system.

But for many of those people, that's exactly what they need to do. They need that opportunity, and we always talk about a hand up and that's really what this is. It gives these folks, these victims an opportunity to get out of that environment and get out on their own to rebuild their lives. So thank you for the question.

REP. CASE (63RD): I thank you for your answer. And I think you hit it spot on. You know, it's giving these people hands up in order to get out of the bad situation. But unfortunately, when they're given the -- they're getting out of the situation, they're brought down with nothing. And that's what we're trying to alleviate here so that, you know, because a lot of them, believe it or not, in my experience, they come with their children.

REP. HOWARD (43RD): Right.

REP. CASE (63RD): They're pulling their children out of the house, too. So they're not eligible to get anything because of all of the assets that the whole family has, but this mother or father is leaving with the kids, too, so trying to support them with nothing. I think we really need to look at that as a state because domestic violence isn't something to mess with it and it takes some real courage to pull yourself out of the situation.

REP. HOWARD (43RD): I agree. And I can hear -- to your point, there are many domestic violence victims who will tell you they stay in the house because of my children, and they endure that abuse because of their children. And what they mean is they can't -- they don't have the means to get out and even though we have a state that can provide that for them, they're prevented because the abuser is holding that control over them with their income that has to be reported and that stops them from getting there. And that's why I think this is so important.

REP. CASE (63RD): I thank you, Madam Chair. We can move on to another question.

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

SENATOR BERTHEL (32ND): Good morning. Thank you, Madam Chair. Representative Howard, thank you for coming before the Committee and for speaking with us about this Bill. And thank you for your service in Law Enforcement, as well and Public Safety. I would associate my thoughts and remarks with that of Representative Case. And will tell you that I spent nearly 20 years of my own career working in paid emergency medical services here in Connecticut, in and out of many of our great big cities and small towns, and you know, this is not an issue that necessarily affects one demographic over another. You know that being on it. I won't ask you to tell us where you have been or working as law enforcement to protect your privacy, but this is an issue that

affects all walks of life and all of our communities and I think this is a smart piece of legislation for us to consider so that we, as Representative Case spoke eloquently to a moment ago, so that we can help people who truly are in an unplanned, unwelcomed, unfortunate situation and give them the opportunity to you know, rise up out of this, if you will.

So again, thanks for being here. And Madam Chair, I really don't have a question, I just wanted to make the statement. So thank you for a moment of the Committee's time to address this. Thank you.

REP. CASE (63RD): Thank you, Senator.

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

REP. WOOD (29TH): Thank you very much, Madam Chair. And thank you, Representative Howard, for your testimony. I'm curious because every so often a Bill comes before us, and it's like, why haven't we done this before? Do you know if there are pockets of resistance in any administration or any walk of life that we need to be aware of as we work to get this passed?

REP. HOWARD (43RD): From what I'm told, this Bill, as many of you know, this is my freshman term as a legislator, that this Bill had come up last session just before COVID shut, you know, our entire state down essentially. My understanding at the time was there was some resistance from DSS whether or not the safeguards that we've put in place have mitigated their resistance, I don't know. I have not gotten any pushback from anybody that I speak to, but I think it's important to know that the type of folks that I generally interact with are domestic violence victims' advocates for domestic violence, I don't talk to people who advocate for domestic violence, let me clear that up. And also, you know, prosecutors who prosecute these difficult cases.

So from my end, from my purview, my wheelhouse, there's no resistance. We mostly see this as probably just an oversight, you know, when the system went into place, you know, it just wasn't, nobody anticipated this, and now we sort of see it. And I often say that good judgment comes from experience and experience comes from poor judgment. So we simply missed something. We've experienced that we missed something now we can exercise the good judgment that we gained from that.

REP. WOOD (29TH): Right. Well said, well said, thank you. Thank you for your answer. And thank you, Madam Chair.

REP. HOWARD (43RD): Thank you.

REP. ABERCROMBIE (83RD): You're welcome, Representative. I think, Representative Howard, were you on the Zoom when the Commissioner was talking about this Bill?

REP. HOWARD (43RD): I did not catch all of that, Madam Chair. As many of us do, I've been bouncing back and forth between several meetings today. So I was trying to catch it.

REP. ABERCROMBIE (83RD): Yeah. If you have the opportunity, it might be helpful if you could look at her testimony. I think that DSS is trying to find a way to be able to do this. But currently, federal law prohibits us from being able to do like the SNAP benefits, right. So there are some obstacles that aren't State, you know, obstacles, it's federal. And we can't afford to lose any dollars because we're not in compliance with the Feds. So because of your expertise, if you have the opportunity to take a look and I'm sure Representative Case would be more than happy to just send you her testimony. Take a look at it, and we would really appreciate your expertise in this and try and help us find a way to move back, you know, to be able to move this legislation forward.

REP. HOWARD (43RD): Thank you, Madam Chair. Happy to do that.

REP. ABERCROMBIE (83RD): Thank you.

REP. CASE (63RD): If I may interject real quick. She did say she's more than willing to work with us to try to find a solution to this problem because she realizes it's there. So thank you, Representative Howard, and Madam Chair.

REP. ABERCROMBIE (83RD): I don't know why you always make me laugh so much. It's got to just be your face or something. You're like that little kid in the corner that always makes you smile. Representative Mastrofrancesco?

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Representative Howard, thank you so much for coming in to testify today. Just one quick question. In your experience as a police officer, do you find that families that are currently using state assistance or SNAP benefits, that there's obviously a problem, there's domestic violence, and now there's a restraining order on the spouse, whether it's him or her, and they're no longer in the home, but they have access to that card. Do you find that they're trying to apply on their own to get that, as well, and they can't, because they're already receiving the assistance, but it's in the hands of the spouse who has a restraining order and is no longer in the home? Have you seen any of that?

REP. HOWARD (43RD): I can't say that I've specifically seen that, and I think that our proposal here, this Bill that we have is more aimed at in, say a scenario where I'm the chief wage-earner in my home by significant amount which would render my spouse ineligible to receive those benefits, and because she's trying to get out of a relationship that I may be an abuser, that she can't qualify for those benefits because she has to disclose my income which register ineligible.

But to your point whether or not the SNAP benefits in one name is being controlled over the other, there are definitely, I need to send her a hit on this. When you work in public service whether it's police or, and I did want a 25-year career simultaneous to this and EMS, you are presented with a unique opportunity to become intimately involved in the lives of people from a variety of socioeconomic demographics that you wouldn't otherwise if you were not responding to those types of calls.

So certainly, there are misuses at times of you know, SNAP benefits being traded illegally and whatnot, but on the whole I think that they're well used and in the scenario that you put forth, certainly would be a problem if they're in the name of one person and that person was controlling it much the same way that we're proposing in this legislation.

REP. MASTROFRANCESCO (80TH): Alright. Okay. Looking forward to hopefully we can move this along and looking forward to hopefully getting some more information on this, that would be great. Thank you so much, Representative Howard, for your testimony today.

REP. HOWARD (43RD): Thank you, madam.

REP. ABERCROMBIE (83RD): And no other questions or comments. Thank you so much for being here, Representative. We do appreciate it.

REP. HOWARD (43RD): Thank you all. Have a great day.

REP. ABERCROMBIE (83RD): You, too. Moving back to the public, Katie Pachkovsky.

KATIE PACHKOVSKY: Thank you, Madam, Co-Chairs and Members of the Committee. My name is Katie Pachkovsky, and I'm the current Nutrition Outreach and Advocacy Specialist at End Hunger Connecticut!, a statewide anti-hunger non-profit.

We work to decrease food insecurity in the State through advocacy, outreach and assistance with federal food assistance programs such as the Supplemental Nutrition Assistance Program or also known as SNAP. I'm here in support of Raised Bill No. 6519, AN ACT CONCERNING DATA COLLECTION TO PREVENT MALNUTRITION AMONG SENIOR CITIZENS. End Hunger Connecticut! applauds this Bill's dedication to addressing malnutrition amongst seniors and supports the need to ensure adequate and equitable funding for seniors in need, regardless of their backgrounds or where they live.

My work at our SNAP call center this past fall allowed me to work with older members of our community and learned about their experiences with food insecurity. I learned about their efforts to navigate a world with COVID-19, health issues, loneliness, and hunger while many expressed frustrations with finding help, those who had access to Meals on Wheels continually praised the service. I learned about the Meals on Wheels Program and how it is a vital resource for older adults and other homebound individuals who rely on the service not only to receive the nutrition they need, but also to maintain relationships with people in their communities.

The individuals who deliver meals are sometimes amongst the only people seniors interact with during their week, so they not only provide meals, but they also check in to make sure residents are doing well and become a friendly face that seniors can rely on week after week. With COVID-19, these deliveries have become even more essential to older adults who have become cut off from loved-ones for most of this past year. So while talking to seniors, a few things became clear. First, we must not forget about the specific food assistant needs of older adults. The Meals on Wheels program is a key reliable service for people who may not have access to internet or

transportation and meals can be modified to accommodate various dietary restrictions.

Secondly, our older adults can be extremely isolated and need connection to community just as much as any other residents. We have an obligation to make sure that we support and expand programming such as Meals on Wheels to help strengthen these relationships and access to food for seniors. We must also make sure that people who don't know how to access these resources have the community support that can guide them through the process.

For example, according to the Food Research and Action Center, only 42% of eligible older adults use SNAP compared to 83% of all eligible people that partake in this program. Many seniors who are eligible for SNAP or other forms of food assistance do not take advantage of these programs because they're unaware of their eligibility or think the application process is too daunting to navigate alone.

At End Hunger Connecticut!, we understand the need to address the gaps in accessing federal food service programs among seniors, and to help combat this gap, we created a designated older adult call center hours between 8 and 10, Monday through Friday, and train team members to address specific needs of the older adults. We are committed to expanding usage of SNAP by seniors and plan to create resources that make the application process less confusing.

To conclude, End Hunger Connecticut! supports this Bill's efforts to collect data on Meals on Wheels programs throughout the State. And we hope this data will inform ways to increase access and funding for the program. Our work in conversations with community members can attest, Meals on Wheels does more than just provide meals. It is a support network that is vital to the mental health and well-being of our residents and willing do everything we can to ensure

it is available to all older adults who may need this assistance. Thank you.

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

KATIE PACHKOVSKY: Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Moving back to elected officials, Representative Foster.

REP. FOSTER (57TH): Hi, everybody. It's a pleasure to be here today. Thank you, Chairman Abercrombie and the rest of the Esteemed Members of the Human Services Committee. It's my pleasure to be here today to testify in support of House Bill 6518. House Bill 6518 allows for Medicaid reimbursement for certified Registered Dietitian-Nutritionists. And I think it's important before I get into this conversation of why this is important to let you know what a registered dietitian is.

A registered dietitian has a Bachelor's in Science in either nutrition or dietetics, does 1,200 supervised clinical practice hours in the field of nutrition either in a combination of clinical food service or community nutrition settings. So they're versed in the needs of a diverse range of people who might benefit from their services and nutrition counseling, and then they pass a registration exam which allows them to be certified as a dietician-nutritionist. Now, also a Master's degree is required.

So they have the highest level of training related to nutrition of any medical professional and they are versed in a wide range of diseases specific to nutritional status.

Prior to COVID-19, nutrition-related chronic diseases were amongst the leading causes of death for all Americans. And now we understand that with COVID-19, nutrition-related chronic diseases, including

obesity, overweight, and diabetes and cardiovascular disease significantly increase mortality risk for those who suffer from COVID-19. So in the healthcare sector, by and large, other healthcare providers receive significantly less or negligible amounts of nutrition education, so that they could pass on that nutrition education to their patients.

And so in a state where 19% of children struggle with obesity and 27% of adults struggle with overweight and obesity, registered dietitians can be a meaningful stopgap to make sure that our healthcare costs are lower by investing in this preventative health care measure. When registered dieticians can bill for their services, patients have higher qualities of life, they're better able to manage their nutrition-related chronic diseases and they feel like they're more in control of their own health outcomes. All of these things lower healthcare costs down the road because working with a registered dietician-nutritionist is a better investment in healthcare than paying for diabetes regulatory medicine. To pay to see the highest cost care to manage your diabetes, being able to manage your nutritional status is an important preventative status.

Also, in a time that we're thinking about the social determinants of health and healthcare inequity, making sure that everyone regardless of income status has access to this high-quality preventative healthcare measure is critically important. And these days, we see increasing nutrition-related chronic diseases in young children as well, food allergies and intolerances, ulcerative colitis, Crohn's disease, things that we know that children are struggling with, adults are struggling with and registered dietitians are part of that clinical care plan, but their services are not consistently covered. And this Bill would stop that gap.

So I'd be happy to take any questions before I -- In addition to supporting this Bill, I am a registered

dietician-nutritionist. I have a PhD in Nutritional Sciences, and I work with primarily low-income individuals in my research. And so I'd be happy to answer any questions that folks have about the merits of this Bill and be someone who can help. So thanks.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Representative Goupil.

REP. GOUPIL (35TH): Thank you. Thanks, Rep. Foster. I've actually two questions, and I'll just do them one at a time if that's alright. If you can just expand on how it might have made a difference if this system was in place before COVID. What we would have -- what potential outcomes we would have seen?

REP. FOSTER (57TH): Yes, so it's interesting. With COVID-19, nutrition-related chronic diseases increased morbidity and mortality. And so if you have a well-managed nutrition related chronic disease, those disparities and outcomes aren't as pronounced. So being a diabetic worsens COVID outcomes, but being a poorly-controlled diabetic, so your blood sugar being consistently elevated, not regulated with medication and diet, that makes your outcome significantly worse. So working with a registered dietician-nutritionist significantly improves your likelihood of managing that disease.

Now, right now, are these can be referred out for diabetes services and renal services, but other conditions; that is not the case. So if you were a pre-diabetic, you were on the trajectory for being a diabetic, your A1C is elevated, that's the marker that we have of blood sugar on average, you are not able to preventatively take control of your own health in this system right now. And so this will allow someone to get those services before they're in the situation where they need medication. Before they're in a situation where they're being put on insulin and regularly seeing a higher-cost provider on a regular basis.

REP. GOUPIL (35TH): Thank you very much. And just as a follow-up, so you know if the pandemic hadn't happened, if we don't see anything related to this ever again, are the RD services still as urgent to cover? And you touched on it a little bit earlier but I was wondering if you could expand about?

REP. FOSTER (57TH): Sure, my pleasure. So nutrition-related chronic diseases, cardiovascular disease, diabetes, overweight and obesity, and many cancers are related to nutritional status. And if you can't refer to an RD services to manage those diseases, your outcomes are worse. So even without COVID, those are amongst the leading causes of death, morbidity, mortality, and they're amongst the highest share of our medical costs in our system anyways. So managing those diseases with nutrition counseling prior to it being escalated to needing medication is really important. So that's first. So yes, it would be important.

Also, something that makes an RD distinctly different from other health care providers when it comes to nutrition-related chronic diseases is RDNs have to work in the food service sector, the clinical sector and in the community nutrition sector. So particularly, when we're talking about people who benefit from Medicaid, making sure that the person providing nutrition counseling is familiar with the Thrifty Food Plan which is the way that we cost out affordable food for those who are on SNAP or TANF or [FNAP], programs that I've run on this Committee is intimately familiar with making sure that the healthcare provider is familiar with the food budget of someone who is on SNAP, making recommendations that are consistent with the foods that can be purchased for someone on SNAP.

For example, you cannot buy prepared foods with SNAP. A rotisserie chicken might be an excellent diabetic food. But if you can't purchase prepared foods, then that's not something you can buy at the grocery store. That's not good advice to give someone who is

purchasing their primary food sources from SNAP. So making sure a registered dietician understands the landscape of food assistance that someone's eligible for and is giving them advice consistent with what they're eligible for.

And an RD would know you are participating in Medicaid, your child's in HeadStart, but you're not enrolled in WIC. Let's make sure that that's happening, that you're getting those services that you're eligible for that make it more easy for you to control your nutrition-related chronic diseases because you're getting the assistance that you should be getting.

So I think having someone who understands, nutrition isn't just about calorie balance, it's not just about eating more fruits and vegetables, those are critical in our field. But I think that that's common advice that's given by healthcare providers who are not registered dieticians who say "Eat more fruits and vegetables, less fat, less salt", but actually achieving that it is complicated for people. And that's evidenced by our staggering rates of overweight and obesity in this country.

I think that a lot of people know consciously about healthy eating and nutrition, but actually achieving it is a lot more complicated, and so registered dietician services are things that are constantly leaned on by higher-income individuals, and it allows them better control of their diseases, but our neighbors who are reliant on Medicaid don't have the same benefit and it contributes to health disparities. So I hope I answered your question.

REP. GOUPIL (35TH): Thank you very much. No, it was great, and also the examples are extremely helpful. So thank you very much.

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

REP. HUGHES (135TH): Yeah, thank you so much, Madam Chair. And thank you, Representative Foster, for your expertise in putting forth this Bill. What is the one barrier that would make the most difference that either your proposal or if we amend the proposal that is also before us from the Governor's Bill to creating access for low wealth individuals to, you know, get that preventative nutritional guidance or support? So what is one?

REP. FOSTER (57TH): It's not actually significantly different at all.

REP. HUGHES (135TH): Okay.

REP. FOSTER (57TH): I listed all of the chronic diseases that a registered dietitian-nutritionist would be more skilled in assessing and aiding than anyone else in the healthcare sector. So I listed out the diseases that are covered in something called Medical Nutrition Therapy. So Medical Nutrition Therapy is the therapy that registered dietitians provide that no other healthcare provider is trained the same way to do. And so I did -- I was able to listen a little bit earlier on. And so right now, for example, you can bill APRN's and [inaudible] can bill for weight loss counseling, but dietitians cannot. And so that is problematic, because managing your weight is an important step in managing your health.

So I listed out in my proposal, all of the nutrition-related chronic diseases that a registered dietitian was the appropriate healthcare provider to manage that disease, in conjunction with the health care sector.

REP. HUGHES (135TH): Thank you. Thank you, Madam Chair. Did you hear the testimony about how individuals know what their access is to the website or did you hear that part of the testimony?

REP. FOSTER (57TH): I did not. But what I will tell you is, as someone who's worked with the Federal Food

Assistance Program and research for my entire professional career, you very, very, very regularly find individuals who are not accessing their full potential of benefits, which would allow them to better control their health outcomes. So anyone who is familiar with the HeadStart system, you know that those families who are in HeadStart are also eligible for WIC, that doesn't mean they're getting both programs.

You know, that if someone is getting until this legislature was very savvy and allowed folks to be directly certified from their Medicaid to free and reduced meals, there are lots and lots of families who could be getting healthy balanced meals in the school system, but who weren't aware of it. I think that it is evidence for perhaps a common application that lowers the burden on individuals to access Food and Nutrition Services, but also all the benefits that are in conjunction. I think that there's data to suggest that the overall burden on the assistance system program and welfare programs is lower when people maximize particularly those things that are preventative. So if we don't invest all of our resources on diabetes medication and we make sure that people have access to fruits and vegetables and healthy foods, we make sure that they have access to the WIC program, which includes nutrition counseling and foods that are consistent with nutrition-related chronic diseases that are disproportionately faced by those who have low incomes, those things lower the burden on our system by and large.

And so I know I'm prepared to hear that folks are worried about the cost of allowing for reimbursement for these services. However, they are a net cost-saving, net-positive investment. And so it's really savvy for us to invest in them, and I know we're all worried about the disparity in health outcomes by wealth, by race, by ethnicity, those things worry us, they should. We should all be upset about the disproportionate outcomes that people face by where they're born, by their zip code, by their income

status. And this is a way that we can address preventative care to make sure that people have access to the things that they need to be in control of their own health.

I know people talk all the time, people just need more education. Well, this is a way to get folks more education. If you want folks to know how to manage their nutrition-related chronic diseases, this is a good way to do it.

REP. HUGHES (135TH): Great, thanks and both of the Bills don't really address the one stop point of eligibility, does it? It doesn't streamline, you know, access to whatever you're eligible for at the point of --

REP. FOSTER (57TH): But I would argue that a dietitian could do that as -- on a case-by-case management, that if you have time with an RD that in the time that they spend with you, you will not find a registered dietician who is not prepared to make those relevant referrals and assist people through the programs that they're eligible for. They know and they will help.

REP. HUGHES (135TH): Thank you. Thank you, Madam Chair. Thank you for your testimony.

REP. ABERCROMBIE (83RD): Senator Moore.

SENATOR MOORE (22ND): Yes. I want to thank you, Representative Foster, for your thought process of preventive care, and that's a net cost-savings that's down the road. We really need to start thinking that way about the preventative piece of it and how it benefits long-term. But it's also becomes generational, right? That if we train the parents and others in the family, it starts to flow down to the children because they start to change their habits. I always used my method of teaching to teach the children, to get the parents to change their habits out of guilt. Just guilt them into eating the right

foods, guilt them into getting a mammogram, guilt them into this. But I think at some point, we have to do our part. But also, families have to start doing their part to change some of the disparities that we experience because of high blood pressure, you know, heart disease, the foods that we eat and the things that we drink.

But I was going to mention this, but I think some of this work is already done through the federally-qualified health centers. And that's really what I was going to mention. And maybe there is more detail we need to have on what they do in relationship to this. And are you familiar with that?

REP. FOSTER (57TH): Yeah, so I am and I've been getting it -- Thank you to Chairman Abercrombie for giving me a little bit of education on this as I was talking about this Bill introductions. So it's my understanding -- so first of all, I have colleagues with a lot of really excellent amazing registered dieticians who work in the FQHC sector and I know that Sara LeMaster is going to come and testify before you later on, on that perspective. So I will leave some of that to her to talk about. But what I will tell you is that what we see in the FQHCs is they follow a model called "a patient-centered medical home", which means that when someone comes in the front door of an FQHC and they have diabetes, they're referred to every relevant care provider in that system. So the FQHCs show us how that work matters. Now that is not the end for providing healthcare for those who rely on Medicaid. The FQHC is not always the full scope and they don't serve everyone who receives Medicaid benefits.

So there are things that are influential that matter for managing nutrition-related chronic diseases where the FQHC is not the only resource for. So you will see examples, I think there's a registered dietitian coming on later from CCMC. I mean, registered dieticians' work is important through the spectrum of care across the lifespan, pediatric care is important

to have access to a registered dietitian services. And so I think it's important for us to not make sure that people only get their care from a single place because that's the place where you can get care, that that will just prolong the amount of time it'll take people to get appointments. I mean, the more places that can serve folks who need these services, the better.

And I will say that there are lots of dietitians, I'm sure some, who will testify in there, so their testimony has been submitted, who will tell you that they get phone calls on the regular from people who want the services of a registered dietitian, who need help who need an appointment, and it might be more than the frequency that's offered through the FQHC, they might not be a patient at an FQHC and so being able to get in with a registered dietician is an important additional step.

There are also, it's not like there is no nutrition education through any other federally-funded programs. There is SNAP education, and there is FNET, but those programs only serve a very small population in total in the State of those who need nutrition related chronic diseases managed. And in general, we're talking about, like 60% of the population or more that faces nutrition related chronic diseases. And when you look at low income, food insecure individuals, those rates are exacerbated and are higher. More access to the work of a registered dietician-nutritionist is important. So it's even though you might find a way that they have access to registered dietitians in the FQHCs, that's not the only place that people are getting care, and they might need additional support, and there are patients who aren't served by the FQHC. So they are doing amazing work.

I wish every person who is managing a disease could go somewhere where they'd say, "Oh, you have diabetes, let's make sure your feet are healthy, here's a podiatrist. Let's make sure your dental care

is covered, here's the dentist. Let's make sure your vision is good because your blood sugar is high and that can cause ocular damage." Like that's important. I wish everyone had that kind of access and that every one of those centers had infinite resources to care for patients the way that they do. But this is one step to increase access to some of the care that folks need.

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

REP. FOSTER (57TH): Thanks, Senator Moore.

REP. ABERCROMBIE (83RD): Thank you, Senator. I don't see any further questions or comments. Is there anyone that wanted to raise their hand that they weren't able to do this instead of their hand wasn't being raised? Seeing none, thank you very much, Representative. We do appreciate it. Have a great day.

REP. FOSTER (57TH): Thank you.

REP. ABERCROMBIE (83RD): We're going back to the public now. And we have Kelly Gruber.

KELLY GRUBER: Good morning. I would like to address Madam Chair and the Members of the Human Services Committee. My name is Kelly Gruber, and I'm a registered dietician-nutritionist from Orange, Connecticut, and I'm speaking in support of HB 6518.

The Bill is very important to me and the residents of Connecticut and I feel strongly that medical nutrition therapy is a critical component to disease management and also preventative healthcare. Medical nutrition therapy provides evidence-based nutrition to support health improvement and dietary management of medical conditions. Registered dietitian-nutritionists are the experts in the field of nutrition and food and are respected members of the healthcare team. Dietitians are required to have a

minimum of a Bachelor's degree from an accredited program, completion of a dietetic internship, passing an accreditation exam, and are required to complete continuing education in the field to maintain accreditation and stay up-to-date on evidence based nutrition practices.

I have been providing outpatient nutrition counseling for a large community hospital for the past four years, and I've seen an increase in nutrition referrals from community doctors, as well as increased patient interests, which demonstrates the need for medical nutrition therapy and coverage.

I see individuals for a variety of different diagnoses including but not limited to adult and pediatric obesity, diabetes, support during pregnancy, heart disease, gastrointestinal conditions, and also for preventative healthcare. There have been many instances where I've had motivated patients have success reducing their medications, improving mobility because of weight loss, and also have shown improvements to their vital signs such as their blood pressure through dietary changes.

My job is so rewarding because I'm able to motivate and educate individuals on the importance of lifestyle change and about how changing their diet can not only improve their health, but also their quality of life for the long term.

I thank you very much for your time and consideration, and for allowing me the opportunity to testify in support of HB 6518. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Kelly. How many are there licensed in Connecticut in your field?

KELLY GRUBER: I apologize. I don't have the exact number for that.

REP. ABERCROMBIE (83RD): Do you have an estimate? Approximation, no?

KELLY GRUBER: I don't. I'm sorry.

REP. ABERCROMBIE (83RD): Okay. No, that's not -- I apologize, I didn't mean to put you on the spot. I'm just trying to figure out that if we add this as a covered expense, do we actually have enough in the State to do what we wanted and what the Bill's intention is, and that's always a concern for me. So that's okay. I can get that information. Questions from colleagues? Seeing none, thank you so much for your testimony. We do appreciate it.

KELLY GRUBER: Thank you.

REP. ABERCROMBIE (83RD): Going back to elected officials, and this will be the last elected official on the list, which means going forward it will be the public and we will be to three minutes. Michael Winkler, Representative Winkler.

REP. WINKLER (56TH): Distinguished Chairs, Vice-Chairs, Ranking Members and Members of the Human Services Committee. I am Representative Mike Winkler, and I'm here to testify against Section 3 of Governor's Bill No.6446, LCO No. 3112. This section would institute an asset test for determining eligibility for the Medicare Savings Program.

I once explained asset limits to clients for DSS for eight years. You'll see how I had to describe the Governor's specific proposal to a client, how disruptive the asset test would be. Under the Governor's asset test, we need your cash and savings balances for now and for the past few years to determine your eligibility for MSP. If you transferred any money, for example, to your children, without getting fair market value during that period, those transfers would count against your asset limit. We need the value of your stocks and bonds. I know that can get complex, but you have to do.

If you have a second car, we need the make, model and year because its value counts against your asset limit. We need the cash surrender value of your life insurance policy. If it's over $1,500, the amount over counts ass an asset; the same for burial contracts. You have to provide all of this information next month or we have to stop paying for your Medicare Part B. If you're late or the information is incomplete, we stop paying for your Medicare Part B. If you're over assets, we stop paying for your Medicare Part B.

No, you can't bring all your stuff into the office to get help. We have well over 100,000 people going through this process and we're short-staffed and we can't sit down with them. Besides, we do this work in only one office in the State, just do the best you can. If we stop paying for your Part B, you will have to make arrangements with Social Security directly to pay. And be careful, if they don't get paid for three months, they'll drop your Part B, and you can only sign up in January, February or March. So if you get dropped in June, for half a year, you'll be paying all the Part B expenses out of your own pocket.

You can see that this could be a total disaster for our elderly and for our disabled. In short, we're creating confusion, anxiety and hardship for over 113,000 low-income seniors and disabled to save an estimated $26.6 billion in fiscal year 2023. We found $150 million for towns and cities without a blink and I support that, but I don't think that we have any problem not going after this money from these people.

I would like to say that the speaker stated that there are better places than the MSP program to save money. He stated that publicly. So that gives me hope.

And one final thing. We cut the Medicaid Savings Program. Medicare Savings Program in 2017, we cut it in October, we reduced the income. And we reversed

ourselves three months later, because of the outcry. I hope we learned from our mistake then.

Thank you for the opportunity to testify before you today.

REP. ABERCROMBIE (83RD): Thank you, Representative Any questions? Seeing none, thank you so much for your testimony. We do appreciate it. Have a great day. Sara LeMaster? Sara is not here. Moving on to Alison Weir. Hi, Alison.

ALISON WEIR: Hi, Representative Abercrombie, Senator Moore, Senator Berthel, and Representative Case. My name is Alison Weir. I'm with Greater Hartford Legal Aid. I'm a Policy Advocate and Staff Attorney. And I've submitted written testimony on a number of bills so I'm going to summarize my statements fairly quickly.

Regarding the budget, Representative Abercrombie, thank you so much for your justifiable outrage about the failure to fund the COLAs this year. Every year, we have a statute requiring COLA funded but every year, governors of both parties find a reason not to fund adjustment citing other pressing state needs. But this money is used to address the most pressing needs for those who receive it.

For some recipients, this cash assistance is the only cash they actually have. So there are a lot of things, a lot of basic needs that cannot be bought with food stamps or other programs of gas on the car, diapers for the baby, falling down in rent. This money is critical for our clients.

The failure to fund the COLA has eroded the value of these cash benefits substantially. When TFA, for example, was first put into place, making sure that everyone got at least 50% of the federal poverty level, so that no family would be in deep poverty. We can't see that anymore.

The SAGA is for people who qualify but have not yet received federal disability benefits. They can't work and have very limited assets and or income if any, and they're only receiving $219 a month. It's really very little to cut, the cost-of-living allowance on top of that, seems remarkably cruel.

For the supplemental assistance for aged, blind and disabled, we have a double-whammy and that we not only purely defend the state COLA, which is assistance to the arm, which is in addition to any Social Security Disability benefits they get. But we also don't allow the COLA that the Congress puts on, the additional money they get from the Social Security benefits. So it's a double-whammy. So they don't get the federal COLA benefit and they don't get the state cola. So we really do, it's shameful that we fail to fund the COLA for so many years despite having a law saying that we're supposed to.

On the other element on the budget that we protest of course is the instituting asset test for the Medicare Savings Program. As Representative Winkler described pretty well before, this will be a huge administrative burden for our clients. The vast majority of our clients at legal services don't have cannibal assets over the limits, but ascertaining that they meet these tests will be a huge amount of effort on their part and also on DSS, who has to manually review all these assets. We're currently already hearing complaints about DSS processing and at times being delayed. This would further add an additional wrench into the works.

On HB 6520, regarding the temporary assistance to victims of domestic violence --

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

ALISON WEIR: We sympathize with the Bill, but we think there are a lot of flaws with the Bill. You can see my written testimony for some of the problems we

perceive. We'd be happy at Legal Services to help with the Committee in getting the Bill to do what it is intended to do. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Alison. And thank you so much for your help through this process. I know personally, you've been wonderful to work with and helped me navigate some of this language that we need. Which piece were you just talking about in the end? What was the last part of your testimony?

ALISON WEIR: 6520, the victims of violence.

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

ALISON WEIR: So we agree with the Commissioner, SNAP isn't really available. The problem with SAGA is it's basically for people who are single, unemployable either medically or because their minor's still in school pending family assistance. There are very few people who are domestic violence victims who would qualify for SAGA, and the amount available is so little and the maximum is $219, and there's a problem, and there's an asset limit of $250. So it would actually provide very little help.

We think a better option might be looking at expanding eligibility for TFA, because that's built for families. Especially, I mean, it seems that from the way you've drafted the Bill, the intent was also to help folks with kids given the element to childcare. We think TFA might be a better vehicle for this to get cash assistance, because the SAGA cash assistance is so little. I mean it really is.

REP. ABERCROMBIE (83RD): Right. Yeah, you're absolutely right, the SAGA. You're right, it's so little. It wouldn't be as effective as what the plan is. In your testimony, and I do apologize, I haven't had a chance to see it. Have you made these recommendations?

ALISON WEIR: Yes.

REP. ABERCROMBIE (83RD): Okay. So we're going to make sure that we take a look at that. Representative Case has kind of taken the lead on this Bill, so I would love for you, Representative Case to look at her testimony and see if that's something that could be optional going forward. And thank you so much, Alison. We do appreciate it.

ALISON WEIR: I hope so. We haven't provided a language, but we'd happy to put together language on how to address TFA.

REP. ABERCROMBIE (83RD): Could you, could you do the language? I think Representative Case would appreciate that.

ALISON WEIR: And I'd be to.

REP. ABERCROMBIE (83RD): Any questions from colleagues?

REP. CASE (63RD): Thanks, Madam Chair.

REP. ABERCROMBIE (83RD): Seeing none. Thank you so much, Alison. We appreciate it. Have a great day.

ALISON WEIR: Thank you very much.

REP. ABERCROMBIE (83RD): Ellen Shanley. Hi, Ellen.

ELLEN SHANLEY: Hi, Madam Chair and Members of the Health and Human Services Committee. I'm Ellen Shanley. I'm a registered dietician-nutritionist and certified dietitian-nutritionist in Connecticut and I live in Glastonbury.

I'm here to support HB 6518 providing Medicaid coverage for certified dietitian-nutritionists. I'm here with the Connecticut Academy of Nutrition and Dietetics, a non-profit organization affiliated with the Academy of Nutrition and Dietetics. That's the world's largest organization of food and nutrition

professionals that represents over 100,000 registered dietitian-nutritionists. I'm honored to serve on the Board of Directors at the National Academy of Nutrition and Dietetics as Director at large, and I've just been elected to serve as the president-elect at the national level.

HB 6518 would allow reimbursement and coverage for Medicaid beneficiaries to avoid the consequences of malnutrition by authorizing Medicaid coverage for the services of a certified dietitian-nutritionist. Malnutrition is a serious medical condition and costs the taxpayer money. We see these expenses in longer hospital stays and more complications due to malnutrition. Malnutrition can significantly impact individual's health outcomes as well as increase hospital readmissions and overall higher healthcare costs.

In the US, we frequently see obesity and malnutrition in an individual. Those living in low socioeconomic status neighborhoods are more vulnerable to health disparities. And unfortunately, with COVID-19, we saw the inequity in health outcomes in this population. Malnutrition now affects people of every age. Malnutrition therapy is an evidence-based medical approach to treating chronic conditions using an individually-tailored nutrition plan. Registered dietitian-nutritionists are key to identifying and treating malnourished patients by providing medical nutrition therapy. The goal is to provide the client with support to sustain healthy eating habits.

The RDN is the food and nutrition expert who translates nutrition science into application and is uniquely qualified to provide medical nutrition therapy. As you've heard, the registered dietitian has gone through an accredited education program that provides not only the science and evidence-based classroom knowledge, but also 1,200 hours of supervised practice experience as well as passing a national exam.

I strongly support HB 6518, providing Medicaid coverage for certified dietitian-nutritionists. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Ellen, and thank you for your testimony. Any questions, colleagues? Representative Goupil.

REP. GOUPIL (35TH): Thank you, Madam Chair. And thank you very much for your testimony. Just a little more detail, just referencing back to Commissioner Gifford's comments on the MDs and the advanced practice nurses weight loss work. Can you provide a little more example of how the RDs provide the medical nutrition therapy which is different than is currently provided in the healthcare sector and who might try to provide or not refer out. So just a little more in terms of examples for it.

ELLEN SHANLEY: The registered dietitian-nutritionist has been trained specifically to deal with the obesity epidemic as well as to individualized plans for individuals. So I think we really are the trained professional. And unfortunately, the medical professional as well as APRNs do not have the same level of training in nutrition that the registered dietitian-nutritionist does. In some schools, they only take a course and in other medical schools they don't even take a course in it.

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

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

ELLEN SHANLEY: Thank you.

REP. ABERCROMBIE (83RD): Fitzroy Anderson? Fitzroy? I see you there, but you're on mute. Fitzroy Anderson? Okay, Fitzroy, we're going to come back to you. You might be having some technical difficulties. Jennifer Zarrilli?

JENNIFER ZARRILLI: Yes. Hello and thank you. So, thank you for having me today, Senator Moore and Representative Abercrombie and the other esteemed Members of the Human Services Committee. I'm not sure why my camera is not on here, but it should be. So I'm here today representing Connecticut Children's in strong support of Bill 6518, AN ACT PROVIDING MEDICAID COVERAGE FOR CERTIFIED DIETITIAN-NUTRITIONISTS, similar to Ellen who just presented. And I'm the Clinical Nutrition Manager here at Connecticut Children's, and I'm pleased to be joined by over 35 of my colleagues here that represent a broad range of discipline supporting my testimony in strong support of this Bill.

So my career has been dedicated to caring for children as a certified dietitian-nutritionist here at Connecticut Children's. I've seen firsthand the devastating health consequences of food insecurity as well as seeing what COVID-19 has done to worsen the food insecurity in the communities of our children who are already at risk due to chronic diseases.

I've worked with many families that have faced the inequality and have limited access to care due to their economic circumstances. Many children require diet as the sole treatment of their chronic disease and RDNs are uniquely qualified and highly trained to provide medical nutrition therapy for these medically fragile children.

One of the diseases is known as short bowel syndrome requires that some children receive nutrition intravenously called parenteral nutrition. Parenteral nutrition is their entire lifeline and without it they cannot survive. RDNs also prescribe and maintain medically-supervised diets as the sole and individualized treatment for diseases. Just one of these examples is the ketogenic diet in the treatment of seizures and other neurologic disorders. The ketogenic diet could treat the child's seizure disorder completely and alone without medications in

about a third of cases children with intractable seizures and it's truly amazing. So in the words of Doctors Madan Cohen and Warden, our medical directors of our ketogenic diet program. Our program nor any ketogenic diet program could function without a dietitian.

We support this Bill to provide equitable care to children with Husky, who should not be disadvantaged due to their insurance status. Recently, we've also seen a spike in children referred and hospitalized due to eating disorders and malnutrition with the COVID-19 pandemic. In fact, someone dies from an eating disorder every 62 minutes. In our words of Dr. [Fergus] one of our hospitalist, access to a dietitian is necessary component for care of our patients with eating disorders for prevention of hospitalization and ongoing care after discharge. Without access to this care, patients risk relapse, readmission, and even death.

Despite the clear need for nutrition services from RDNs, these services are not covered by Medicaid. Patients are often forced to decline nutrition services due to cost and patients are also limited to who they could see based on their insurance status which creates inequality of availability of care and inability to choose their own care. Children of low-income families are at higher risk of suffering life altering consequences of their chronic diseases due to their economic status. This is simply unjust and must change.

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

JENNIFER ZARRILLI: Oh, sure. So overall the health-related impact of food insecurity heightened by COVID-19 pandemic is monumental for growing and developing children, and it could cause a lifetime of suffering. RDNs are the nutrition experts who are trained to provide interventions, guidance and

support. Thank you so much for your time and consideration.

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

[End of Part 1 - 03:00:04]

REP. GOUPIL (35TH): Thank you so much. Just you know, so many children in the community. I've got friends with one child has Kabuki Disease and quite a few family members who have children with Crohn's and nutritional support is so critical to their ability to function and get back to even a school setting. So, I do thank you for your work. I was wondering if you could just elaborate a little bit on the diseases which would be better managed in children if the Bill passes. So, again, you know just referring to the limited knowledge and experience that I have, what other areas that would it cover as well?

JENNIFER ZARILL: Sure. There are other children with metabolic disorders and even Glycogen Storage Disease that actually require nutrition, as the main treatment for their disease. And also obesity, as Ellen had mentioned is a huge -- has actually increased in the pandemic and a lot of patients aren't being seen because of the cost of their nutrition. We recently had a patient declined services and they had Celiac Disease, which nutrition is also the, you know, the main treatment for that disease as well. So, those are just a few examples of other diseases where nutrition is just so important.

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

JENNIFER ZARILL: Mm-hmm.

REP. ABERCROMBIE (83rd)): Thank you so much for your testimony. I think it's important to understand some of the disabilities and illnesses that we're talking

about. But just so everybody's clear. We don't write in language those disabilities that this would be covering. That's not how we do State Statute in language. So, just so everybody's clear, that won't be part of the language if it goes forward. Thank you very much for your testimony. We really do appreciate it.

JENNIFER ZARILL: Thank you.

REP. ABERCROMBIE (83rd): Joel Sekorski, followed by Sheldon Tobin.

JOEL SEKORSKI: Good afternoon, everybody. My name is Joel Sekorski. I'm the President of Connecticut Association of Senior Nutrition Providers which by common term is Meals on Wheels, congregate meal programs. I also am the Senior Center Director for the City of Torrington. I'm here today to support the Malnutrition Bill that's been raised for seniors. I'm actually here to support any tool that we can use to find out more on how to prevent malnutrition among seniors. I'm not sure if, listening to most of the testimony this morning, I'm not sure if we have the language perfect. I'm not a lawyer. I certainly don't read it and see a prominent position or equal footing for elderly nutrition programs as stated by Commissioner Porter. Certainly would not be our intent. We want to be an active partner, as we have been always with the nutrition programs.

We're looking to support in any way the data collection, if we can. Many of the other nutrition programs do the physical assessment for clients. So, they're there on the front lines asking questions. We have had great dialogue with the State Unit on Aging about upcoming needs that they have a. nd trying to work together to increase more data without increasing the time that it takes to collect that data. I'm very sensitive and I think our whole group, Canask, would be very sensitive to anything that adds a ton of work on anybody. But when we're talking about malnutrition, many of the questions that are

asked about malnutrition, are already in the Form Five. They're already in the NAPA Score. How we get those together I'm not sure. I clearly only know our piece. I don't know the requirements that the State Unit on Aging has, or the Department Social Service has when they need to report their data. So, you know we would work with them to try to help and get those things together. I know that the OLDER AMERICANS ACT has a validated malnutrition screening tool that's available to be used t. hat perhaps could be combined with these new thoughts of the data that the State Unit already needs. Again, Department of Social Services and the State Unit on Aging, we supply meals, for both of them through the Connecticut Homecare Program and the TITLE THREE OLDER AMERICANS ACT. It can be very confusing because there's multiple funding streams and all the meals are on our truck. We're delivering all of the meals that we deliver with the same person. So, it's all mixed up on our end. And I'm sure it's all mixed up for most of you.

So, you know when we look at those things, we try to be a partner; you know we try to add any contribution that we can. I also do understand that we are out to bid, as Commissioner Porter said. So, we aren't possibly on the on the same footing, or the same level as someone who's going to be consistently there. But we are asked for our input all the time. When there's a big storm coming or the potential for an ice storm, we get an email and we're there. We're an active part of that. We always step up. And when we were asked to serve more meals, we step up. When we're asked to do it serve a $15 unit of service for $9, we figure out how to get it done. So, we we've been doing this, this is our wheelhouse. We want to help pass anything we can. Even if it needs to be rewarded like I said in the beginning --

HEATHER FERGUSON-HULL: Excuse me.

JOEL SEKORSKI: Yeah.

HEATHER FERGUSON-HULL: Your three minutes are up. Yeah, just summarize. Thank you.

JOEL SEKORSKI: Alright, so, I think I've already summarized what we are, and I definitely would keep talking for the rest of the day. So, I'll just stop right there and take any questions you might have for our group.

REP. ABERCROMBIE (83RD): Joel, we so appreciate you and what your organization and all the Meals on Wheels have done. We know that you are a lifeline to our seniors. But more importantly, you were an extra light lifeline during this pandemic and we so thank you for everything that you do. Representative Cook.

REP. COOK (65TH): Thanks, Madam Chairwoman. And Joel, it's so great to see you. And I'm glad that we got you in here before the two o'clock hour. You know I can't say more about what you do, then, Representative Abercrombie did other than the fact that you are in my back door. You're my community's representative. You ensure that our seniors, regardless near or far, have everything that they need. And I think that when we started down this venture together a few years back, it was really about making the services equitable. It was about figuring out a way to do more with less. It was about making sure that you were filling the needs of as many people as possible. And you know, quite frankly, hitting some of those folks that have really gone unaddressed in the long run. You know I see your testimony, Joel, and it is -- it is signed by you know nine groups of people that are really collectively trying to make an effective change.

And then you hear the Commissioner, you know, state where their problems are and she's willing to work. . and I know that you all, as a group, are willing to work. Do you feel that, where we are now --. Obviously, we need to make a change, we've put in some changes in this proposal. Do you feel where we are now is doing the best to serve all of our

community members. Or do you know in your heart, we can do more?

JOEL SEKORSKI: Well, I don't know if we can physically do more or not, to be honest with you. But I think that there's a lot of data out there that coincides with what we're trying to do to to identify malnutrition in seniors. I think it's a matter of looking at it in a different way. I also believe that rural areas are becoming more and more under-served because of the simple fact that outreach is getting harder to do and the funding is not there to do outreach. We're taking every bit we can for food and delivery and we're missing some of the things that we were doing when I when I was doing this 17 years ago. We used to get to communities. We used to, you know, be able to have the paper on the ground and get out there and social service workers and municipal agents were fighting for this as well. But it's just a different world that we live in now. We need to take a new approach to collect this data and make sure that we're what we're doing right now, is used in the most effective way to benefit all the needs that we have for data collection.

REP. COOK (65TH): And you hit on something that I had talked to him briefly the Commissioner about the rural areas. The populated versus least populated and being able to do --. You know, you all, it takes you, you know, a couple of hours to get some somebody in the far Northwest corner to where you know, maybe in Waterbury or Hartford, it might take two minutes to get to 30 people. How does that have a disparity in the funding that you all are receiving or being able to do more with less.

JOEL SEKORSKI: I don't know about the disparity of the funding. I mean it's clear that it costs more to deliver to 30 people on a 100-mile route than it does to 60 people on a seven-mile route. I mean that that's just common equity right there. I don't know. We look at the -- our program as a whole. Regardless of the funding source, each meal is treated equally .

when we divide out what it takes to do. We bid on this region. We serve these 18 towns. I believe everybody is very similar in the same way. If we were to eliminate 16 of my towns and not deliver to them, I would take off about $8 of the cost of the food just to do 70% of my people in just two towns. So, but of course that's not on the table, we would never do that. We're not in that business. But you look at the program as a whole and that's how you come up with your price. So, characteristically rural will be more, because of the miles traveled.

REP. COOK (65TH): And if that's the case, then by using the data that we're trying to propose in this piece of legislation, do you think that that solves part of the problem?

JOEL SEKORSKI: I think it does a better job of identifying when you need to make hard decisions on who qualifies for a meal. If you're in that position where you have to say, you deserve this and you don't. I think that this data would go a long way to make sure that the people most in need, were identified first and make sure that they're getting the nutrition that they need.

REP. COOK (65TH): And isn't that data already collected. It's just about putting it to use, or do we need to expand the data?

JOEL SEKORSKI: That's out of my wheelhouse. I know many of the questions that are needed are on the back of the Form Five. How that gets constructed it's really -- it's not for me to say that I wish that I could give you an opinion on that, but I really just don't I don't know.

REP. COOK (65TH): Thank you, I appreciate that. I think that's part of my issue and to my Chairs, I think that we do collect this data. And as you hear Joel saying, it is on the back of the form. What are we doing with it? And I'm very cautious on what may or may not cost us more money when we move forward.

When if we don't reach out to these elderly folks and give them the meals that they need and deserve. We may be more costing lives. I think it's just about how we utilize the data in what format. Not necessarily about the more dollars that we're going to spend just to collect more data.
So, I need us to be very cautious when we move forward with that.

Joel, I know you said you could talk about this forever and I know that you, you live and eat and drink and sleep this stuff. And you do it with your whole heart. Is there anything else that you want to get out there, because I know your three minutes were up. Giving you the opportunity to say something else, before I turn my time over.

JOEL SEKORSKI: Yeah, I'll say one thing that you'll understand. With our friend, John, he always told me money's the answer what was the question. So, unfortunately it all falls back to funding and the resources that we need to put in place to make these things happen for our needy people.

REP. COOK (65TH): Thank you, I appreciate it. And again, from all of the folks that you all take care of, we can't thank you enough.

JOEL SEKORSKI: Thank you, for your time everybody. It's nice to see the friendly faces.

REP. COOK (65TH): Don't hang up, Joel. You can't leave yet.

JOEL SEKORSKI: Okay.

REP. COOK (65TH): Because I think Representative Case wants to get a hold of you now.

JOEL SEKORSKI: Hello, Representative Case.
REP. CASE (63RD): Madam Chair, can I go on?

REP. ABERCROMBIE (83RD): Please do.

REP. CASE (63RD): Yeah. Hey Joel, good to see you, and you know as Representative Cook and I and others who represent Torrington, we want to thank you for all that you do. And being out on the road with your guys, you know, during a snowstorm I was able to see firsthand. Especially traveling out, and you know farther north, where I am. And it's not only with Meals on Wheels, it's not only delivering a meal but it's a visit. So, you're going to start to see some of the things and your drivers are reporters back. Are they not?

JOEL SEKORSKI: Yes.

REP. CASE (63RD): So, your drivers can catch some things, but they can't catch all. And I think what's trying to happen is, put all the information together so that we can better serve with the types of meals that certain people need for nutrition. Is that correct? Because your people are very friendly when they go out and they deliver these meals to people. And they mentally, they might ask a few questions, but they can see that Mrs. Smith isn't doing so good. And they come back, and they report that. I just think, and you know, with my days on Appropriations, we did -- we always fought hard for Meals on Wheels because it's -- it does multiple things not just delivering meals.

It's your visit to the person that you're stopping but it's a checkup to see how the person is doing. And I think what you're getting from what we heard from Commissioner Gifford this morning, is she wants to work on more ways to be able to utilize the information that you guys bring back so we can better the program. Is that what the premise is of being -- testifying today for?

JOEL SEKORSKI: Yeah. I think it's just a reminder of what we do with the boots on the ground. I'm not sure our day-to-day gatekeeper style of reporting is effective to this particular Bill. But it certainly

shows that the Meals on Wheels are keeping people in their homes and all the things that we've advocated for in the past.

REP. CASE (63RD): Well, and I think there's you know there's a lot of elderly people out there who are very proud to be and not have to go out for Meals on Wheels and not have to do it. And maybe those are some of the people that we're not reaching. So, it's a matter of not only people you reaching. But also going outside the box to reach the others who are out there. And you have a lot of that come into your facility. We have a lot that come into the Winsted Facility. A lot that come into the COBRA Facility, the ones that I represent. And when you see those people on a daily basis, and if you don't see one of those people on a daily basis, you know something's up. So, that's where the reporting needs to come in and help with the nutrition. So, we can keep people at home. But keep them with their proper food and the proper diet. Because that's what keeps them well. Is that correct?

JOEL SEKORSKI: That's correct. I would add to that, that it's common practice for us once a client is in our system that when we report that. We report either back to the area Agency on Aging or the caseworker from the Connecticut Homecare Program when we notice changes in their physical being a. nd they get referred to other services. It starts with our boots on the ground when they're home.

REP. CASE (63RD): Yeah, I thank you Joel for coming forward. I think it's more of a putting information together and disseminating it out. So, that we can get the people the proper things that they need. Whether its food or give them a visit from a professional. But I thank you for all you do and, hopefully, I can get back out the road with somebody.

JOEL SEKORSKI: Thank you for all the time today, I appreciate it.

REP. ABERCROMBIE (83RD): Thank you, Representative Case. Seeing no further questions or comments. Thank you, Joel. We really do appreciate you being here. I'm now going to turn over the Chair to Representative Garibay, who's going to cover for a little bit, and the first person up is Sheldon Toubman.

SHELDON TOUBMAN: Good afternoon. Members of the Human Services Committee. My name is Sheldon Toubman. I'm a staff attorney at New Haven Legal Assistance. I testified similarly to what I'm going to say today before the Appropriations Committee yesterday evening. I think Representative Dathan may have been there. And I also have written testimony, so, I don't need to repeat that. But I do want to respond to a couple things that the Commissioner said, of DSS in response to what Chairperson Abercrombie said. I'm here to testify specifically on a couple of cuts. One is in Section Three of 6446, this is the Medicare Savings Program. And you know, there's some talk about how the asset limit as proposed is reasonable. And maybe it might be viewed as that to some people, but the bigger problem to me, is not the asset limit, it's the consequence of administering an asset limit. Most of our clients in Legal Services are below, substantially below these asset limits. So, it wouldn't directly affect them in terms of eligibility. But it will affect them in terms of processing. I know from a lot of experience with clients that they can't quite get this verification together. These are people who, by definition, are either elderly or disabled and they have a hard time using technology to get verification. Yet these call centers and you know, trying to get through is really difficult. And what happens is they lose benefits to which they're eligible even under an asset limit because they can't get the verification done.

Overall, globally, under this proposal about 205,000 people on the Medicare Savings Programs together, right now. And all of those people will have to get annually renewed for assets, which cannot be

automated and has to be done on an annual basis. So, workers will be diverted to doing that. And all of our clients, over a million people get DSS benefits overall, will be harmed by the processing delays resulting and this agency already can't keep up b. y imposing this unrealistic burden. And I should note that the move is away from asset tests, because of their being so burdensome. So, for example, under HUSKY D, federal law says you can't have an asset test.

The other thing is Sections 1 and 2, which are taking away the COLA. The Commissioner justified this on the basis that we have done this, many years before, exactly. And the cumulative effect of taking away the COLA, year after year is that people live on less and less and less. And basically, they got the COLA only five times out of 32 years for a state supplement for Age or disabled. The fact that we get it past years is a reason not to do it. So, it's time to put an end to this taking away of basic benefits from extremely low-income people, year after year.

And lastly, the Commissioner said something that concerned me. She justified the 6.2 million, I'm sorry, the 6.2% increase in federal Medicaid money because Representative Abercrombie said, "You know you're getting all that money, why is it not going to maintaining things?". And she said, "Oh with that, we're keeping people on Medicaid." I have some disturbing news that I'd be happy to share with you if you asked. And that is that we now have new cases indicating they are cutting people off of Medicaid, contrary to the requirements of the FAMILIES FIRST ACT. Even though they're still eligible and may there not so eligible but it doesn't matter. THE FAMILIES FIRST ACT says, "No cutting off of people during the pandemic." And the Commissioner just testified about that and yet we have cases where it's happening.

The very last thing I want to say is, revenue. That she said, "Sorry, but these are very challenging --"

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

SHELDON TOUBMAN: I'll wrap up.

HEATHER FERGUSON-HULL: Please summarize. Thank you.

SHELDON TOUBMAN: This is a very challenging period of time and therefore you know the budget we got to do something. You know what. If the budget is so challenging because of the pandemic that you're going to take away a 1% cost-of-living from somebody who's living on $219 a month. Or take away from the Diaper Bank or impose quantity limits on elderly, disabled people who need medical supplies, then maybe it's time to look at revenue and maybe you should talk to your colleagues on the Revenue Committee about coming up with a better solution which asks wealthy people to contribute a little bit so, we don't have to make these cuts. Thank you.

REP. GARIBAY (60TH): Thank you very much, Mr. Toubman. Are there any questions? Representative Hughes.

REP. HUGHES (135TH): Yeah. Thank you, Madam Chair and thank you for your testimony about on the ground, you know, a policy is great, but what you're describing is implementation. And we know that there are people falling into poverty because of this -- because of this pandemic and accelerated recession. And that there will be many more. Especially if we if we don't extend the eligibility and expand the eligibility. So, what would be your one remedy, Mr. Toubman, that you could describe how we could do this seamlessly? So, that folks who don't know that they're eligible and don't know that they can basically have some sort of grievance procedure for not getting the benefits that they are entitled to.

SHELDON TOUBMAN: Well, I actually am not sure exactly what you're talking about and ought to ask for

clarification. But the -- what I'm testifying about is just to stop further cuts --

REP. GARIBAY (60TH): Right.

SHELDON TOUBMAN: -- that the Governor is proposing in his budget, which will cause further harm. So, stop that. Don't even consider any of those cuts. But if you're talking about the fact that DSS is right now terminating people off of various Medicaid waivers and terminating them from payment for coverage in nursing homes.

REP. GARIBAY (60TH): Yes.

SHELDON TOUBMAN: That is a non-compliance with federal laws. As I understand it Connecticut's getting that 6.2% increase for all its reimbursements from the Federal Government for all of its Medicaid expenditures. And the deal for that, under the law is, you will not reduce eligibility standards during the pandemic, while you're getting this increased amount of money. And you will not cut off anybody for Medicaid involuntarily with the one exception of if they move out-of-state.

So, I mean I don't -- I think we have to figure out -- I just got these cases. And I checked with colleagues and they've gotten these cases, too. And it could be in general in the Medicaid program. But certainly, for Medicaid waivers and nursing home care these terminations are--, I have the notices it says your over assets, or you don't --

REP. GARIBAY (60TH): Right.

SHELDON TOUBMAN: -- meet the level of care. So, maybe we need to get together with the Commissioner to say what is going on here. We need to put a stop to this; it seems to be violating federal law.

REP. HUGHES (135TH): Great. Thank you and the other thing that I'd like you to just speak to is that a lot of these folks have I bet that are impacted have dementia, are incredibly poor, they're in nursing homes. They are not the people that can advocate for themselves, right. So, how do these cases get referred to you?

SHELDON TOUBMAN: Various. I mean sometimes the long-term care Ombudsman at a nursing home will refer a case. There are sometimes family members. But you know you raised a really great question, which is that, boy, we hear about horrible cases. The ones that come to us, the really horrible cases, are the ones that never come to us because the person has dementia and doesn't have anybody who can advocate for them. And one of the things that has historically happened is that, without naming names, certain state officials have said, "Well, if you have a case bring it to our attention and we'll fix it." And in fact, we do that and it's very effective.

Except that it's the tiny percentage who got to us who have the savvy to get to us. What about the ones that don't get to us and that's what really worries me. And in terms of this asset test, you know there'll be people just drop off. Because they can't get verification of the value of that car sitting on blocks that's worth nothing. But the Blue Book says it is and the life insurance policy whatever. They'll never come to us they'll just be cut off.

REP. HUGHES (135TH): Right. Thank you. Thank you, and to you, too, Madam Chair. I just wanted to say, we are creating barriers for those with the least access to navigating those barriers. Least access to online, you know, appeals and able to find resources to like legal services to protect them and to at least understanding of their rights and entitlements to begin with. And so you make these changes and I feel like, especially the new cases being cut off, they don't get proper notification. It's not going to the right, you know, necessarily to the right mail

address, or whatever. And that is where we see catastrophic impact. And I operate a Helpline for elder abuse and protection and then these are the cases that show up. But just frantic on our helpline. So, thank you very much.

REP. GARIBAY (60TH): Thank you Representative Hughes. Are there any other questions? Okay, not seeing any. Thank you very much, Mr. Toubman for coming and testifying today and for your passion. And moving on we're going to go to Stephen Wanczyk-Karp and after him, it will be Charlotte Condit. Mr. Wanczyk.

STEPHEN WANCZYK-KARP: Members of the Committee, I appreciate this opportunity to speak to you. We're here to talk about 6446. First of all, in terms of elimination of COLA, we can only put it frankly, we thought it was shameful of the governor to put this proposal forward. These individuals are the poorest, most lowest-income of our residents. State policy really should be to help a hand -- a helping hand to bring people out of poverty, not to give them a shove deeper into poverty.

Now, having said that, the legislature really needs to actually fund the COLA, which has been in state law but as the previous speaker said, has rarely actually been funded. We absolutely need these folks to get a COLA. The fact that cost of living goes up and we have the most low-income individuals who are needing assistance. And they're not going to use this money to go to Aruba. They're using this money in their local community. So, that money is coming back into their local communities.

But we also are opposed to the Governor's proposal in terms of the asset limits. As said previously by speakers, this would be a nightmare for DSS. They would probably need to hire additional employees. There go some of your savings. But also, these are mostly low-income and elderly individuals, many who would have great difficulty navigating the whole

assets documents necessary. It would no doubt cause some people simply to drop the program. Again, we're looking at lower-income folks who absolutely need this assistance.

Finally, just wanted to comment on the acuity-based reimbursement system. And this is something we did support in the Governor's proposal. Nursing homes have changed over the years in terms of the nature of their residents. We should be paying those based on the acuity level of residents. But also, we feel that this would enhance the ability to have nursing homes to bring on more social workers. We have worked for many years to increase social workers from homes that can have 120 beds to one worker. We've been trying to lower that ratio to 60 beds to one worker. And the industry has always sort of responded by saying, you know if we had an acuity-based reimbursement model, we could deliver more psycho-social services because we'd be able to hire more social workers if there's a need amongst our residents. Clearly there's a need amongst our residents. So, we urge you to support this particular part of the Governor's proposal, while again we ask you to oppose the Assets Test and oppose the elimination of the COLA. Thank you.

REP. GARIBAY (60TH): Thank you, Mr. Wanczyk, very much for your testimony today. Does anyone have a question? Seeing none. Thank you very much for coming. Charlotte Condit.

CHARLOTTE CONDIT: Hi. Good afternoon, Senator Moore, Representative Abercrombie, and other Honorable Members of the Human Services Committee. My name is Charlotte Condit and I'm a Master of social work student at UConn and I've lived and voted in Cromwell for the past five years. Thank you for allowing me to speak today. I would like to voice my support for SENATE BILL 958 which is an Act ALLOWING CERTAIN BENEFICIARIES TO USE ELECTRONIC BENEFIT TRANSFER CARDS AT PARTICIPATING RESTAURANTS. This will allow Connecticut to participate in the Restaurant Meals Program.

I support this Bill because it will allow people who are elderly, those who are homeless and those who have a disability, the freedom and dignity to have more choice in the food that they eat. I used to work for a Meals on Wheels program servicing Hartford, Middlesex, and Tolland counties. Meals on Wheels is a lifeline program that provides hot meals for home-based older adults over age 60. And it provided over 1.3 million meals to almost 7,000 people in 2020 in Connecticut.

Unfortunately, sometimes participants might miss a delivery. I learned that in this case, these people usually just have a snack from their pantry as a backup plan. There isn't really an alternative hot meal. Some seniors have more resources than others when it comes to having options for something to eat. But always needing to be at the door and ready to receive your hot meal, without any affordable alternative could be a disruption on an older person's freedom and dignity in their lives.

And last year, I completed my first year of field placement at a Community Meals Program and Day Shelter. Four days a week, the programs provided two or three free hot meals a day to anyone who would enter. And many of these attendees experienced chronic homelessness. I saw what an average month looks like in these programs. At the beginning of the month, the Day Shelter is empty because people are out and using their benefits.

However, towards the end of the month, funding for snacks kind of goes -- it runs out and more people stay for hot meals at the Day Shelter. What do you think that this says about the nutrition that they receive, for the first half of the month. People enjoy having the freedom to go out and to choose their own food. Allowing them to do so in a way that promotes health and nutrition by providing a hot balanced meal would make a positive impact on the health and the functioning of this population.

So, I really urge you to support this Bill to improve the lives of our most vulnerable Connecticut residents. My only additional ask for the program would be that it cuts down barriers for locally-owned restaurants to qualify. The Restaurant Meals Program operates in a few other states and the majority of restaurants who participate are large fast-food chains. Most of whom realistically were not negatively impacted by the pandemic. These restaurants also don't often offer enough healthful or culturally-sensitive options for consumers.

So, local businesses who can meet the needs of their communities deserve a chance to receive assistance to help people who are in need with meeting their nutrition, their dietary needs. So, thank you again for allowing me to speak. And I hope that your decision comes from both compassion and thorough consideration.

REP. GARIBAY (60TH): Okay, thank you. Does anyone have any questions for Ms. Condit? Representative Hughes.

REP. HUGHES (135TH): Thank you, Ms. Condit and thank you, Madam Chair, for raising that, that reality that locally-owned restaurants can really be the front lines of food security. And also like you said, you could call it customer sensitive, you know, service. You know, in terms of what their regulars know and love and prefer and how they prefer that. And also, that would go into the local economy, which is so important and keep our restaurants going, which is so important. They're a vital part of our economy. But did you happen to hear the testimony about the federal barriers for that?

CHARLOTTE CONDIT: I did not.

Rep. Hughes: Okay. So, it sounds like we would have to get some kind of waiver or something. But it sounds like it would be absolutely critical to try to

like you say cut down the barriers to further expand the access to, you know, hot meals. To, you know, fresh prepared or, especially for our seniors and especially in our rural areas that you serve. Because there is no reason for a state as affluent and resourced as Connecticut to have seniors or anybody going hungry. There's just no reason. We're not that vast. We're not Texas. We should be able to get to our people. Anybody who needs it. So, thank you for your testimony.

CHARLOTTE CONDIT: Thank you.

REP. GARIBAY (60TH): Thank you, and now Representative Case and I promise you I didn't see your hand up first.

REP. CASE (63RD): It's alright, Madam Chair.

REP. GARIBAY (60TH): I didn't do it on purpose. So, I apologize.

REP. CASE (63RD): Hey, Charlotte, thank you for coming forward and we did hear a lot about this in there are some federal things. But I just want to make it clear, there is no restriction to a restaurant applying to do this. A restaurant can do it if they want to, but they got to have the computer system to do it and that's a cost to them. So, they have to have the point-of-service machinery computer because the meals have to be offered at a discounted rate, with no tip, and no taxes. So, and then the restaurants have to report out to DSS. So, there's no restriction on what restaurant. It's just that the pilot program -- the only ones that signed up for the pilot program were Subway Restaurants.

CHARLOTTE CONDIT: Yeah.

REP. CASE (63RD): Because they had the point-of-service system that was all ready to go. So, it's a matter of getting the proper equipment into these places. I mean, it's come so far as a few years ago

and It's expanded which we found out today. But people can use their EBTs at Amazon, Walmart, all these, and ShopRite. And use it in Instacart which I didn't know. So, they can get the food delivered to them, which is also very nice. As Representative Hughes mentioned, you know, there are some federal things that we have looked up because there are federal dollars that are involved on this card. But it's a matter of getting the buy-in from the restaurants.

And I know it was mentioned before that, you know, maybe we do a pilot in Connecticut and get one or two of them. But we want to make sure if we do a pilot, we get enough so it's spread out throughout our whole state. I'm in the Northwest corner serving 900 square miles and it's hard to get food to the people that need it out here, you know. I've been out into the woods to deliver food, to deliver gift cards so, we can get people out of the woods to go get food. You're right, we're here in Human Services because we care about helping the most vulnerable people.

I don't know how this is going to work out. The Commissioner says she is willing to work on it but there are federal constraints. I just wanted to make sure because I heard new testimony we want to help out the local restaurants. We're not stopping the local restaurants from being involved.
It's a matter if they want to get involved, because there's reporting on there and they have to upgrade their computer system to take the EBT Card.

CHARLOTTE CONDIT: Yeah, yeah. I can imagine the barriers.

REP. CASE (63RD): Yeah. But I think we tried to loosen the barriers by opening up the grocery delivery. I think the grocery delivery is a huge thing and I think that's --

CHARLOTTE CONDIT: I think so.

REP. CASE (63RD): -- that's one step. So, you know there's nothing happens all-in-one, and I know Senator Moore wants to speak. And thank you for coming forward, and thank you, Representative Garibay, I appreciate it.

REP. GARIBAY (60TH): And thank you, Representative Case. Senator Moore.

SENATOR MOORE (22ND): Thank you. Thank you, Charlotte, for your testimony. And Rep. Case said -- reiterated some things that we have learned but nonetheless, I think there's an opportunity to do a pilot in different places. Because Subway is Connecticut-based, there's other small places like that that might want to do -- be involved in doing a pilot. But also, they didn't mention that it's for someone who's getting the lowest amount of money at $7.80 a day for food. But $7.80, if you can go and get something. I don't know how you make a meal for $7.80. But you might be able to get a good deal to get you something to eat at one of those. So, places like McDonald's, who employs a lot of low-wage workers who could be on assistance somehow and we're supplementing them for health insurance and different things. Might be some of the places that we could look at. I think there's an opportunity here.

And I think that COVID-19 has opened up the door to what is possible and not always what we can't do. But some of the things we need to start thinking about for people. Because I think about someone homeless to have to go home and cook something for a meal and you're homeless. Or you don't have, you know, I don't know how you cook a meal, you know, in a hard time when there's no electricity. Or you , you might be homeless, or you might be living in a shelter, this is an opportunity for some of those people, not just them, but an opportunity to start reaching down to the people who are having the hardest time and let them have something, some dignity that they can get something even if it's fast food. Fast food is

probably a lot better than them buying some junk that they're going to consume, right.

CHARLOTTE CONDIT: Absolutely.

SENATOR MOORE (22ND): So thank you, and I'm going to still continue to try to see if we can work with the Commissioner to do a pilot and look at this a little bit deeper. Or do some research on what would it really take to be able to do this. And this is, actually, I think this is -- Now State Senator Pat Billie Miller introduced this Bill two years ago. So, she'll be on-board and we'll get some help to see what we can do on this, so thank you.

CHARLOTTE CONDIT: Thank you.

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

REP. GARIBAY (60TH): Thank you. Thank you so much, I agree with you, and having worked with small restaurants, for almost 30 years mentoring different programs. I think sometimes we're thinking up here and the solution might be lower down that if we can find a way for them to be able to help people and do. I think it would be mutual for everyone involved. As we all know, you're not feeling good, you're ill, whatever, to be able call out for a meal is just like golden. So, thank you so much for your testimony and for coming today.

CHARLOTTE CONDIT: Thank you.

REP. GARIBAY (60TH): Any other questions. Okay, thank you very much. Okay, Tina Yeitz, I hope I pronounced that right.

TINA YEITZ: Yes, you did.

REP. GARIBAY (60TH): And after that it will be Anna Doroshazi.

TINA YEITZ: Good afternoon Representative Garibay, Senator Moore, Members of the Committee. Thank you for the opportunity to offer testimony today against THE RATE CAP ON RESIDENTIAL CARE HOMES in Section 8 of House Bill 6446. My name is Tina Yeitz and I'm the Administrator of the Eliza Huntington Memorial Home in Norwich. As well as the Vice President of the Connecticut Association of Residential Care Homes. Eliza Huntington is a 22-bed facility in Norwich, specifically for elderly women. We provide medical administration by PCAs, all meals, and snacks are prepared by licensed dietary staff. Housekeeping, laundry services, full-time recreation, and recently with the pandemic we've also begun assisting these residents with their technology to be able to maintain their doctor's appointments and contact with their family.

All of these tasks need to be provided within a budget that comes from a daily rate paid by our state. A payment system that has seen no increase for the better part of a decade. This has prevented us from being able to provide consistent pay increases to our employees. Never has there been a time when being unable to compensate our employees been more important. Yet, I still had seven employees that I had to give $1-an-hour raise in September. A task I was very happy to do as they certainly deserve it. Unfortunately, though, in doing this, I was unable to provide the remainder of my team with an increase. Due to the massive increase of must-have spending due to the pandemic.

COVID-19 brought a whole new set of expenses to residential care homes. More payroll to cover, additional hours, additional cleaning supplies. Computers and tablets to accommodate visits and appointments. The list goes on and on, but our funding does not.

While our industry sees enormous turnover because of our inability to pay incoming competitive rates. Those employees who have been with us for many years

are also being penalized. Because we can't keep up with the increases to make them even slightly closer to the rate we have to pay people to even consider coming to work. I personally can tell you I am blessed with some of the most loyal employees. 15 members of my team total more than 225 years of service. They deserve so much better than I am able to give them. And yet these people will be the first ones in the night before a snowstorm and sleep at the facility to ensure that they're there for their shift. Again, I say to you, they deserve better. It will be one full year on March 13th since the order was pleased to close our facilities to the public. The toll that this has taken on our teams has been incredible. We have had to accommodate serving meals three times a day to our residents in their rooms, because they cannot eat in the dining room together. Now a full year later, they are still limited to having to take turns in the dining room because we can't see them at full capacity.

We have become their sole source of socialization for so many of our residents who have struggled with missing their families and friends for so long. We have had to watch as our residents deteriorate right before our eyes as the isolation accelerated their dementia. We have cared for our COVID-positive residents inside our facilities, even though we are not medical models. Once again asking so much more than we should have to from our teams. We have seen death in --

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

TINA YEITZ: I will. Up close and personal and they are here every day, making sure that they do everything they can for these people. That's a lot on the shoulders of employees that are making less money than the cashier at Stop and Shop. Residential care homes have been both a better part of a decade without a rate increase. So, we are asking you all to just consider what it would be like if you had to

live on the salary in 2011 that you are making today in this world. Because this is in its simplest form what we're being asked to do.

We urge the committee to reflect a five percent increase for residential care home rates in both fiscal years 2022 and 2023. And an hour, a $1 per hour increase in pay for all our hourly employees. And the ability to begin billing Medicaid for MED administration beginning in July of 2021. Thank you for your time today.

REP. GARIBAY (60TH): Thank you, Ms. Yeitz, for your testimony. Does anyone have any questions? Seeing none. Thank you, so much for --

TINA YEITZ: Thank you.

REP. GARIBAY (60TH): -- all that you do and for coming today and sharing your thoughts.

TINA YEITZ: Thank you.

REP. GARIBAY (60TH): Anna Doroghazi. I hope I pronounced that right.

ANNA DOROGHAZI: You did. Thank you. Good afternoon, Representative Garibay, Senator Moore, Ranking Members and Distinguished Members of the Human Services Committee. My name is Anna Doroghazi, and I am one of the Advocacy Directors at AARP Connecticut. Thanks for the opportunity to speak with you today and to express our strong opposition to House Bill 6446 and its proposed ASSET TEST FOR THE MEDICARE SAVINGS PROGRAM.

I know other folks earlier in the public hearing have touched on the history of why Connecticut does not apply an asset test to the Medicare Savings Program. But I want to reiterate some of that background, because it's so important for understanding why the proposed asset test represents a broken promise to Connecticut seniors.

Connecticut used to operate a popular prescription drug assistance program called ConnPACE, that helped older adults pay for prescription drugs and Medicare part D premiums. And the State paid for that Program. In 2008 legislators realized that Connecticut could shift the cost of that prescription drug assistance from the State to the Federal Government. And asked Governor Rell to alter the eligibility guidelines for the Medicare Savings Program.

I found an editorial from The Hartford Courant from around that time that called this idea ingenious and referred to it as a Eureka moment for state government. A year later in 2009, the General Assembly passed legislation to raise income limits and eliminate the asset test for the Medicare Savings Program in order to align MSP, Medicare Savings Program eligibility with ConnPACE eligibility.

The goal of that alignment was to encourage seniors to move out of the State-funded ConnPACE Prescription Drug Assistance Program and into the Medicare Savings Program. Which would automatically enroll them in a federally-funded program called the Low-Income Subsidy. The State intentionally encouraged enrollment in MSP as a cost-saving measure and subsequently closed the ConnPACE Program.

And now 10 years later, after the, you know, 10 years after this change went into effect and DSS actively encouraged people to enroll in MSP, HB 6446 feels like Lucy pulling the football away from Charlie Brown. The proposal will cost people their MSP eligibility, which will then have the ripple effect of making them ineligible for the Federal Low-Income Subsidy. Causing them essentially to lose two benefits in one blow. And the impact of losing those two benefits is substantial.

The Low-Income Subsidy saves enrollees an estimated average of $5,000 a year on expenses related to prescription drugs. And the Medicare Savings Program

saves enrollees nearly $1,800 annually on their Part B premiums. This total annual savings of $6,800 represents more than a third of the estimated average Social Security Retirement Benefit in 2021. Seniors were told not to worry about the transition from ConnPACE to the Medicare Savings Program and Low-Income Subsidy when it happened. And now they're at risk of losing those important benefits.

Without these programs many seniors will be forced to make difficult choices about how to spend increasingly limited resources. We already know that there are seniors cutting pills in half to ration medication or trying to go without prescription drugs that help them live comfortably. This proposal will make that worse. We included a lot of additional detail to support our position in our written testimony.

Thank you very much for the opportunity to express our opposition to House Bill 6446 and we really hope that you will join us in opposing an asset test for the Medicare Savings Program. Thank you.

REP. GARIBAY (60TH): I'm muted, sorry. Thank you, Ms. Doroghazi for your testimony. Does anyone have any questions? Representative Hughes.

REP. HUGHES (135TH): Yeah. Thank you. Thank you so much, Madam Chair, and thank you, Ms. Doroghazi. I really appreciate the arc of this benefit that previously, the State provided for its seniors as a dignified measure of a basic human right. And now we're threatening to take away because we consider it too generous. And I really call into question that characterization because when you're depriving somebody of the basic -- of basic needs, that is not generous. There isn't -- there is no world where that that equals generosity.

So, and what your testimony really speaks to is the reality. The reality of people cutting their prescriptions in half. The reality of people deciding

whether to pay an astronomical electricity bill. Or have cable so they can communicate with their loved ones during this prolong precaution versus medication. And that's regardless of what their assets are. It's like this is the reality of living in Connecticut versus, you know, I don't know some kind of arbitrary decision of what's too generous, right.

So, in terms of the folks that you represent, how are they perceiving this proposed benefit being taken away?

ANNA DOROGHAZI: So, we, this is one of the -- the most -- and I don't want to say one of the most popular issues that we work on. But it's one of the ones, because it comes up you know budget after budget i. t's one of the issues where we get the most feedback from our membership. And it's $6,800, you know, on average, again, some people save more some people save less. That really is a lot of money for somebody who's living on Social Security benefits. And if you look at the proposed asset limits, you know, at first glance on paper, you know, it's tempting to think, you know, the $15,000 for an individual or $23,000 for couples, you know, oh, that's a lot of money. But if you look at retirement age that's 15, 20, 30, years of somebody's life. And we're asking them to have no more in the bank then what would cover, you know, let's say two minor home repairs or a used car. So, basically, what we're asking folks to do is spend your life savings. Spend your rainy-day fund that you've saved your whole life for and then you're going to be eligible for this program anyway down the line. You know I really wish we could skip the part where we deplete people's assets and go to the part where we are, you know, saying that we support them in accessing what they need to stay healthy.

REP. HUGHES (135TH): Yeah, this is just a basic human need. So, it should be a basic human -- I hate to use the word benefit because that really puts the

value on are you worthy. But just a basic human right, basically, for accessing medication and health needs. So, thank you for your testimony. That's all I have.

ANNA DOROGHAZI: Thank you.

REP. GARIBAY (60TH): Thank you. Does anyone else have a question? Okay, seeing none. Thank you, so, much, Ms. Doroghazi. We appreciate your coming and testifying.

ANNA DOROGHAZI: Thank you, very much.

REP. GARIBAY (60TH): Tracy Wodatch.

TRACY WODATCH: Thank you, Senator Moore, Representative Abercrombie, Representative Garibay, and Distinguished Members of the Human Services Committee. My name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I'm here to address HP 6446. The Association is the united voice for the DPH-licensed Home Health and Hospice agencies. As well as several non-medical Homemaker Companion 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.

Home-based care is a cost savings vehicle for the State. The Connecticut Home Care program for Elders saved over $2.1 billion from 2006 to 2018. By keeping Medicaid clients' chronic conditions managed and individuals out of the hospital emergency rooms and institutional facilities. I've submitted a flyer to support that data. Unfortunately, the billions of dollars saved has not been reinvested into our provider sector, which is now threatened doodle longstanding inadequate Medicaid reimbursement.

We are also experiencing significant agency consolidation and closures. Quite frankly, it

surprises me that home and community-based services are not even mentioned in this Bill. With that said, DSS is currently undertaking a rate study for home and community-based waiver programs. However, this rate study does not include traditional licensed Medicaid Home Health Services, whose rates have been locked since 2007, with the exception of a miniscule one percent increase.

Since the minimum wage mandate was implemented, the Waiver Program rates have also been increased two percent and 2.3 percent over the past two years to assist agencies in supporting the mandate. The Non-waiver Medicaid Home Health Services were not included in these increases and again have only received a one-percent increase since 2007. We urge this Committee to align our home health rates with the waiver rates. Then implement consistent increases year-on-year to help us continue to serve the Medicaid population.

Two additional services that need attention include, continuous skilled nursing for medically fragile children and adults; Representative Abercrombie questioned DSS on this, this morning. These providers cannot hire or retain nurses due to the low reimbursement rates. Lack of access causes children to be backed-up in long-term hospitals at a daily rate up to 900% the cost of caring for them at home. Medicaid Home Health, Social Work Coverage is also long overdue. We thank you for raising and fully support Senate Bill 957 an ACT EXPANDING ACCESS IN HOME COUNSELING, which will be heard before this Committee next week. I have also submitted two slides along with my testimony to support the current need for rates to be addressed. Thank you for the opportunity to provide testimony on this Bill.

REP. GARIBAY (60TH): Thank you for coming and testifying. I was in the meeting this morning. Where was that, where are these healthcare workers going that you know aren't paid? Are they going to other states or -- ?

TRACY WODATCH: So, for the several of them are going to higher paying jobs. We're not able to pay competitive rates, and especially the continuous skilled nursing piece. The LPNs are only reimbursed $38. I should say the Agency is reimbursed $38. They have to provide RN oversight and supervision. Ultimately, can only pay the LPN after taking care of costs within the Agency, about $25 an hour. They can go elsewhere for over $30 an hour. And some, since the pandemic, have raised their rates even higher than that. Where they're able to get 40 to $50 an hour. So, we can't compete and can't provide the nurses to be able to cover the cases.

REP. GARIBAY (60TH): Right. Okay. Okay, thank you very much. Does anyone else have a question? Seeing none. Thank you so much for coming and testifying today.

TRACY WODATCH: Thank you.

REP. GARIBAY (60TH): Oh, okay, hands waving. I can tell whether you wanted a question or you're just waving. Thank you.

REP. HUGHES (135TH): Just waving. Thank you, Tracy.

REP. GARIBAY (60TH): Okay. Marc Anthony.

MARC ANTHONY GALLUCCI, ESQ.: Yes, I'm here. Let me get my camera.

REP. GARIBAY (60TH): Okay.

MARC ANTHONY GALLUCCI, ESQ.: Alright. Okay, can you see me yet?

REP. GARIBAY (60TH): Yes, we can.

MARC ANTHONY GALLUCCI, ESQ.: Okay, very good. Okay, so, I submitted a written testimony. I don't want to completely rehash this. But I think I can shed some

light a little bit on Rhode Island's experiment with using SNAP benefits, EBT codes at restaurants. So, my testimony really today is about Senate Bill 958. So yes, it's true, as other people have remarked Rhode Island has piloted this in two of the counties, the two most populous counties.

I'm familiar with this, because I serve as Executive Director of the Ocean State Center for Independent Living. For a period of time, for the last year, I previously was Executive Director of the Center for Disability Rights in West Haven for 27 years. So, some of the people who commented about this explain that some of the barriers to successful implementation of this particular strategy, and it's true that there is very little restaurant participation because of administrative barriers, a lot of paperwork, and different things that need to be done. But restaurants are very, very, interested in participating in Rhode Island.

Some restaurants went as far as to develop special menus for this. Where people would have about five or six items to choose from including a low-salt diet, and kosher diet, and vegetarian diet. And what we have found is that when we use our Cares Act funding to do a COVID response to food insecurity, we set up our own. And we weren't restricted by SNAP rules or even limited on the amount that we could do. We found that restaurants are willing to sign up and participate and come up with these menus. And so, we were actually able to establish a network of restaurants that is larger than a network of restaurants that was established under the SNAP Program of Rhode Island. And it worked very effectively. It's very, very helpful for people with disabilities who cannot prepare their own food. For whatever reason, severe physical disabilities, or cognitive disabilities.

And during this COVID, it became extremely important, because of course, during COVID sometimes things would happen, and people would be cut off a home

health aide or to the personal assistant, to who to come into personal contact. And so, this was a very, very, good choice for people with disabilities and people who are elderly to have. And there was some concern about there not being enough SNAP Benefits really to make it worthwhile. And what we found is that many restaurants were able to come up with menus with items that only cost about $6, $7, $8. And we found the offer came up with specials where people would like spend $20 and actually have enough meals to last them -- like enough suppers to last them for three or four days.

So, it can be done. It can be done simply. And I want to suggest also that perhaps we should even think outside the box and even think well, maybe SNAP Benefits or some other kind of assistance should be rendered to people who are receiving home care services in the form of Home Health agencies even Personal Assistance Services. People that are on waivers here in Connecticut who have demonstrated --

Heather Ferguson-Hull: Excuse me.

MARC ANTHONY GALLUCCI, ESQ.: -- that they cannot prepare their meals.

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

MARC ANTHONY GALLUCCI, ESQ.: Because if you make time this would be cost saving.

HEATHER FERGUSON-HULL: Sir, your three minutes are up. Can you please summarize, thank you.
MARC ANTHONY GALLUCCI ESQ.: What?

HEATHER FERGUSON-HULL: Your three minutes are up. Will you please --

MARC ANTHONY GALLUCCI, ESQ.: Okay. I was just on my last sentence. I just wanted to say that that we can

find cost savings for home health care if people can get meals and not use hours of healthcare. That's it.

REP. GARIBAY (60TH): Thank you, Mr. Anthony, for your testimony. Does anyone have any questions? Does Senator Moore have a question? I don't see your hand up or --

SENATOR MOORE (22ND): Representative Case had his hand up first.

REP. CASE (63RD): You didn't see me.

REP. GARIBAY (60TH): Again, I'm sorry he's in my left-hand corner.

REP. CASE (63RD): Oh, Mr. Anthony, how are you doing? I know I see you, and I think the Golden Eggs. So, it's a great -- your testimony was great. My concerns are some of the things in your later sentences. This program is very restricted by the Federal Government. And if you want to move things, which I don't see a problem here with disabilities and people who are on homecare, but the program doesn't fit in to that. The program has very strict guidelines and that's why there's issues on how we can get those meals. I know thinking outside the box is the creative way to go. I know here in my small community we have restaurants that are delivering weeks of meals to people during the pandemic. But I also think that that is very creative and good of the Federal Government to allow the four different stores in Connecticut that can allow delivery of grocery food to people's homes. I don't think that has an age restriction. I could be proven wrong. I'm not too sure I did not ask that question. But EBT Cards can be used for that.

The thing we have to watch out for is, we can talk about programs here in the state of Connecticut, but when we find this a lot in the State of Connecticut, that using the EBT Card, we have to be cautious. Because there are state dollars and there's federal

dollars on that card. And because both dollars are on that card. We have to follow the federal government guidelines.

If we want to separate out state dollars on one card, federal dollars on another card, we get a whole different ballgame. We can do a lot more different things. But there's no way right now to tell what dollars you're spending at what place you're going to. So, there's a lot of calculations that go into it, you know. We want to reach as many people as we can, especially during this pandemic and past this pandemic since it's going to take quite a long time for people to catch up. And our most vulnerable people are the most near and dear to, I believe this Committee, and to most people who are legislators' hearts and the same feelings. Because they're the ones who we have to take care of, the people who don't have a voice. But thank you for years of coming to the legislature with your basket. I appreciate it. I'll never forget you.

MARC ANTHONY GALLUCCI, ESQ.: Yeah but thank you Representative Case. I just want to add that you probably will, I don't know if anyone mentioned this in their testimony today because I wasn't following every single word that everyone said. But Senator Christopher Murphy has a Bill where he's trying to change the federal law regarding SNAP. The USDA-related laws and regulation to allow for restaurant use of SNAP Benefits and for hot food purchase, which is the key terms that they use in the USDA Legislation. Hopefully if that would pass, then there will be less concern about state versus federal benefits on the pilot stuff. We'll see where that goes.

REP. CASE (63RD): Correct. And that -- but that's a move forward. But you still have to have the restaurants to buy into it. Because they still have to have the computer systems to calculate the monies that are used because there's reporting that has to be done. But the hot meal thing is one thing, because

they can't order the hot meals through the, for, you know, like an oven-roasted turkey or chicken. Because the hot meals aren't within the program to be delivered home.

So, time will tell everybody is trying to push and see where we can go. But right now, I think a pilot is the way to go and see what happens. But thank you always for coming forward every year. I appreciate it.

MARC ANTHONY GALLUCCI, ESQ.: You're welcome.

REP. GARIBAY (60TH): Thank you, Representative Case. Senator Moore.

SENATOR MOORE (22ND): Thank you, Mr. Gallucci for your testimony. We're not giving up on this. We're with this thing until we get it into place. I'm right there with you. I was just thinking when Representative Case mentioned some of the stores that they mentioned that they do delivery. I wonder when they're ordering their groceries, if they can order a roasted chicken, would they get it?

MARC ANTHONY GALLUCCI, ESQ.: No. USDA rules prohibit the purchase of hot ready-to-eat foods. Even at a supermarket. So, this is yeah, because that obviously, is a logical thing. But interestingly though, you can buy a frozen meal f. rom a frozen section, okay, that you can heat up in the oven. Lots of people do that when they can't cook for themselves. Also, some supermarkets have these sort of prepackaged like TV-dinner-type thing like a concept in the refrigerator case, like usually at a deli or something. You can buy those as well.

As long as it's not rung on deli label or something. Someone told me there was some confusion about the way they need to be rung up. But you cannot buy hot prepared foods. I know it's just crazy.

SENATOR MOORE (22ND): Okay, so and we're going to look forward to looking at what Senator Murphy does in his Bill, because maybe that will help us move some of this forward. But I thank you for your testimony. Are you in Connecticut?

MARC ANTHONY GALLUCCI, ESQ.: Right now, today, I'm in Connecticut, yes.

SENATOR MOORE (22ND): Oh no you but --

MARC ANTHONY GALLUCCI, ESQ.: Right now, I'm a Bridgeport/Fairfield resident. So, I drive 250 miles round-trip four times a week to Rhode Island.

SENATOR MOORE (22ND): Oh, okay, well thank you. Thank you for that information. You might be a resource for me. So, I'm going to -- and did you provide written testimony?

MARC ANTHONY GALLUCCI ESQ.: Yes.

SENATOR MOORE (22ND): Okay, and I'll look at that also. Thank you very much, Madam Chair.

MARC ANTHONY GALLUCCI, ESQ.: Okay. Bye.

REP. GARIBAY (60TH): Are there any other questions for Mr. Gallucci? Okay. Seeing none. Thank you so much for coming today and for your testimony.

MARC ANTHONY GALLUCCI, ESQ.: Okay, thank you.

REP. GARIBAY (60TH): Is Jessica on?

JESSICA OFFIR: Can you hear me?

REP. GARIBAY (60TH): Yeah.

JESSICA OFFIR: Great. [technical difficulty] access to the healthcare necessary to keep me alive. I'm extremely worried about -- [technical difficulty].

REP. GARIBAY (60TH): Ms. Offir, we can't hear you properly. There's a lot of noise in the background.

JESSICA OFFIR: I can turn it [technical difficulty].

REP. GARIBAY (60TH): Yeah, we can't hear you, madam.

JESSICA OFFIR: Alright. Can you hear me now? Can you hear me better?

REP. GARIBAY (60TH): A little bit better.

JESSICA OFFIR: No?

REP. GARIBAY (60TH): Try it.

JESSICA OFFIR: Alright. Hang on.

REP. GOUPIL (35TH): Representative Garibay? It's Christine Goupil. If I can just point out, that it sounds like she has two devices on.

REP. GARIBAY (60TH): Okay.

REP. GOUPIL (35TH): So, if she's got another device, to shut that off now.

REP. GARIBAY (60TH): Did you hear this? Ms. -- okay. We can't hear anything now. We're going to let you get settled and get that fixed. And we're going to move on to someone else. And then we'll come back to you. Is that okay? Okay. We're going to move on and then come back to Ms. Offir. Rhonda Boisvert. And she's calling in. Heather can you unmute her?

HEATHER FERGUSON-HULL: I have given her permission to talk. So, hopefully she will start. She will join us hopefully.

Rep. Garibay: Okay, thank you. Ms. Boisvert?

Heather Ferguson-Hull: Ms. Boisvert if you want to hit star six, that should unmute you.

REP. GARIBAY (60TH): Okay. Heather will you let her know we'll come back to her.

HEATHER FERGUSON-HULL: Excellent. Thank you.

REP. GARIBAY: Thank you Matt Barrett.

MATT BARRETT: Good afternoon, Representative Garibay and to the Distinguished Members of the Human Services Committee. My name is Matt Barrett and I'm President and CEO of the Connecticut Association of Healthcare Facilities and the Connecticut Center for Assisted Living. And thank you for this opportunity to offer comments in opposition to the July 1, 2021 initial transition to a Medicaid Acuity-based payment system. which is found in Section Seven of House Bill 6446.

Well, CHF is supportive of a transition to a -- or transition from a cost-based security payment system to a acuity-based payment system. We are not support -- we don't believe the Bill, as drafted, will support the quality improvement, adequacy of staffing and resident outcomes that it promises. Unless it's adequately funded and is not based upon budget neutrality as proposed.

Therefore, CHF recommends that this major reform in the nursing home rates be postponed until state fiscal year 2023. That would be the fiscal year starting July 1, 2022. Instead, the focus, attention and resources of the State and our nursing homes must remain on getting to the other side of the COVID-19 pandemic. Through policies and resources to rebuild nursing home census and financial stability.

As background, our association estimates the long-standing Medicaid underfunding shortfall to Connecticut nursing homes is now $135 million. Further, we believe that to address the unprecedented

14% occupancy decline now being experienced due to the pandemic, would require bridge funding in the amount of $177 million. And moreover, no new state resources are recommended for the Acuity Based Payment System. In the Governor's proposed budget recommendation. Let alone resources to address these long standing and current underlying funding issues. Regrettably, nursing home funding has flattened the Governor's biennial budget recommendation now before the Appropriations Committee.

So, see CHF believes that in order for an acuity-based payment system to improve quality, adequacy of staffing, and resident outcomes, it must be adequately funded. It must be based on cost data, census information and acuity scores reflective of nursing home operations post-COVID. It cannot be based upon data trended from 2018, which is in the current recommendation. Occupancy of nursing homes is down 14% and from 2019. Meaning per diem costs are much higher this year and will be next year, than per diem costs from 2008.

The, you know, in summary, the new case Medicaid system currently planned is budget neutral. We believe that means it will automatically be under-funded from the beginning. By what level, we don't know, we haven't seen the model. Therefore, if we do not increase the current level of funding the new system will not be allowed to work as designed and will not meet the stated objective of appropriately funding high-acuity care. The current funding will just be re-allocated within the system, but not at the rate levels needed. As a result, we feel many quality nursing homes may be negatively affected by the reduction in their rates. And others will not receive the funding necessary to cover the cost of caring for higher acuity residents.

And so, we have a final recommendation that we hope that the legislation can be modified to include a process similar to the process by which the Committees of Cognizance. That's generally the Human

Services and the Appropriations Committee approve State Medicaid Waivers. And in one instance, a State Plan Amendment. We hope that you'll follow a similar process in requiring that this state plan --

Heather Ferguson-Hull: Sir, excuse me. Your three minutes are up. Please summarize.

MATT BARRETT: That's it. That's it. Thank you so much for the opportunity to testify and I'd be happy to answer any questions you might have.

REP. GARIBAY (60TH): Thank you, Mr. Barrett. Does anyone have any questions for Mr. Barrett? I'm just making sure Representative Case doesn't have his hand up first. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair and thank you, Matt, for testifying. And for pointing out that although acuity-based care makes sense in concept, we really have to fund it. That it's not really a cost savings and it, you know people need 24 hours care, they need 24 hours care. Maybe we need more care at different times but, but it doesn't really it doesn't really save direct caregivers that much. And the rate of reimbursement should be bundled around the care that a person receives.

But I think you're right and your analysis is exactly on point and that's why as much as we want to employ cost-savings, we have to acknowledge that we've under-invested in the caregiving settings and reimbursement rates as it is. And this is not going to save more. We have to invest more in order to make sure that our residents are being cared for appropriately. Which currently, as we've seen in the pandemic. we're not. The minimum care is not, it's not good enough so, even though our facilities, our long-term care facilities are meeting that minimum standard it's not enough. And we heard from social workers before that one to 60 ratio. Is not adequate, in this day and time to do all of the, you know, the overlay of needs. Especially around

isolation that people have. So, thank you for your testimony. I thank you for pointing out that we need to adequately fund it and yeah, I don't know if there's anything you need to add to that.

MATT BARRETT: Thank you very much, Representative Hughes. I whole heartily agree with your observations. And I think when times right and remember we do support moving in this direction. We think a fully-funded acuity-based payments system will address some of the staffing issues that are present. And will shore up staffing in areas where we are not currently funded to do so. But those facts and circumstances just aren't present now. And so, I appreciate your observations very much.

REP. GARIBAY (60TH): Thank you. Representative Mastofrancesco.

REP. MASTOFRANCESCO (80TH): Thank you, Madam Chair and thank you, Mr. Barrett, for coming and testing today. The Commissioner testified earlier, I was asking her if they had any type of numbers doing a comparison from the new formula to the old formula. Do you have any insight on that? Have you done a comparison yourself to see what the difference would be?

MATT BARRETT: No, we don't have a comparison. And that's one of the challenges in terms of evaluating the actual impact of moving, you know, the details of how facilities will be impacted on a facility-by-facility basis. It's frankly, one of the reasons why we're recommending that there'll be sort of a Legislative Committee of Cognizant Approval Process before this proposal actually moves to CMS. We think that a State Plan Amendment is required. And that federal approval is needed to make the biggest change in our Nursing Home Rate Setting System, since it was created in 1991. But we fear that it can move forward without us knowing the specific facility-by-facility impact.

And so, you know, I take the Commissioner on good faith that we will eventually see a model that helps us understand how we will be impacted. And it's an important question. Because we could end up in a situation where access to care could be impeded in certain geographic areas in the State if this acuity-based payment system is built on top of very significant underfunding that Representative Hughes, I think, acknowledged just a moment ago. And we could have an access-to-care disaster and so we're -- we do anticipate seeing the model, but we don't know now.

REP. MASTOFRANCESCO (80TH): Thank you. How would geographic area make a difference though? How would -- how do you feel that one geographic area could get more subsidy than another? And what reason would that be?

MATT BARRETT: Representative, I think it comes down to this, that the -- we don't specifically know what the rates will produce facility-by-facility. And so, what I'm saying is that there could be certain facilities in any geographic area where their rates are cut. If there were a number of facilities, sort of like in the same geographic area that were cut, then that could create an access-to-care problem.

But let me tell you, even cutting rates significantly in almost any area of the State could create an access-to-care problem. So, that needs to be properly evaluated.

REP. MASTOFRANCESCO (80TH): Yeah, I hope that you have those numbers, or we have those numbers, prior to anything going through. I think that critical and is very important. I don't necessarily know that a geographic area in my mind would matter. A nursing home is a nursing home. People are people and people are humans and they all should be treated exactly the same, regardless of where they are. So, I don't necessarily know if that is in the formula. But I'm looking forward. I hope -- I certainly hope we see those numbers because I think those are very

important for the for the future of our nursing homes. But thank you so much, Mr. Barrett, for your testimony and for answering my questions. Thank you, Madam Chair.

REP. GARIBAY (60TH): Thank you. Are there any other questions? Seeing none. Thank you very much, Mr. Barrett, for coming, for your testimony, and for sharing your concerns.

MATT BARRETT: Thank you, Representative Garibay. I appreciate having the opportunity to testify so much thank you.

REP. GARIBAY (60TH): Thank you. I think Ms. Offir is ready. Or is she gone, Heather? Okay.

HEATHER FERGUSON-HULL: She was here just a moment ago. I guess, maybe she lost the connection. But if you -- I don't see her right now.

REP. GARIBAY (60TH): Maybe just put her at the end.

HEATHER FERGUSON-HULL: Okay. Perfect.

REP. GARIBAY (60TH): Okay. Ms. Morelli.

MAG MORELLI: Hello. Thank you, Representative Garibay, and Members of the Human Services Committee. My name is Mag Morelli and I'm the President of Leading Age Connecticut. A statewide membership association representing 130 not-for-profit provider organizations serving older adults across the continuum of aging services. I want to thank you for this opportunity to testify on House Bill 6446. And I'm going to just -- we've submitted quite a bit of written testimony and I'm just going to touch base on a few issues.

First, on the impact of COVID-19 pandemic. Over the past year Aging Services have been at the center of the global COVID-19 pandemic. COVID-19 is a virus that targets the very people we serve. Our nursing

homes have been at the center of the crisis. And through resilience, rigid safety standards and creative problem thinking, they've endured and managed through it and they're beginning to emerge from it. But we are gravely concerned about their future viability.

The impact of the pandemic has exacerbated the financial distress of our nursing homes and it has exposed long-standing problems with the Medicaid reimbursement system. Connecticut's current Medicaid structure is outlined in statute and it's based on a calculation of state-defined allowable cost for providing daily nursing home care. But the actual rates paid by the State are much lower than the calculated rates. The most recent rate analysis data available from DSS shows an estimated $135 million shortfall, which my colleague Matt Barrett was just discussing.

And now, as a result of the pandemic, there is nowhere to shift these uncompensated costs ass the payer mix within the nursing home is increasingly more weighted towards Medicaid. Prior to the pandemic, about 70% of residents living in nursing homes counted on Medicaid to pay for their care. But now it is 83%. The overall resident census has dropped to an average 72% statewide and the number of private pay residents and post-acute care Medicaid-funded residents has dropped precipitously. Leaving nowhere to shift the cost that Medicaid doesn't cover.

While nursing homes have received what may appear to be a substantial amount of state and federal relief funds, the deficits are so large, that the relief that they've received to date cannot sustain them through what we anticipate to be a long and uncertain recovery.

And while the pandemic has unveiled the historic inadequacies of our nursing home reimbursement system, it also offers us a chance to address it now

by funding the system at a level already determined by the State to be appropriate. And it's imperative that this be done now, before we move to the Case Mix-Based System. As we have just heard about, the Case Mix-Based System as planned in this -- is proposed in this Bill to begin in July. And our Association has been supportive of the concept of an Acuity-Based Reimbursement System, and particularly the addition of a Value-Based Performance Incentive. But our support has always been conditioned on several issues. The most important of which is to fully fund the system before transitioning to the new model. That is our priority ask.

In addition, we respectfully request a delay in the transition. This will be a major change in the Nursing Home Reimbursement System and the transition itself will be disruptive. But if the transition occurs in a budget-neutral manner as is planned, it also has the potential to really hurt some homes financially. And nursing homes right now are facing increased financial distress brought on by that pandemic. So, we do not believe that now is the time for this change.

I do want to make note that, due to the pandemic, we've not been able to meet with DSS on the issue for over a year. But we were very fortunate to have a meeting with DSS on the system just this week. Many unanswered questions remain but the meeting was helpful and positive. And I want to thank Representative Abercrombie and Representative Garibay for being there and for arranging for it. We do look forward to continued discussions with DSS.

I also just wanted to touch on --

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

MAG MORELLI: Sure. We have testimony supporting an increase in the Home and Community-Based Service Provider rates so important as we rebalance the

system. We may need to rely less on nursing homes more in the community-based systems. We need to grow that network and then we also are opposing the Governor's request to add the Asset Test to the Medicare Savings Program, and we have submitted testimony on that also.

So, thank you for this opportunity to testify and I'd be happy to answer any questions.

REP. GARIBAY (60TH): Okay. Thank you, so much. Representative Abercrombie.

REP. ABERCROMBIE (83rd)): Thank you Representative and I apologize to everyone, I'm actually on two Zooms right now. Just a kind of a point of reference for my colleagues. After we had a meeting last week with the nursing homes and with DSS, I made it perfectly clear that unless they can come to a understanding about how the rates are going to be determined, we are going to have legislation that says that this will not go into effect as of July 1st. We're looking either at October 1st or even pushing it out further.

DSS has agreed to keep lines of communication open with the nursing homes. And hopefully, they're going to be able to come to an understanding on that.

I will say that the Chairs, I'm going to speak for my colleague, Senator Moore, myself, and the Appropriations Chairs, are very, very concerned about a policy that's cost-neutral. We believe that there's absolutely no way that this can be done cross-neutrally. We believe that it's going to hurt some nursing homes and it's not fair to a nursing home that does not have high acuity, to be penalized because they don't. And that's the bottom line here. And that's, the only way that you can do this by making it cost-neutral because there's going to be winners and losers.

So, I just want to assure my colleagues that are, you know, part of Human Services. And, again, not part of Appropriations. This is something that we've talked about. This is something that DSS knows and is aware that is very concerning to some of us. And we have given our commitment that we will not be moving forward unless there is more lines of communication and everybody's on the same page.

So, I just want to make that clear. I don't want my colleagues on Human Services thinking that we're just taking this for granted. We're not. A lot of us have been working on this issue for a while now. So, I just want you to be aware. Thank you, Madam Chair.

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

REP. DATHAN (142ND): Thank you very much, Madam Chair and thank you, Mag, for your testimony. It's nice to see you. It's hard to believe that it was a year that we met in person here in New Canaan. And I wanted to thank you for your work with the nursing homes. I know it's been a very challenging year for you and the people in your system. I really wanted to talk to you, I know you mentioned in your testimony about the Medicare Asset Test. I have quite a number of constituents who are concerned about this. And wanted to have an understanding from you, how you think this would impact seniors and then receiving care going forward.

MAG MORELLI: Sure. As you know, we represent quite a few providers who provide care in the community as well as the nursing homes and residential care homes. And so, we see the advantage of this Medicare Savings Program. It can be a significant change in a senior's life if they are able to have the co-insurance and the premiums paid for their Medicare coverage. It is extremely -- I mean people don't realize the cost of a co-pay or the cost of the premium for Part B Medicare.And those programs are so important, both for physician visits, there are co-pays when you

enter a nursing home. There are co-pays when you go to a hospital and there's co-pays and prescription drug coverage for your medications. And if you have to go without your Part D, or if you can't afford your Part B that it's a huge loss in coverage for a senior.

Now it's about I think as AARP was just testifying around a little more than $6,000 it can be in savings. That is a huge difference to an older person who's living alone or living independently in the community. Maintaining their home, living off a fixed income, it is a huge difference.

Our concern, and I think that this will still cover many people, but there are people who have assets that will be eliminated from the program even though they're -- the income that they're living from, living off of day-to-day is not nearly enough to cover what they may need. But it also will dissuade seniors from applying for the program. And that's not what we want. We want to encourage people to apply for it. We want people to make it easy to apply for and be able to get to this program. Because it's life-changing. I have seen personally in my personal life, people who have applied for this program and it is life-changing for them and what they can have month-to-month in available income. So that's why we think it's penny-wise and pound-foolish to put the asset limit on it right now.

REP. DATHAN (142ND): And that's my concern exactly. I've missed AARP, I'm in the middle of three different Zooms this afternoon. But it is important and I, you know, I worry that people won't get routine things checked out that they normally would. And then it exacerbates and then becomes a huge problem. And it just kind of can cost more money. But I've been trying to get to the bottom of some of that data. So, thank you so much for your work and your testimony today.

MAG MORELLI: Thank you. Thank you for your kind words about our members, also. Thank you.

REP. GARIBAY (60TH): Okay, thank you. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you Mag, of course, for your just tireless work and advocacy, both of you, Matt, in looking at the oversight. I think you raised some important points that you know the whole Medicaid reimbursement rate and the rates determined was like our infrastructure crumbling. And we've been balancing our budget on the backs of these very, you know, vulnerable people. But also, the system's very vulnerable.

We heard testimony today about some providers closing because they just can't make it work. Because they were underfunded anyways. We weren't reimbursing for the full value or even close to it.

The rates determined and then, you know, the analysis rate. There's a -- this is why it's so important to get the implementation right. Right, and to get the full value of both Medicaid and state dollars and Medicare dollars.

I wanted to go back to the something that Lucy brought up about, you know, the impact of what people would lose with the Medicaid Savings Program, if they lost that. One of the big ones is dental, dental coverage. You know, dental coverage is not covered through Medicare. Most people are paying that out-of-pocket. And I have so many clients that just don't go unless there is, you know, a catastrophic problem. And then often those tooth infections have spread and it becomes systemic infection and problems that are much more costly. And then of course, all the implants and all that kind of stuff, is not covered either.

So, just it all ties in with the oral health too and the nutrition. And what we were talking about before

and making barriers to just basic nutrition for elderly and, you know, we have not figured out a way to just fund basic health for our elders. And that is -- well it's unconscionable and especially during a public health pandemic.

MAG MORELLI: And that brings up a lot of bigger policy issues federal issues things that Medicare just does not cover. That people would be surprised that Medicare doesn't cover. And also, the whole concept of we don't really have a national policy to cover long-term services and supports. Why there's such a demand on the Medicaid program because that is the only source of financing, long-term services and supports.

So, maybe we have an opportunity in the future to have a large policy discussion, we can bring in our federal representatives to really talk. Have a serious conversation about how we should be funding long-term services and supports.

REP. HUGHES (135TH): Yeah, I would love that. Because we're really talking about updating the reality, right. We're updating the reality of aging in place. And updating the reality of, you know, getting home care services for what people need versus going into the, you know, the long-term care facilities. I mean, Madam Chair, I don't want to belabor this but I was just thinking about how so many of my clients just want a hot meal and they can get that in assisted living but they can't get that at home. You know, because that's part of the amenities in an Assisted Living, but all of that is private pay. You know, unless you're in a long-term care Medicaid, you know, situation. Other than, people just don't want to have to make their food. And you know, and is that too much to ask that people just get a hot meal that's prepared for them? That's what so many seniors just would love to have. And that's why Meals on Wheels is so important. But also having you know SNAP benefits and also having some of these long-term care services paid for by something

other than just out of pocket because that's untenable for most folks. Thanks.

REP. GARIBAY (60TH): Thank you, Representative Hughes. Are there any further questions? Seeing none. Thank you so much, Ms. Morelli for coming and testifying today.

MAG MORELLI: Thank you very much for this opportunity. Thank you.

REP. GARIBAY (60TH): Thank you. We are going back to Jessica Offir. I think she's ready to testify.

JESSICA OFFIR: Yeah, sorry about that. I apologize for my very ancient laptop and modem. But I think I'm set now. My name is Jessica Offir. I depend on QMB for continued access to the healthcare necessary to keep me alive. And I'm extremely worried about how an Asset Test for MSP would eliminate this access.

I was a psychologist working in HIV intervention and I became a private school teacher after my husband died and I became a single parent. I'm 56 years old and disabled due to lung and autoimmune disease. And I receive Medicare and Plan B for MSP which pays my 20% co-pays and premiums. I very frequently have high levels of healthcare. For instance, in one recent year, I had a lumpectomy and biopsies multiple CAT scans and other imaging. Months of physical therapy and two hospitalizations for colon problems. Currently, I'm waiting to be vaccinated for COVID so, I can safely obtain surgery to combat autoimmune damage causing me to lose the use of both hands.

But most people don't realize how all-encompassing autoimmune disorders can be. Because my health conditions are multi-system, I'm followed by a rheumatologist, pulmonologist, cardiologist, endocrinologist, gastroenterologist, colon surgeon, oncologists, nephrologist, dermatologist, gynecologist, EMT, ophthalmologist, allergist, two orthopedists, a physical therapist, and one or more

neurologists. When the pandemic hit I was also seeing a pancreatologist.

I also depend on many medications, one of which is [infusion-centered 4:37:55] only and costs approximately $75,000 a year 20% of that would be $15,000 for one year. This essential drug helps control my asthma and chronic lung infections and without it, even two separate daily steroid medications and one ongoing long day, long-term daily antibiotic can't keep my respiratory infections and breathing in check. And I'm not able to climb the stairs to my bedroom without resting and using my inhaler.

Because I was a private school teacher my disability payments are only $866 a month. There's no way I can afford 20% of my healthcare access that QMB. So, I expect it's lost cause outcomes like the complete loss of use of my hands. Which will increase my risk of injury. Dependence on an oxygen tank and resumption of frequent ER visits. My risk of premature death will increase very significantly. So, I'm pretty scared for my wellbeing. I do have some savings from before my teaching career, but I use those for necessities, like dental care, which is essential for someone at high risk of infection as someone else pointed out.

For prescription co-pays and for items like traction devices and braces and alopecia prosthetics that insurance likewise does not cover. But that could cost thousands of dollars. I often have to pay people to assist me with care, which is a hidden cost of chronic illness. My savings are also all I have to prevent me from losing my home as my monthly income alone would not even cover my food, transportation, and utility expenses, let alone housing.

So, I urge you to please continue making MSP available based on income, not on what people like me, have managed to save. Our lives and the lives of

Connecticut's physically most vulnerable citizens literally depend on it. Thank you very much.

REP. GARIBAY (60TH): Thank you so much. Does anyone have any questions? Seeing none. Thank you so much, Ms. Offir, for coming in and taking the time to give your testimony.

JESSICA OFFIR: Thank you.

REP. GARIBAY (60TH): Thank you. We're going to try Ms. Boisvert one more time because she's on a phone. Okay, we're going to move on.

RHONDA BOISVERT: Hello.

REP. GARIBAY (60TH): Yes?

HEATHER FERGUSON-HULL: I think Ms. Boisvert is there.

REP. GARIBAY (60TH): Okay.

RHONDA BOISVERT: Yes. Can you hear me?

REP. GARIBAY (60TH): Yes, we can.

RHONDA BOISVERT: Okay, great. Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Service Committee. My name is Rhonda Boisvert, and I am the President of the Connecticut Association of Residential Care Homes. I'm here today to testify against the rate cap on resident residential care homes.

On behalf of CARCH, and the many residents and staff that live and work in our homes, we urge the Committee and the Legislature to increase our rates and provide a wage increase for our workers. Residential care homes care for some of the most vulnerable people in the State with the majority of

our residents having mental health diagnoses and many other ailments.

The pandemic was a particularly challenging time for our residents and staff as our homes are congregate settings with shared living spaces. Our employees worked on the front lines during the pandemic for wages slightly above minimum wage. Our administrators and experienced staff often covered additional shifts and, at times, work 80-plus hours, due to the lack of available staff.

We are urging you to support this industry immediately. We need an across-the-board rate increase of at least 5% in each of the next two fiscal years. We also are urging an across-the-board $1 per hour increase for every employee in every facility beginning July 1st, 2021.These workers are vastly underpaid, and we need to speed up with them over the pending $15 minimum wage. The time is now to do that, after they've stepped up during the pandemic and cared for some of the most vulnerable individuals in the state.

Please remember this, the last major increase for residential care homes was four percent in 2006. For the last 12 years since state fiscal year 2010, most homes have received virtually no increases. Except perhaps for a fair rent adjustment. The industry cannot continue like this and how have many homes survived? By eliminating health benefits for employees. We're doing away with pension plans. Cutting back on nice but not essential expenses, reducing staff as possible. And not providing adequate compensation to employees.

The government budget related to residential care homes is not fully-appraised to appreciate this work and the need for our homes to see a significant rate increase and a raise for our workers. Instead, it seeks to shift state spending on residential care homes to Medicaid without appropriately reinventing most of those funds in the industry. This is

especially troubling when we don't yet know what our rates will look like under this new proposed model.

This is not enough though. Not when the minimum wage has increased and our employees often leave for higher paying jobs in nursing homes, mental health facilities, the Department of Developmental Services, group homes whose employees started $14.75. And workers at Target, Walmart, Amazon, and the many grocery stores, all started at $15 or higher. Most residential care homes have starting salaries closer to $12 or $13 and even those wages can be a stretch. Finding good new employees who will commit long-term is almost impossible. The Department of Public Health distribution of PPE was instrumental for many homes and we appreciated it. But other expenses throughout the pandemic surged.

The Department of Social Services provided a small one-time three-month increase in rates from March 2020 through June 2020. But despite several requests, we have seen no additional financial support. Unlike others, providers do not receive Medicaid dollars from the State so, we did not see federal increases.

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

RHONDA BOISVERT: I am going to do that. Okay, thank you. We would urge the Human Services Committee to amend HB 6446 to raise all residential care home rates five percent in both fiscal year '22 and '23. Increase every employees pay $1 for fiscal year 22. Permit RCHs to Medicaid for medication administration starting July 1, 2021, without decreasing a home's rate.

I just wanted you to know that I did skip over a few parts here, but you have the, you'll have to read over it if you wanted to. And I would like to at this time, thank Representative Abercrombie for your speech after to the Department of Social Services. It

was a great boost to hear that. So, thank you very much.

REP. GARIBAY (60TH): Thank you very much. We do have a few hands up. Representative Case and then Representative (sic) Berthel.

REP. CASE (63RD): Let the good Senator go first, Rep. Garibay, please.

REP. GARIBAY (60TH): Okay, you did have it up first. Just so, you know. but who else has it?

SENATOR BERTHEL (32ND): Alright, thank you, it's Senator Berthel. Rhonda, thank you so much for being here, you know, I know you operate a facility in the 32nd District. And you and I have had many conversations in the past. And I know this has been an issue for as long as I have been in the Legislature and when I was your State Representative. So, I appreciate the work that you do. I know that you're having visited your facility that you're providing a very important and necessary level of service to residents in our neck of the woods, clearly, because we are living in the same area. But what the residential care homes do all over the State is very important.

So, I think you know, as you mentioned, the word that the good Co-Chair, Representative Abercrombie spoke to about earlier. I appreciate she's on two calls at the same time, right now. And you can't see her but she's smiling And I just want to make sure that she knows that you had given her a shout out as well, for her support.

I hope that we can find, if we can't do everything that you're asking for I hope that we can some of it and see if we can begin to effect some positive change and funding for your industry. We fully understand, especially with COVID, how you've had increased costs. And you know it's time to -- it's time to really see what we can do to help. So again,

I just wanted to say thank you for being here today. I am the Ranking Member on this Committee now it's the first time for me. So, you, you certainly can continue to reach out not only as a as an operator yourself but, in your capacity with your Association.

So, Madam Chair, thank you for a moment. Thank you for allowing me to go ahead of my Esteemed Colleague, Representative Case.

REP. GARIBAY (60TH): Thank you, so much. And if you were up there first, I'm sorry. Anyway, thank you very much for coming and testifying. Representative Case.

REP. CASE (63RD): Yeah, just a, so, Rhonda, thank you for coming forward in the past and for being here for many years. And I think you now have hit the nail on the head and you know, Representative Abercrombie you know did a nice -- a nice little speech with the DSS Commissioner. And you know it's all very respectful with this Committee and this budget that's put forward doesn't do any justice for our most vulnerable. And it's -- we've fought for them ever since I've been up here and that's one of the reasons why I became a State Rep. And for the work that you do. And we got to get over the finish line and we got to take care of what's going on with this community and so, how many people do you have in your facility alone?

RHONDA BOISVERT: In my facility in Watertown, I have 18. But I have another facility in Haddam with 15.

REP. CASE (63RD): And is it all state aid controlled?

RHONDA BOISVERT: No. Total, I think the population, the residential care population is in the State of Connecticut about 2,700 in 98, 99 homes. Something like that.

REP. CASE (63RD): So, yeah, I think we'll dig a little deeper. And maybe I'll have a conversation with Representative Abercrombie because I think this has come up a few times. But 12 years without the increases, is hard to hear and things do increase in prices year after year and that's why we have COLAs. But not having an increase with the type of facility and the most vulnerable, that you take care of. I just really want to thank you for coming forward. It's people like yourself and others that, that make us really think on this Committee on what we're doing and how we move forward with the Relations Committee and what they come out with that help us out.

RHONDA BOISVERT: Okay, well, I thank you very much for saying all the nice things. I really do appreciate it. I feel if everyone is listening now, they will appreciate it to. You know, because we feel like we were not recognized very much over the last 10 years. So, thank you.

REP. CASE (63RD): I have to tell you, Rhonda, you know this is a Committee that really works close together. And now that have Senator Berthel here, you know. And all the new freshman Reps that are on here. Everybody pushes for the same thing and we just have to get over the finish line with that final budget. So, that we can make things a positive atmosphere for everybody in the State of Connecticut and I always say that, "People before projects."

RHONDA BOISVERT: Okay, thank you very much. You've given us hope.

REP. CASE (63RD): You have a good day and thank you Madam Chair, I appreciate it.

RHONDA BOISVERT: I'll answer other questions. But I do like to end by testimony by saying that you all are invited to come out and visit any residential care home, if you really want to see, you know, what goes on there, Senator Berthel has been to mine so, he knows.

SENATOR BERTHEL (32ND): It's a great visit. It's good to see first-hand. I'm sorry, Madam Chair, I didn't mean to speak without being acknowledged. Rhonda, thank you. And I think that's important. I will -- as things slow down a little bit for us over the course of the next week -- Next few weeks and into April, I will see if I can squeeze some time in and get out to see you all again over in Bunker Hill. So, thanks again for being here.

RHONDA BOISVERT: Okay. Alrighty, thank you very much.

REP. GARIBAY (60TH): Thank you, very much. Okay, moving on, our next person is Kelly Annelli.

KELLY ANNELLI: Hi, good afternoon Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, Representative Garibay, and the Members of the Committee. My name is Kelly Annelli and I'm the Director of Member Organization Services at the Connecticut Coalition Against Domestic Violence. We urge you to support -- in the support of House Bill 6520. This Bill provides critical economic justice for victims of domestic violence. Section 1 in this Bill would expedite access to SNAP benefits for victims of domestic violence and provide temporary benefits for not less than 90 days before redetermining eligibility. Additionally, this proposal would prevent the income of their abuser from being considered as part of their eligibility determination.

Section 2 would temporarily waive the care for Connecticut Income Standard for victims of domestic violence for 90 days and also prioritize program eligibility for survivors.

Lastly, Section 3 would present -- prevent an abuser's income from being considered for 90 days when a victim of domestic violence applies for cash assistance. Financial abuse is commonly misunderstood, but is one of the most powerful

methods of keeping a victim trapped in an abusive relationship and diminishes their ability to stay safe after leaving.

Research indicates that one-in-four women experience domestic violence and financial abuse occurs in 99% of abusive relationships. Financial abuse can include forbidding the victim to work or sabotaging their work opportunities, not allowing the victim access to bank accounts and controlling how money is spent, refusing to pay for child support, hiding assets or manipulating the divorce process. This is a major barrier for victims of domestic violence and may result in them deciding to stay in a relationship, instead of having to face poverty.

Allowing victims of domestic violence quicker and easier access to SNAP, Care for kids and cash assistance temporarily will give them a central support while attempting to end an abusive relationship. Including the abuser's income does not provide an accurate picture of the victim's financial situation. And may in fact serve to keep the victim dependent on the abuser if they're unable to access state benefits. Victims may be denied benefits, because their abuser's income is too high. By not including the income of their abuser as part of their household income, survivors can apply for the start, and from the start, receiving benefits for themselves and their children while they are still in the home with their abuser. These are critical supports that they will need when they do leave their abuser and become a single-income household. Not having to wait until they start to leave to start the process will have a significant positive impact on their ability to support themselves and their children independently.

And we want to thank our partners at Women's and Family Life Center in Guilford for working to bring this proposal before the General Assembly this year. House Bill 6520 will allow victims of domestic

violence temporary services that will help minimize barriers to leave abusive relationship. Thank you.

REP. GARIBAY (60TH): Thank you very much for your testimony. Are there any questions? Representative Case.

REP. CASE (63RD): That was good, Rep. Garibay. Thank you, Madam Chair. Kelly, no, I know I really appreciate you coming forward. This has been a really difficult Bill. And it's going to be you know pushing to get it across the floor. It's hard to realize that we do go through this with domestic violence with, you know, people who have X number of assets and just -- and I think the Commissioner, I don't know if you heard her earlier. She's willing to have a discussion on how she can do something outside the box to try to make this happen. Because the type of benefits that are required do have a financial reporting. But it's, you know, when somebody leaves whether they say that whether it's the male or the female, it's always -- they always go with the kids. Or the kids go with them. And it's a matter of how we pick the finances. We shouldn't have to. We should give a temporary reprieve, so, that they could have something until we can get things through the court system or however, where it's going. We just can't leave this, these people out in the cold. Just for being stuck in a really difficult position.

I really appreciate you coming forward and talking about it because it's something I studied, and people don't realize that there are some affluent people out there that they get caught up in this. And one day, they're living a life of six, seven, figures and the next day, they're at zero. And it's -- we got to figure it out. Especially in the pandemic, things are changing and, you know, we hope the best for people, but we don't want to see these types of situations go. I mean do you have any input, any insight on personal experiences that you've seen?

KELLY ANNELLI: As in victims not being able to access resources?

REP. CASE (63RD): Yes.

KELLY ANNELLI: Of course. That's always a barrier in having to stay. And I know that when victims are trying to access resources, there are multiple barriers when -- just obtaining your, your children's social security numbers, maybe the abuser has taken those, as well. So, being able to know that they can get this as a safety plan in position before they decide to leave can also -- they may not end up in shelter. And we know shelter is the last resort, right. And it's a very temporary solution to a long-term problem. So, yes, being able to offer these resources to individuals just opens up more doors for them to walk through and become successful on the other end.

REP. CASE (63RD): Well, Kelly, thank you for coming forward. I think we have a little bit of work to do on this. We'll be in touch with your Commissioner, and we'll see where things go. But thanks for coming forward. And thank you, Madam Chair, Chairwoman.

REP. GARIBAY (60TH): Thank you.

KELLY ANNELLI: Thank you.

REP. GARIBAY (60TH): Does anyone else have a question for Ms. Annelli? Seeing none. Thank you, so much for coming and testifying. Next is Deb Polun.

DEB POLUN: Good afternoon.

REP. GARIBAY (60TH): There you are. Hi.

DEB POLUN: Good afternoon, Members of the Human Services Committee. For the record my name is Deb Polun and I'm the Executive Director of the Connecticut Association for Community Action or CAFCA. We're the state association that works with

the nine Community Action Agencies across the state, which are the Anti-Poverty Agencies that help about 200,000 people a year. We submitted written testimony in support of House Bill 6519, which is the Meals on Wheels Bill and also Senate Bill 958, which is the SNAP and Restaurants Bill.
And I'd like to focus my commentary today on Senate Bill 958.

In addition to providing lots of other services to low-income people, Community Action agencies across the State are also a contractor with DSS to provide outreach, education, and application assistance for SNAP. So, this program is really, really important to us and, most importantly, to our customers. We're in favor of making it easier for people to eat. And one of the benefits of being able to speak near the end of the hearing is the opportunity to address some of the commentary from earlier in the hearing. And I've really appreciated listening to the dialogue and the comments around this Bill, and this initiative.

Coincidentally, before session ended abruptly last year, this is one of the last Bills that I remember testifying on in person. And it was combined in a Bill that would have required DSS to allow for online grocery shopping for SNAP enrollees. At the time DSS opposed that Bill, they liked the idea, but for a lot of the same reasons that they're opposing the Restaurant Bill, they opposed the Grocery Bill. Now we see that they were able to bring that forward and implement that during the pandemic. And they came in today, and they were very proud of, and rightly so, proud of the way that that opportunity has been implemented for SNAP enrollees. So, I'm hopeful that DSS is open to this idea of also allowing SNAP enrollees to purchase food in restaurants.

I understand that there's only a few restaurants in Rhode Island who are participating in this. No one's going to force restaurants to participate in this, but to make that as an opportunity for restaurants, some of whom have really been hurting during the

pandemic. And, most importantly, as an opportunity for SNAP enrollees who are either over 60, who have a disability, or who are experiencing homelessness. These are the people who can't really go to a grocery store, buy ingredients, and cook them at home so easily as it is for everybody else.

So, I hope that the Committee will continue to talk to DSS and try to come to an agreement on how to implement this. Whether it's through a pilot program like Senator Moore recommended or some other way. Another idea I had is that if there are local restaurants who want to participate but they have a barrier because of trying to get in the new point-of-sale system, perhaps we could look for philanthropic funding to just do that one-time funding for those restaurants so that they can get those systems setup. I think that would really be beneficial for SNAP enrollees.

So, recognizing you all have been listening to testimony for the last five hours, I will thank you for your commitment to low-income people and open up for any questions at this time.

REP. GARIBAY (60TH): Thank you very much, Ms. Polun. I find your idea of trying to find a non-profit or another entity to help restaurants with the cost, a one-time cost. So anyway, so, I will open. Senator Moore.

SENATOR MOORE (22ND): Hi Deb, thanks so much.

DEB POLUN: Hi, Senator.

SENATOR MOORE (22ND): Thank you for your testimony and you're spot on. We're not going to give up, we're going to figure this out because it is true. There's a lot of things that we could have offered pre-COVID that it couldn't be done and they found a way to do it out of necessity. And I think out of necessity, when you were talking, I was thinking specifically of a place in Bridgeport that is for seniors, people

with disabilities downtown Bridgeport on Fairfield Avenue. And downstairs is Ms. Dahmer's Restaurant. And she actually discounts food for them anyway because they're her customers and sometimes she gives them food.

So, I think there's other places like this beyond thinking about some chain restaurants, that are in Connecticut. That there are some restaurants that have seniors around them and I think they would welcome this. I think they would even take on the responsibility of getting that card, because when they do have money they could go and spend in that restaurant also. Right. So, she may give them a piece of roasted chicken and a salad or make up a meal just for them because she's not charging them most of the time. But if she could get something that would build that relationship and perhaps spend more money when they are able to do that.

So, I think there is a way of working with some vendors. And I'm going to actually approach this one in Bridgeport then if there is a trial and ask them what she'd be willing to take on the cost of that machine to take their cards. And we just have to work this out to figure out a way to do it. So, I thank you for your testimony.

DEB POLUN: Yeah. I really appreciate that. And just to add on. Remember that this is a way to bring federal dollars into those restaurants. Right. This is -- these are federal dollars and Connecticut is a giver state really. And so, any opportunity we have to bring those dollars in to help our businesses and our residents here, I think we ought to take that opportunity.

REP. GARIBAY (60TH): Right, thank you.

SENATOR MOORE (22ND): Thank you, Madam Chair. And Madam Chair, I want to tell you, for a first-year person you're doing a phenomenal job. Thank you.

REP. GARIBAY (60TH): All I know is I gotta look at Representative Case first and he's up next.

[Laughter]

SENATOR MOORE (22ND): As long as you get me it's good. You're fine.

REP. GARIBAY (60TH): Thank you.

REP. CASE (63RD): Go easy, Senator Moore. Hey Deb, thanks for coming. And you know I just have to say I listened to the testimony earlier looking into this issue in the past. It's not just the one time of the POS, the Purchase of Sale app on the computer. It's the reporting monthly to DSS. Because when you're spending federal dollars, that restaurant that takes it on has to do federal reporting and therefore DSS has to take on another part of their agency to do federal reporting that gets reported to the Federal Government.

I wish there were no strings attached anywhere along the way. So, I don't know if you see it when you walk into a restaurant, it's the computer system and they're punching in. That's a point-of-sale computer. An app can be added on to that. It's not just a credit card machine where it's run through. But it's something that calculates so the reporting can be done. And it's not just having certain meals for certain people. It's them discounting the same meals that you and I would get for those people. So, it's not making this --

DEB POLUN: I'm not sure it's the same way, actually. And I could be wrong but the way I heard DSS talk about it was that they had to have low-cost meals. I didn't hear them say that those meals have to cost the last for --

REP. CASE (63RD): There are some there are some ways, there are some ways that they can't discriminate against the person going in and what

they want to get. So, they need to have a discounted meals where everybody sort of has -- we want everybody to have the same, you know. And it's -- I think it's great what we're doing with the four stores that are going on to get home delivery within -- I didn't realize they were doing Instacart to be honest with you. I think that's a great thing.

And you know, because you have the tax-free meal that you have to report. You have to report that food going out tax-free. And then if they're in-house, it's a non-tip. So, they'd have to have, you know -- There's other things. But I just wanted to make sure you knew it's just know that one system that one-time purchase. It's a reporting every month to the DSS. And then DSS has to add in because they have to do their reporting to the Federal Government on how those TANF dollars were spent. So, because there are follow-on dollars, and as long as we do it the right way, we'll continue to get those dollars so --

DEB POLUN: I appreciate that, Represented Case. And SNAP is one of those programs where the reporting is extensive and detailed. So again, you know, if restaurants don't want to participate, no one would force them to. But I think that there are restaurants where the owners would want to participate. And, like, I think we ought to try to take the opportunity to work through the problems and see if we can get at least a couple up on-board. And then you know.

REP. CASE (63RD): You know what, Deb? I think -- I think you're right. I think there are a lot of restaurants. As Senator Moore said that she has somebody down there. I really want to make sure that if we do something that we do it, you know, across the board so that everybody in the State can benefit. And not just certain areas. I know -- I don't know if Rep. Cook is listening, but you know, we do have -- We have a restaurant listed where you know, Mr. DJ lives in Torrington but every now and then, he'll make 30 meals and say "Come on in. Here you go." And

it's a beautiful Mediterranean restaurant and he gives hot meals to people who need them. And those are the type of people and he would be one that would be more than willing to take on this program. And he has a small business but --And those are the ones that we want to serve, but we want to make sure in working with Senator Moore, that we make sure we do this, and we do this, all across the state. I don't know if the chains -- how many chains would do it.

So, but Deb, thank you very much for coming forward. We're all here for the most vulnerable population. And I see Senator Moore has her hand up. She's probably going to yell at me.

DEB POLUN: Thank you.

REP. GARIBAY (60TH): Senator Moore.

SENATOR MOORE (22ND): I don't know how I became so invested in this Bill. [Laughs] I'm in now. Not that I'm in, I'm not leaving. So, you know, I was thinking about I think what Representative Case mentioned that you know you have to offer the same thing. I think they were talking about like if there's a $5 something special, you can't not let them have it, right. But you know what we never thought about could they partially use their snack and add some money to it. I mean like would that be the minimum. Could that go toward the meal. And I really didn't ask that question. But the other is -- is the possibility of doing a Senior Day, right. SNAP Day, where they could order something that was, I think we said $7. No tip or anything is another way. So, I'm going to continue. I love hearing these ideas of how to get this done. Because I think it's a small thing. And you know it's a big thing to others who don't have access to cooked food. But I think for us, it would be a small thing for us to try and try this. And try to find five cities who would do it. And even if it meant that we had to find the five cities to do it. I don't think the reporting is that big of a deal as they tell us. Many times, when they're talking about

the staff that would take care, it would take to do this. They're doing it anyway, some of this stuff. And it could be combined with some of the other work. So, we'll continue on. But I might tap into Deb and Represent Case to find out more. I'm trying to figure out who's Bill this was that suddenly I've become the champion now.

REP. CASE (63RD): It's your friend, Betty Miller.

SENATOR MOORE (22ND): That's right, that's right. That's right. Okay, so we'll continue to, you know, if we come up with some ideas on how to get this done speak with the Commissioner, of how we might be able to move this forward. So, thank you.

DEB POLUN: Thank you.

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

REP. GARIBAY (60TH): Are there any further questions? Seeing none. Thank you, so much Ms. Polun --

DEB POLUN: Thank you.

REP. GARIBAY (60TH): -- or coming and testing. We're getting down, we have two more. Rebecca Bonetti. Are you still on?

REBECCA BONETTI: Yes, hi.

REP. GARIBAY (60TH): Hi.

REBECCA BONETTI: So, good afternoon. I just want to address Madam Chair and the Members of the Human Services Committee. My name is Rebecca Bonetti. I'm a Registered Dietitian from Southbury, Connecticut with my Master's degree. And I currently work in an outpatient large community-based hospital and a Cancer Center. I'm writing in support of the House Bill 6518, AN ACT PROVIDING MEDICAID COVERAGE FOR

CERTIFIED DIETITIAN-NUTRITIONISTS. This Bill is extremely important to myself and many residents of Connecticut. And I feel strongly that medical nutrition therapy is a critical component for disease management and preventative healthcare.

In my nine years as a dietitian, I have seen many patients unable to get access to medical nutrition therapy services due to inadequate insurance coverage. There's one patient that always stands out in my mind. She was working with an endocrinologist but was unable to get access to a registered dietitian for years. Thus, her pre-diabetes worsened to Type-2 Diabetes requiring insulin. She also had heart disease and had struggled her whole life with binge eating disorder. She felt out of control and with no guidance on where to begin knowing her nutrition was impacting her health long-term. And even ended up in the hospital four times within a six-month period. If she was able to see a registered dietitian sooner for nutrition support and counseling it could have saved her not only precious time, but money spent on hospital stays.

As a dietitian, we counsel patients on how to properly control blood sugar levels for diabetes. We guide patients and making healthier food choices. To prevent them from needing certain medications. Or even from preventing them from going to the hospital for extensive visits. We speak as nutrition counselors to patients dealing with severe eating disorders to help them find a healthy relationship with food.

Without a dietitian and these instances many patients may go in and out of Inpatient Treatment facilities. Supporting this Bill can truly make the lives of residents of CT better. We can teach others how to make healthier choices and control and manage their diseases. And most importantly, prevent development of these diseases with proper education.

As Registered Dietitians, we are properly educated and qualified to provide medical nutrition therapy. Dieticians are required to have a minimum of a Bachelor's Degree from an accredited program, completion of a dietetic internship and passing an accreditation exam. And are required to complete continuing education in the field to maintain accreditation to stay up to date on evidence-based practices.

Sadly, I see many patients are exposed to incorrect and extreme information from unqualified sources, such as things they may read online. I have seen in many instances people harming their bodies following fad diets and trends written by unqualified professionals. As an Oncology Dietitian, I see it many times in my patients with them going on extreme diets or making changes after reading an article they end up losing weight and struggle to fight against their cancer. As a Registered Dietitian I guide them in their journey to support them, providing evidence-based information to their health and wellbeing.

I am proud to stand here as a dietitian and to support this Bill today. Thank you for your time and consideration and allowing me to testify in support of HB 6518. Thank you.

REP. GARIBAY (60TH): Thank you, Ms. Bonetti. Does anyone have any questions? Seeing none. Thank you, so much for coming and sharing your story with us today.

REBECCA BONETTI: Thank you so much.

REP. GARIBAY (60TH): Okay, our last guest, thank you for being patient, Kathy Flaherty.

KATHY FLAHERTY: Good afternoon, Members of the Human Services Committee. My name is Kathy Flaherty. I am the Executive Director of Connecticut Legal Rights Project. We are a statewide non-profit providing legal services to people who are eligible for mental

health services from the Department of Mental Health and Addiction Services. And I am here to add my voice to the chorus with concerns about 6446.

The fact that there's even a proposal to take away the cost-of-living adjustments for the people who are getting $219 a month, maybe $543 for a family of three, a couple hundred dollars of state supplement; there's something profoundly wrong about that. That we are imposing or re-imposing an Asset Test on people who are in the Medicare Savings Program. And risking people's access to healthcare during the past year that we have had. And not only jeopardizing those people who might not qualify but everybody who gets any kind of program from DSS because time will need to be spent verifying their assets every year by hand.

My colleague Sheldon Toubman talked about the fact that people are getting terminated from benefits during the pandemic, which is not supposed to be happening and yet it is. I really have heard how distressed the Members of this Committee are about some of the cuts in the Governor's proposed budget. Certainly, heard it from members of the Appropriations Committee. And just know that we are here to support you, because we recognize that restoring cuts means finding revenue. Which means talking to Finance Revenue and Bonding. But if we can't figure that out, we cannot be balancing the budget on the most vulnerable people in the state. We can do better.

REP. GARIBAY (60TH): Thank you very much. Anyone have any questions? No. Seeing none. Thank you, so much for your patience and for being our last person.

KATHY FLAHERTY: Have a great afternoon. I got terrible numbers today. See you guys later. Take care.

REP. GARIBAY (60TH): Thank you so much. I want to thank my fellow Legislators for bearing with me

today. Staff and especially Heather who kept me on track. I don't know if Senator Moore or Representative Abercrombie have something to say before we adjourn the meeting.

SENATOR MOORE (22ND): I would just like to say, you know, I thought today was a really good day listening to different viewpoints on the Governor's budget. And I wanted to be on the record, like that's what they proposed that's a place to start. And I'm not on Appropriations but it's not where we're going to end up. Because we have to recognize that people have made wonderful points about the Medicaid Savings Plan and some of these other programs and it's a place for negotiation. And based on negotiations on are Represented Abercrombie wrote those changes based on what we heard today. So, I just want to say that. So, thank you and thank you, Madam Chair.

REP. GARIBAY (60TH): Thank you. Representative Case do want to close out with anything?

REP. CASE (63RD): No, I think Senator Moore said it all. And you know put it on Rep. Abercrombie to bring everything to Appropriations. So that you know, we can push the agenda forward. But as Senator Moore says, there's been a lot of good conversation today and that's what these public hearings are for so that we can hear this conversation. To all the freshman out there, just remember, you know this is how we make things better. Correct, Senator Moore? Or we try to make things better.

SENATOR MOORE (22ND): That's right. It's always good to see Representative Mastofrancesco. Always good to see her.

REP. CASE (63RD): Good perspectives. Good job, Rep. Garibay.

REP. GARIBAY (60TH): Thank you. Thank you all, and without objection, we're going to adjourn.

REP. DATHAN (142ND): Thank you, Rep. Garibay. Awesome job.

REP. ABERCROMBIE (83RD): Awesome, Lucy. Thank you.

REP. GARIBAY (60TH): Thank you. I hope you feel better.

REP. DATHAN (142ND): I am. Thanks a lot. Slowly but --

[End of Transcript 05:18:11]