Testimony of Michael J. Daly of West Simsbury in opposition of HB 6618 "An Act Concerning Medical Assistance for Certain Person Receiving Abortion Care and Related Services in Connecticut"

Human Services Committee Public Hearing
Tuesday, February 21, 2023

For the record my name is Michael Daly of West Simsbury and I am submitting testimony in opposition to H.B. 6618, "An Act Concerning Medical Assistance for Certain Persons Receiving Abortion Care and Related Services in Connecticut"

I am at a loss to understand how our legislators can put availability to abortion for out of state residents over the needs of their constituency. Since the end of the last legislative session there have been a number of polls done ranking "America's Top States for Business". Given the political philosophy of the current legislature, I chose to examine a poll conducted by CNBC. While Connecticut ranks well in some areas, we are falling short in in many very important areas. In the area of infrastructure, Connecticut Ranks 39th. Connecticut is the 45th most expensive state in which to do business. In the area of technology, an indication of our ability to remain competitive in the future, our state only ranks 25th. And finally, Connecticut is one of the most expensive states to live in, our cost-of-living ranks 43rd of the 50 states. If the legislature were to use our tax dollars to address these issues, it would provide growth in revenue and help provide a better quality of life for those who are state residents. While these issues are a concern to the residents of Connecticut, the legislature is choosing to take $2 million dollars of our money and divert it to programs that benefit non-residents rather than addressing issues which would improve our resident's quality of life.

There are many underprivileged Connecticut residents. Many of these residents would meet the guidelines of section H.B 6618, section (1)(B); the definition of 'Qualified Patient". Many underprivileged residents need access to medical treatment and affordable health insurance. Many of these underprivileged residents need access to mental health services in a state where there is a documented shortage of the mental health care. There are many underprivileged residents that need access to affordable housing, education, job training and other social services. This proposed legislation makes it clear that many members of our legislature have chosen to ignore their obligations to, and the quality of life of, the residents of Connecticut. Instead, their focus is to divert our tax dollars to pay for the termination of the lives of the innocent unborn for out of state residents.

It is a sad commentary on Connecticut and our society when there is this much focus on the ability to kill the innocent unborn. As taxpayers in Connecticut, we are forced to pay for the abortions demanded by our state residents. Taxpayers pay for abortions under the Medicaid program. In 2018, Connecticut taxpayers expended $4.2 million dollars for Medicaid coverage for abortions. The taxpayers of this state paid for 75% of all abortions performed that year. This legislation proposes that we spend an additional $2 million annually bringing the total taxpayers pay to terminate the lives of the innocent unborn to $6.2 million dollars annually.

Another reason that this bill should die in committee is that it is less than honest. The Hyde amendment specifically prohibits the use of federal funds for abortions. Therefore, the proponents of this legislation are intentionally misleading the electorate into believing that such a waiver of restrictions or receipt of reimbursement for the cost of providing these abortions is possible.

In addition to this $6.2 million the state proposes to spend on abortions, this bill fails to consider the fact that abortion is an invasive procedure. With every invasive procedure there is a risk of complications. Since these "Qualified Patients" are underprivileged, the burden of paying for the treatment for these complications will fall on the Connecticut taxpayer.

It is also well-documented that many women who have had an abortion have long term psychological complications. What are the provisions made to address and treat those complications.

This bill fails to address medical malpractice claims that will arise as a result of these abortions. The safe harbor laws that were passed last session in a knee jerk reaction to the Dobbs decision will be used to shield healthcare professionals from liability and victims the restitution they may deserve.

Over the past 10 years there has been a 32% decrease in the number of on-site abortions in Connecticut. This is an indication that abortion is decreasing in favor among Connecticut residents. This bill does not propose any counseling, address parental consent, change of heart any alternative to an abortion. And where does this end. Do we as citizens want to be the "Abortion State" rather than the Constitution State? This type of legislation is exactly the kind of legislation difficult to administer, monitor and enforce.

This bill as proposed, puts the fox in charge of the henhouse. It places "family planner providers" whose revenue is decreasing due to the decrease in the number of abortions in Connecticut in the position of gatekeepers, deciding who qualifies. It is apparent that this is a blatant conflict of interest.

Even the title and explanation on the website is extremely misleading. It states the intended purpose of this bill is "To provide state-administered medical assistance for certain out-of-state residents receiving abortion care and related services in Connecticut." Using the word "receiving" leads the public to believe that there is some treatment already in progress. What this bill should say is that "To provide abortion for certain out of state residents"

For all of the foregoing reasons, as well as others such as failure to address parental notification, change of heart at the time of the procedure, ambiguity of the bill, I oppose H.B. 6618 and urge this committee to take no action and allow this bill and this debate to end here.

Respectfully submitted,
Michael Daly