

Insurance and Real Estate Committee JOINT FAVORABLE REPORT

Bill No.: SB-842

AN ACT CONCERNING HEALTH INSURANCE AND HEALTH CARE IN

Title: CONNECTICUT.

Vote Date: 3/11/2021

Joint Favorable Substitute Change of Reference to Finance, Revenue and

Vote Action: Bonding

PH Date: 2/9/2021

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill would establish a public healthcare option for residents, small businesses, nonprofits, and unions in the state of Connecticut. Rising healthcare costs in Connecticut have caused a surge of uninsured individuals and families thought the state at a time of a national health crisis. The Comptroller would be authorized to offer health coverage under a multiemployer plan with similar benefits to the current coverage offered to state employees. This bill would also raise the eligibility for some government-run Medicaid and Husky insurance coverage. The creation of a public option would help the numerous individuals who require inexpensive and trustworthy healthcare during a time of unemployment and health crisis.

SUBSTITUTE LANGUAGE:

LCO # 5015

In section 1

Line 10 Defines the "Health enhancement program" as the program established with the provision of the Revised State Employees Bargaining Agent Coalition, approved by the CGA on August 22nd, 2011.

Line 15 Defines "Multiemployer plan" as the same meaning provided in section 3 of the Employee Retirement Income Security Act which has been amended occasionally since its establishment in 1974.

Line 24 “Nonprofit employer” was defined as a nonprofit, nonstock corporation, other than a nonstate public employer, that employs at least one employee on the first day that such employer receives coverage offered by the Comptroller pursuant.

Line 29 Defines a “Small Employer” as an employer, other than a nonstate public employer, who employs at least one to fifty employees on business days during the calendar year.

Section 5

Line 427 Defines “Exempt insurer” as a domestic insurer who administers health benefits and is exempt from third-party administrator licensure.

Line 431 Defines “Health insurance” by the types of coverage specified in subdivisions 1,2,4,11, and 12 of section 38a- 469

Line 492 States that the Comptroller will, on the behalf of each multiemployer plan, nonprofit employer, and small employer receiving coverage annually pay to the Insurance Commissioner for deposit in the insurance fund

Lines 514 - 530 States that the Comptroller shall report to the Insurance Commissioner, in the form and manner described by the Insurance Commissioner. This report will include each multiemployer plan, nonprofit employees and their dependents, and small employer’s employees and dependents as described in subparagraph (C) of subdivision (1) for whom the Comptroller was providing coverage under section two of this act as the first of May.

Lines 536 - 557 Discusses how in November the Insurance Commissioner will determine the fee against each domestic insurer and domestic healthcare center for the purchasing, storing, and distributing of vaccines for routine immunizations. This fee will be calculated by the number of lives reported to the Insurance Commissioner, and the number of plan participants, beneficiaries, employees, and dependents reported to the Insurance Commissioner. Adjusting this number will be done by dividing the sum total of lives reported and the number of plan participants, beneficiaries, employees, and depended reported to the Insurance Commissioner.

Lines 558 - 576 Discusses how the above proposed fee will be issued to domestic insurers and healthcare centers no later than December first. The Comptroller will collect said fee from each multiemployer plan, nonprofit employer, and small employer and deliver said fee to the Insurance Commissioner.

Line 577 Allows any domestic insurer or health care center described in subparagraph (A) of subdivision (1) of this subsection and third party administrator or exempt insurer as described in subparagraph (B) of subdivision (1) of this plan or multiemployer plan, nonprofit employer, or a small employer to file an appeal with assessments levied under this subsection they disagree with.

Section 6

Lines 677- 764 Provides the same provisions as section 5 but for determining the amounts appropriated for syringe programs, AIDS services, breast and cervical cancer detection and

treatment, x-ray screenings, tuberculosis care, STD treatment and control, and children's health initiatives.

Section 7

Line 820 Allows any domestic insurer, health care center, or an administrator of a multiemployer plan, nonprofit employer, or a small employer to file an appeal with assessments they disagree with or find inaccurate.

Section 8

Lines 944-950 States that The Office of the Healthcare Advocates shall provide assistance to plan participants and beneficiaries under multiemployer plans, nonprofit employers' employees and their dependents, and small employers' employees and dependents receiving coverage provided by the Comptroller.

Section 11

Line 1104 Defines the "Affordable Care Act" as the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act which are amended from time to time.

Line 1364 Administers the Connecticut Health Insurance Exchange account established under section 13 of this act.

Lines 1366- 1368 States that the Office of Health Strategy, established under section 19a-754a and amended by this act, will help with coordinating, promoting, and other purposes outlined in section 16 of this act.

Lines 1369- 1412

States that subject to approval under subsection (d) of section 16 of this act it will establish a subdivision of section 16 no later than November 1st, 2021 which will require each health carrier offering coverage through this subsidiary to collect demographic data including, but not limited to, self-reported ethnic and racial data from individuals receiving coverage. These health care providers must before February 1st, 2022, and annually after, submit a report disclosing the demographic data collected by such health carriers pursuant to subparagraph (A)(i)(I) of this subdivision. Then, before March 1st, 2022, and annually thereafter, submit a report to the exchange disclosing the demographic data that health carriers submitted to such subsidiary pursuant to subparagraph (A)(i)(II) of this subdivision for the preceding calendar year.

Money deposited by the Connecticut Health Insurance Exchange, established under section 13, for the purposes of making coverage affordable for persons who are ineligible for coverage under a qualified health plan offered by the exchange. If the exchange uses funds deposited in an account to provide premium and cost-sharing subsidies, then demographic data should be collected including but not limited to self-reported ethnic identifiers concerning those receiving subsidies. These identifiers should use categories developed by the Office of Health Strategy and include an "other" category for extended race or ethnic identification.

Line 1413 States that if the individual is referred to by the Labor Commissioner then they are eligible for free or subsidized health coverage or other benefits pursuant to section 18.

Section 12

Line 1462 - 1484 States that Not later than April 1, 2022, and annually thereafter, the chief executive officer of the exchange shall submit a report, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to insurance disclosing the demographic data that, the subsidiary established pursuant to subparagraph (A) of subdivision (28) of section 38a-1084, as amended by this act, reported to the exchange for the preceding calendar year; and the exchange collected pursuant to subparagraph (C) of subdivision (28) of section 38a-1084, as amended by this act, for the preceding calendar year. No later than January 1st, 2023, and annually after, the chief executive officer of the exchange must submit a report to the joint standing committees of the CGA relating to appropriations, human services, and insurance detailing expenditures from the Connecticut Health Insurance Exchange.

Section 15

Lines 1578- 1593 Gives the responsibilities assigned to the Office of Health Strategy. Annually this office must determine the amount described in subparagraph (A)(i) of subdivision (1) of subsection (b) of section 9 of this act. This amount must be reported to the Insurance Commissioner. This office must Develop standardized categories that enable the Comptroller to collect and submit demographic data collected by providers as outlined in previous sections.

Section 17

Line 1705 Changes the qualifying eligibility under section 1931 of the Social Security Act from one hundred- and fifty-five percent federal poverty level to two hundred and one percent federal poverty level.

RESPONSE FROM ADMINISTRATION/AGENCY:

Kevin Lembo, State Comptroller, State of Connecticut stated Connecticut is in the midst of a healthcare crisis that has been present for a few years now and only recently compounded by the COVID-19 Pandemic. This bill would help small businesses and nonprofits ensure their workers with consistent costs and access to the treatments they need to stay healthy. For residents, this bill would expand eligibility for some government programs to the undocumented, disabled, unemployed, and individuals of lower income. Quality of care needs to improve for Connecticut residents and this bill would be a step in that direction.

Ted Doolittle, Healthcare Advocate, Office of the Healthcare Advocate Provided some considerations and clarification on the topic of a state-run public option. Currently, our healthcare system is both unaffordable and detrimental to the state and its residents. As Mr. Doolittle stated, “If the Comptroller is able to create a strong new public option in partnership with the private sector and with the carriers, this new dynamic over a period of years of sustained effort, could well result in improvements in healthcare affordability”. This bill will

decrease the skyrocketing costs of health insurance while fixing the disparity in populations covered by current plans.

Alvin Wilson, Council Government Relations, Department of Social Services Expressed concerns about the bill's impact on DSS, and what language changes could be made. DSS does not support section 11 of this legislation that would modify aspects of Medicaid eligibility for both AHCT and DSS. As stated by DSS, "DSS is the single state Medicaid agency for the State of Connecticut per state and federal law. While federal law permits the delegation of eligibility determinations to other governmental entities in certain circumstances, it would not permit the delegation of eligibility determinations to AHCT". DSS also has a group called the "Medically Improved" group whose income and asset limits would be eliminated by section 11. In addition to the negative impact on DSS clients, the resources it would take to shift MED-Connect from DSS's ImpaCT system to the proposed DSS/AHCT system would require a tremendous amount of financial resources. DSS does welcome the opportunity to view data or concerns underlying this proposal. DSS recommends, in section 13, identifying the FPL for children as 196% as stated in the General Statutes. This is a technical concern if this bill intends to align coverage eligibility between parents and children. Finally, DSS has concerns with section 14 which would refer individuals to the exchange. DSS stated that these individuals should have their eligibility evaluated through DSS for cash assistance programs and SNAP. DSS also asks that the Labor Commissioner should not be required to enroll applicants, just notify them of availability. Finally, DSS suggests clarifying the bill's language is clarified to ensure that the "Labor Commissioner's role is limited to providing applicants with information about DSS- administered programs". This would clarify when an application for DSS benefits has been initiated.

NATURE AND SOURCES OF SUPPORT:

Multiple State Senate Senators Stated that the need for affordable healthcare in the state is immediate as the cost of healthcare skyrockets. Connecticut needs to take the step toward lowering these costs by providing a public option that serves the community and organizations that make up the state. Comptroller Lembo has shown a good track record in constructing affordable health insurance for the state's workforce and will continue to do so with public options.

Martin M. Looney, Senate President Pro Tempore, State Senator 11th District
Bob Duff, Senate Majority Leader, State Senator 25th District
Saud Anwar, State Senator 3rd District
Christine Cohen, State Senator 12th District
Alex Kasser, State Senator 36th District
Derek Slap, State Senator 5th District
Mary Daugherty Abrams, State Senator 13th District
Marilyn Moore, State Senator 22nd District
Julie Kushner, State Senator 24th District

Martin Looney, State Senator, Connecticut General Assembly Stated that this bill needs to be passed to offer much-needed coverage to residents of Connecticut. Many households go without care because of rising costs and ineligibility for programs like Husky. This bill

would greatly improve this healthcare disparity for residents and organizations in Connecticut.

Sean Scanlon, State Representative, Connecticut General Assembly expressed this bill and the many benefits affordable healthcare would have during the current pandemic. Insurance was already inaccessible to many residents before the start of the current pandemic. This bill would help small businesses, increase eligibility for the state Medicaid program, and lower the out-of-pocket costs for middle-class residents, making the Accesses Health CT exchange more cost-effective.

Christine Cohen, State Senator, Connecticut General Assembly . Healthcare is a growing concern in Connecticut both for those who have lost their jobs due to the pandemic and those currently employed. Her business's plan saw a 50% increase in rates and deductibles nearly double over the course of two years. Effecting a public option will help ease the financial strain on residents and help small businesses keep their employees healthy and safe.

Ingrid Alvarez, Vice President for Policy and Strategic Engagement, Hispanic Federation Stated that this bill is an important step in insuring members of the nonprofit workforce. Nonprofits in Connecticut employ up to 209,356 personnel in the state and make up 14% of the state's workforce. With rising healthcare costs individuals are finding insurance more difficult to afford. Passing this option would provide an affordable and dependable option for nonprofit workers in Connecticut.

Stephen Anderson, President, CSEA SEIU Local 2001 Stated that this bill would significantly help individuals in this state who cannot afford healthcare or put off healthcare because of cost. This bill will provide affordable coverage for businesses and nonprofits who have difficulty finding affordable and diverse health coverage. The comptroller's experience with administering the State Employee Health Plan will aid in developing an efficient and effective alternative to current healthcare plans.

Thomas Connolly, Member, CSEA SEIU Local 2001 Supports the creation of public options especially at a time when affordable healthcare is a much-needed resource for many employees.

Phyllis Frazier, Direct Support Staff, Sunrise Northeast this bill is a creation of affordable public options for her and her co-workers. The plan offered through her company exceeds her monthly income and she makes too much to be eligible for Husky. If Connecticut had public options, then she would have peace of mind that her healthcare would take care of her.

John Lazarou, Direct Support Staff, Whole Life/Tri-County Stated that while his job is fulfilling, his healthcare options barely offer the coverage he needs to stay healthy and pay his mortgages. A public option would tremendously improve the cost and reliability of his health insurance.

Ellen Andrews, Executive Director, Connecticut Health Policy Project Supports this bill for its myriad benefits to the residents of Connecticut. This bill would provide many individuals and families with much-needed care as private plans become increasingly unaffordable. However, CHPP has some concerns about the durability of this option. Their statement cited

the Charter Oak Plan and a previous failed attempt to establish a public option. The current proposal would be ineffective if it caused budget cuts to other programs like Huskey.

Ellie Angerame, Executive Director, Green Village Initiative Provided testimony supporting this bill and the positive effect it would have on the agriculture community and worker's health. This bill would create an affordable healthcare plan for small businesses and nonprofits who want the choice between private and public healthcare options. By providing a public option the state will help growing small businesses and undocumented communities get the healthcare they need to live healthy lives.

Barbara Shaw, Executive Director, Hands-on Hartford feels the positive effects this bill would have on her organization's ability to provide for others and its staff. This bill would create affordable healthcare for employees who fall into the moderate/middle-income category and struggle to afford their current plans with private insurers. A public option would help the nonprofit afford insurance for its employees and leave funds to help the community it serves.

Rob Baril, President, SEIU 1199 NE Supports a public option that would provide affordable health insurance to many healthcare workers in his union. Many members of the union have an income that surpasses the threshold needed to qualify for Husky plans but don't make enough to cover plans offered by private insurance practices. Even those who do qualify for Husky find that their insurance is limited in coverage. Since the pandemic 50% of Connecticut residents report struggling to afford health insurance, 43% of residents report delaying care, and 24% of residents struggle to pay their medical bills. Passing this bill would help many communities keep money in their pockets and healthcare within reach.

Wendy Marcoux, Direct Support Professional, Whole Life Supports the creation of affordable health insurance so that healthcare workers like herself receive quality care.

Jeff Shaw, Senior Director of Public Policy and Advocacy, Connecticut Community Nonprofit Alliance Provided testimony suggesting changes and considerations to this bill. The Alliance asks that this option should be noncompulsory for nonprofits. While this bill provides affordable options for nonprofits many have good plans for their employees. Secondly, the state should adjust current contracts to contain all costs associated with the insurance. This would help nonprofits compare prices between a state plan and their current plan.

Nicole Bongiovanni, Personal Care Attendant, SEIU 1199 NE Supports this bill because it would give her and others in her profession an affordable option. Nicole isn't offered health insurance and had a heart attack last June that left her with a \$23,000 bill that she has to pay out of pocket. Having a public option would give her the peace of mind she needs to work without worry about her next health crisis.

John Brady, Vice President, ATF Connecticut Supports the creation of a public option that would support residents, small businesses, and nonprofits. High premiums have led many to choose between paying for healthcare or paying for food. The creation of an affordable health plan would not only help individuals stay out of debt, but it would also help small businesses and nonprofits with insuring their employees.

Beverly Brakeman, Regional Director, United Auto Workers Region 9A Stated that UAW is a member of the Connecticut Campaign for Affordable Healthcare; a growing coalition of individuals who believe a public option is the best response for the growing health crisis. A constant struggle for the union is negotiating affordable health insurance for their members. Since the pandemic started insurance has become increasingly important to these workers who already struggle to pay for current plans. A public option would provide vital affordable healthcare for these workers and an affordable option for those currently unemployed.

Thomas Burr, Community and Affiliate Relations Manager, National Alliance on Mental Illness Supports this bill and the positive effect it will have on working families. Healthcare costs are one of the primary reasons for Connecticut's high cost-of-living, reducing these costs will put less strain on the economy and ease financial burdens on families. A public option would also ease the stress created by uninsured hospital visits and people who cannot afford care out-of-pocket. A majority of voters in Connecticut believe that COVID was a wake-up call to create an affordable option to meet the growing need for healthcare.

Marijane Carey, Maternal and Child Health Consultant, CT Maternal and Child Health Coalition & Every Woman CT Supports this bill and how it would help families and undocumented citizens who desperately need affordable health insurance. This bill would restore Husky A eligibility coverage for parents of children to 201% of the FPL. A public option would also provide an affordable resource to employees of small businesses and nonprofits. Individuals who lack health insurance often wait until their condition has deteriorated before seeking medical help. This leads to poor health among workers and an expensive bill that families often can't afford. This bill would also help one of Connecticut's most vulnerable populations, undocumented immigrants. Providing an affordable option for these individuals will prevent their conditions from worsening and give them better access to treatments they might need.

Janet Carlson, Executive Director, Health Pathfinder Supports this bill's effort to make healthcare more affordable and dependable in Connecticut. Residents who struggle to afford health insurance plans end up on cheaper plans where they are less likely to visit the doctor or seek the help they need for worsening conditions. An affordable public option would lower premiums and help ease the economic burden costly healthcare can have on the state. Many people have lost their jobs and healthcare during this pandemic. A public option would help them seek the medical attention they need at an affordable cost.

Scott Charmoy, Lawyer, Charmoy & Charmoy Attorneys Supports this bill due to the increasing cost of deductibles and co-pays. Paying for good family insurance has been increasingly difficult with the pandemics' negative effects on business and health. Public options would help ease the burden of these costs and help families get the much-needed care they need.

Carl Chisem, President, Connecticut Employees Union Independent SEIU Local 511 Supports this bill as it would expand need coverage to low-income families. High healthcare costs cause many to choose between paying the bills and getting treatment, a staggering 43% of residents have reported this. Now more than ever coverage needs to be expanded to all residents so that they can get the basic care they need.

Josh Michtom, Councilman, Hartford Supports a public option as a potential solution to the ever-growing cost of healthcare coverage in Connecticut. This bill would immensely help those who cannot afford insurance through work and have been putting off treatment because of cost.

Laurie Collins, Association Director, Connecticut Association of School Based Health Centers Supports this bill as it would create an affordable healthcare option for families across the state. Before the pandemic, 51% of Connecticut residents struggled to afford healthcare, with 43% of adults forgoing care because of cost. It has been well documented that when parents forgo their healthcare their children are less likely to have doctor visits. Creating affordable public options would help Connecticut families prevent health complications and live healthy lives.

Connecticut Hospital Association Supports this bill and its many expansions to essential health coverage. This bill would expand Husky coverage to people who are disabled and employed. This bill would offer affordable health insurance for families with income at 200% FPL by eliminating premiums. This bill would authorize the Office of Health Strategy to create a subsidiary marketplace to offer commercial health insurance options. Public options would help reduce the cost of health insurance in CT by reducing premiums and cost-sharing. The CHA asks that you exclude hospitals from the new assessment, not to exceed \$50 million, on organizations that administer self-insured plans. Hospitals have played an integral part in overcoming COVID and this assessment would increase costs on already stressed hospitals.

Connecticut Realtors Supports this bill and its creation of affordable public options for small businesses and self-employed individuals.

Benjamin Cherry, Health and Public Policy Co-Chair, American College of Physicians Supports this bill and its effort to create broader healthcare options for individuals in Connecticut. Many residents who have insurance are restricted by employment plans that may not cover all their healthcare concerns. Public options would provide employed and unemployed individuals a broad range of coverage for diverse illnesses and treatments.

Wildaliz Bermudez, City Councilperson, Hartford Supports creating a public option that will provide affordable healthcare to her constituents. Many of these constituents cannot afford life-saving drugs and are concerned with insuring undocumented relatives. Many undocumented immigrants don't have access to traditional healthcare and are forced to rely on emergency rooms costing the government millions in hospital reimbursements.

Bette Marafino, President, CT Alliance for Retired Americans Supports the section of this bill requiring healthcare plans to eliminate high deductibles for drugs that treat chronic conditions. Individuals have reported having to skip doses, cut tablets, and call doctors because they can't afford their medicine. Expanding subsidies for the individual market and lowering out-of-pocket costs will help these individuals buy their medicine.

Suzi Craig, Chief Strategy Officer, Mental Health Connecticut Supports this bill and its effort to create affordable healthcare options during a time of a national pandemic. A survey conducted by ALG found that 84% of voters believe there needs to be a change to the current healthcare system as a result of COVID. This bill expands Husky so that more

working-class families can afford reliable healthcare. This bill would also restore eligibility for Husky A parents to 201% FPL providing many families with reliable insurance.

Connecticut State Medical Society Submitted their comments on parts of this bill and how it could be improved moving forward. First, CSMS stated that it's concerned with how the influx of patients might overwhelm current physician networks. These physicians need to receive fair payment rates, prompt payment, and, peer-to-peer medical necessity determination reviews on retrospective audits and reviews. Secondly, CSMS stated that limiting high-deductible plans would help small practices and limit the number of individuals who end up not being able to pay for their care. CSMS asks that the task of collecting HDHP the insurer rather than the practice, preserving the doctor-patient relationship. Lastly, CSMS recommends the creation of an Advisory Committee is created to help sift through the regulations for this bill.

Katia Daley, Member, Connecticut Students for a Dream Supports this bill and the positive healthcare effects it would have on immigrant communities. Immigrants across the country are suffering from a lack of affordable healthcare. Data reported by the Migrant Policy Institute estimated that 30.1% of non-citizens in Connecticut are currently without health coverage, around 159,000 individuals. The undocumented community reports more than half of them are uninsured, roughly 53,000 individuals. An affordable option would provide these communities with affordable treatments for their health concerns.

Grace Damio, Director of Advocacy, Hispanic Health Council Supports this bill and the affordable options it would create for similar community-based organizations. Rising healthcare costs have prevented this organization from providing good coverage for its employees. This organization provides for 20,000 individuals and families across the state. Affordable coverage would help insure staff and members of the community.

Jordan Deangelo, Personal Care Attendant, SEIU 1199NE Supports the creation of public options for people in the healthcare community. Many caregivers in Connecticut forgo healthcare due to high premiums. Public options would mean immediate treatment for these workers and a healthier life.

Anna Doroghazi, Associate State Director, AARP Supports this bill and how it would significantly increase healthcare accessibility to older age groups. Elderly residents who cannot afford healthcare postpone their treatment at the cost of worsening their condition. Access to affordable public options would greatly help treat chronic conditions and deteriorating health among older age groups.

Dreamers Action Alliance, Southern Connecticut State University Supports affordable healthcare for its undocumented students, many of whom cannot afford other care plans. The cost of a student sickness plan runs \$10,990 per year for a student. For many, this is an unsustainable cost, and students are forced to go uninsured which affects their success in college. Affordable public options will help keep these students in college and members of the undocumented community healthy.

Joelle Fishman, Chair, Connecticut Communist Party Supports this bill and its effort to address the growing cost and inequality of healthcare. Public healthcare options are the first step in strengthening and sustaining the diverse communities in Connecticut.

Kathleen Flaherty, Executive Director, CT Legal Rights Project Supports broadening access to affordable healthcare in the state of Connecticut. This bill would raise Husky coverage from 138% FPL to 201% and create more healthcare connections to unemployed workers. Public options would also benefit organizations who want to provide affordable and reliable insurance to their staff.

Elizabeth Fraser, Policy Director, Connecticut Association for Human Services Supports the positive impact this bill would have on families and diverse communities throughout Connecticut. This bill would restore eligibility to parents in the 201% FPL, increasing both parent and child health. A public option for small businesses and organizations would mean more affordable insurance for workers and a potential decrease in Medicaid participants. One-third of Connecticut residents who are uninsured come from undocumented communities. These communities struggle to afford reliable health insurance because of their undocumented status, an issue that public healthcare options would improve.

Ashley Frechette, Director of Health and Professional Outreach Stated that affordable healthcare is a necessity for undocumented communities and victims of domestic violence. Survivors of abuse often experience higher rates of chronic conditions linked to the trauma they've experienced. Limited access to an affordable plan often leads to these conditions deteriorating over a prolonged period.

Merrill Gay, Executive Director & Lobbyist, Connecticut Early Childhood Alliance Supports developing affordable public options that utilize government resources and the office of the comptroller for organizations and small businesses. The ECA welcomes the opportunity to create much-needed affordable options for families and the undocumented community.

Robbie Goodrich, Executive Director, Radical Advocates for Cross-Cultural Education Supports the creation of a public option that will help insure small grassroots organizations and businesses that struggle to offer affordable health insurance.

Maggie Goodwin, Board Member, National Organization for Women Stated that a public option would make healthcare more affordable and dependable for women and single mothers in Connecticut.

Madeline Granato, Policy Director, Connecticut Women's Education and Legal Fund Supports the section of the bill that restores the eligibility for Husky A insurance to 201% FPL. Under this bill families earning less than \$43,660 a year would have access to dependable and affordable health insurance. This bill also addresses high-deductible plans that seem affordable but increase in cost once used. The creation of public healthcare options would significantly help individuals with chronic conditions who need dependable insurance to afford their drugs.

Greenberg Izzy, Director, Middlesex Coalition for Children Stated that a public option should not: impose out-of-pocket costs that keep people from getting care, require a collection of race and ethnicity data, and include a pathway for consumer input. The creation of affordable healthcare is much needed in Connecticut.

Camila Guiza-Chavez, Member, Semilla Collective Stated that the Husky expansion in this bill is a much-needed resource for lower-income individuals in Connecticut.

Adriana Rodriguez, Member, Semilla Collective Supports the creation of a public option that will give members of the undocumented community an affordable option when seeking healthcare.

Liz Gustafson, State Director, NARAL Pro-Choice Connecticut Stated that an affordable and reliable public option would help small businesses and organizations provide important care for their workers.

Holly Hackett, Co-Chair, Mothers and Others for Justice Supports this bill raising the eligibility for Husky A to 201% FPL in Connecticut. This change would help insure and protect undocumented communities who desperately need affordable healthcare options.

Lynne Ide, Director of Program Policy, Universal Health Care Foundation of Connecticut Stated that the creation of public options for families and organizations in Connecticut is an important step toward rebuilding Connecticut's economy after the current health pandemic.

Barbara Lopez, Director, Make the Road Connecticut Stated that undocumented and diverse communities in Connecticut require an affordable healthcare option to stay healthy during this pandemic. This bill is a priority for the residents of Connecticut who cannot receive the proper care they need.

Sal Luciano, President, Connecticut AFL-CIO Supports this bill and the equitable public healthcare options it would create for the diverse communities, organizations, and unions in the state.

Robert McLean, Immediate Past-President, American College of Physicians Helped develop a series of healthcare reform papers when he was president of the ACP. Those papers found that Connecticut's healthcare system is both inefficient and unsustainable. One solution found in this research was the development of a publicly financed coverage option. With increasing costs and a pandemic compounding the healthcare issue steps need to be taken to insure small businesses and families in the state.

Rick Melita, Director, CT SEIU State Council Supports an affordable public option that would supply workers and communities with much-needed affordable care. The recent COVID outbreak had caused a decrease in available jobs, up to 100,000, and taken the lives of 7,200 individuals in the state. A public option would address both growing issues and give Connecticut workers the coverage they need to stay healthy at work.

Yenimar Cortes Morales, Connecticut Students for a Dream Supports the creation of public healthcare options for diverse and undocumented communities. The pandemic highlighted a disparity in the quality of care for these communities that needs to be addressed before more individuals are affected by an inefficient healthcare system.

Polly Moran, Certified Nurse-Midwife and Legislative Liaison, CT-Affiliate of American College of Nurse-Midwives Supports the creation of a public option and how through this new program small businesses, families, and diverse communities can receive proper healthcare.

Carlos Moreno, State Director, Working Families Organization Stated that a public option is needed to provide adequate insurance to working families across Connecticut. Undocumented communities rely on hospital emergency rooms which in turn cost the state millions in reimbursements. Making insurance affordable to these communities would alleviate this financial strain on the local economy and provide the care these people need.

Michele Mudrick, Legislative Advocate, Sothern New England Conference United Church of Christ Stated that the pandemic has made it clear that the healthcare system in this state needs a revitalization for lower-income individuals. Not only is it an issue for families and workers, but affordable healthcare is also a racial justice issue. Providing dependable and affordable health insurance to these communities will help reduce the inconsistency in health that these communities experience.

David Roche, President, Connecticut State Building and Construction Supports this bill and the creation of affordable health insurance for construction workers. Once a project is finished many workers are laid off and cannot insure themselves. This bill would create an affordable option for workers to rely on when they are unemployed.

Karen Siegel, Director of Policy, Health Equity Solutions Supports restoring Husky A eligibility for parents to 201% FPL and making insurance accessible to undocumented immigrants. Connecticut's lowest population of insured individuals fall in the 100-199% FPL due primarily to a high cost, a public option would help insure this group. Health Equity Solutions suggested that this bill, require a1 standardized collection of race and ethnicity data, engage the diverse communities of Connecticut in decision-making about the allocation of subsidies and design of plans, and ensure total out-of-pocket costs do not deter the insured from seeking care.

Alison Tyliszczak, Director, Maternal Infant Health Initiative Supports the positive effects this bill would bring to families and mothers across the state. MIHI asks that this bill extends postpartum Husky A coverage from three months to a year. This would provide much-needed care to women who had pregnancy complications or have health complications.

Steven Wanczyk-Karp, Executive Director, National Association of Social Workers Supports the creation of a public option as it would effectively decrease the cost of insurance in the private sector and lead to increased innovation. NASW/CT supports the provision in this bill that would create a similar system to Access Health CT. This program would help the hardworking undocumented community receive affordable care that would normally be denied because of their status. This same program would also assist unemployed individuals in maintaining some healthcare coverage after employment.

Lisa Winjum, Executive Director, National Alliance on Mental Illness Supports the current legislation and its ability to extend affordable care to individuals with health conditions who prolong treatment. The pandemic caused many individuals to experience stresses they

hadn't coped with before. It's important that this legislation expand coverage to these individuals so they can receive immediate care rather than prolong their visits due to costs.

Multiple individuals provided support for this bill and the positive effects it would have on small businesses, undocumented communities, and expanding programs like Husky.

<u>Patterson, Audrey, Program Aide Whole Life</u>	<u>Jump, Jeffrey,</u>	<u>Sulakshana</u>
<u>Reyes, Rose, Council Woman Windham Town Council</u>	<u>Katuska, Jessica</u>	<u>Sutherland, Douglas</u>
<u>Roche, David, President CT Building Trades</u>	<u>Keady, Monica, Resident Darien</u>	<u>Taranko, Stephan</u>
<u>Almasude, Eden, Resident New Haven</u>	<u>Keefe, Diane, Resident Norwalk</u>	<u>Teeling, Nicholas</u>
<u>Alstrum, Timothy</u>	<u>Keller, Stefan, Resident Hartford</u>	<u>Templeton, Vivian, Resident Southbury</u>
<u>Angelus, Joshua</u>	<u>Kimmich, Scott</u>	<u>Tepper, Kathleen, Resident Norwalk</u>
<u>Antao, Ashley</u>	<u>King, Nora</u>	<u>Thompson, Ellen</u>
<u>Armijo, Theresa, Resident Hartford</u>	<u>LaBelle, Marcella</u>	<u>Tibbatts, Terri, Resident Washington</u>
<u>Avoglia, Evelyn, Resident Stamford</u>	<u>LaCroix, Celeste</u>	<u>Toller, Jennifer</u>
<u>Back, Joyce</u>	<u>Lafayette, Jennifer</u>	<u>Torrey, Sue Don</u>
<u>Badore, Barbara,</u>	<u>Lagasse, Tom</u>	<u>Trotta, Patricia</u>
<u>Bahramian, Stephanie</u>	<u>Lawrence, Mary, Resident Wethersfield</u>	<u>Twining, Edie</u>
<u>Baker, Joseph, Resident New Milford</u>	<u>Ledger, Susan</u>	<u>Ubaldo, Veronica, Resident Bridgeport</u>
<u>Barr, Jody</u>	<u>Levine, Anneke, Resident New Haven</u>	<u>Ungaro, Francine</u>
<u>Barroso, Anthony</u>	<u>Lewis, Patricia, Resident Branford</u>	<u>Usher, Vicki</u>
<u>Bartus, Paul</u>	<u>Lillis, Jocelyn</u>	<u>Valentin, Amanda</u>
<u>Behlen, Phyllis, Resident Greenwich</u>	<u>Litt, Elizabeth</u>	<u>Volpe, Terra, Resident New Fairfield</u>
<u>Bent, Ted, Resident Washington</u>	<u>Louis, Louis</u>	<u>Volpe, Terra</u>
<u>Bercaw, Katrina</u>	<u>Lowendorf, Henry</u>	<u>Wainright, Konrad</u>
<u>Bingham, David</u>	<u>Lynch, Kevin</u>	<u>Wanczyk Karp, Stephen</u>
<u>Birdsall, Sundari</u>	<u>MacCoy, Christopher</u>	<u>Weeks, Denise</u>
<u>Blumstein, David</u>	<u>Madzik, Paul</u>	<u>Weir, Alison, Policy Advocate</u>
	<u>Maher, Ken</u>	<u>Welty, Zachary, Resident Manchester</u>
		<u>Whelan, Mary, Resident New Haven</u>
		<u>Whonder, Karlene, Personal Care Attendant SEIU Healthcare</u>

<u>Bonina, Bryan</u>	<u>Majano Montiel, Evelyn</u>	<u>Williams, Terrell, Personal Care Attendant SEIU</u>
<u>Boudreau, Mary</u>	<u>Malavisi, Anna</u>	<u>Winter, Steven, Resident New Haven</u>
<u>Bozak, Barbara</u>	<u>Malenczyk, Rita, Resident Tolland</u>	<u>Wolfe, Barbara</u>
<u>Bronstein, Linda</u>	<u>Manfred, Mohring</u>	<u>Yash, Mark</u>
<u>Buchanan, Peggy</u>	<u>Marquez, Brixaida</u>	<u>Zarnow, Zach</u>
<u>Burton, Nancy</u>	<u>McDonnell, Alyssa</u>	<u>Zhang, Corona, UConn MPH Student</u>
<u>Capone, April</u>	<u>McFadden, Laurie, Resident Middletown</u>	<u>Zina, Bennett, Certified Nursing Assistant SEIU Healthcare, St. Joseph s Manor</u>
<u>Carlson, Janet</u>	<u>McGinnis, David</u>	<u>Smith, Timothy</u>
<u>Case, Tom</u>	<u>Melillo, Carmen</u>	<u>Stakely, Betty, Resident Waterbury</u>
<u>Cassidy, Marianne</u>	<u>Mycetoma, Josh, City Councilman</u>	<u>Starr, Bill,</u>
<u>Cohen, Rhona, Resident New Britain</u>	<u>Montgomery, Kate</u>	<u>Sterling, Lou, Business Owner</u>
<u>Collins, Queenie</u>	<u>Moreno, Carlos CT Working Families Org</u>	<u>Stewart, John, Dr.</u>
<u>Connery, Chelsea</u>	<u>Morey, Kat</u>	<u>Stradtman, Colleen</u>
<u>Connolly, Tom</u>	<u>Morrocco, Ashford</u>	<u>Straus, Alexa, Graduate Student</u>
<u>Connor, Sean</u>	<u>Moss Racusin, Lauren</u>	<u>Stuller, Ronna</u>
<u>Cook, Jane</u>	<u>Munno, Steven</u>	<u>Jennings, Stephen</u>
<u>Corsaro, Irene</u>	<u>Myers McPhail, Jaime</u>	<u>Johnson, Maura</u>
<u>Crouch, Maurine</u>	<u>Nadel, Jane</u>	<u>Jones, Ralph</u>
<u>Curran, Gavin</u>	<u>NajamyWinnick, Marlee</u>	<u>Jones, Steve</u>
<u>Curry, James</u>	<u>Nixon, Robert</u>	<u>Sellers, Margaret</u>
<u>De Carli, Rob, Resident Southbury</u>	<u>Noyes, Karin, Resident Salisbury</u>	<u>Senserrich, Roger</u>
<u>Degregorio, Marc</u>	<u>O Brien, Mary</u>	<u>Setlow, Barbara</u>
<u>Delaura, Adam</u>	<u>O Connor, Brian</u>	<u>Shake, Kaitlyn, Resident Stratford</u>
<u>DeWester, Nanette, President DeWester Group Inc</u>	<u>O Connor, Maureen</u>	<u>Sheila, Traub</u>
<u>DiErrico, Laura</u>	<u>O Meara, Will, Resident Waterbury</u>	<u>Shortell, Bill</u>
<u>Doherty, Mary</u>	<u>Obuchowski, Elsa</u>	<u>Sidway, James</u>
<u>Doll, Ethel</u>	<u>Ochman, Patricia</u>	<u>Sidway, Susan</u>
<u>Dominguez, Dunia</u>		<u>Silverstein, Margaret</u>

<u>Dooley, Philip</u>	<u>Pacella, Nicolas, Resident Norwalk</u>	<u>Simmons, Louise</u>
<u>Duesing, Suzanne</u>		<u>Sloat, Caroline</u>
<u>Duff, Christopher</u>	<u>Padilla, Ivonne</u>	<u>Smith, Donna, Resident Woodbury</u>
<u>Duff, Jennifer</u>	<u>Page, Robert</u>	<u>Smith, Stephen, M.D.</u>
<u>Duffy, Leigh</u>	<u>Pallone, Andrea</u>	<u>Harmon, John</u>
<u>Dufresne, Dina</u>	<u>Paris, Rena</u>	<u>Harpin, Leanne</u>
<u>Duval, Luke, Resident Newtown</u>	<u>Pawelek, Josh, Rev.</u>	<u>Heimer, Win</u>
<u>Eazarsky, Jennifer</u>	<u>Peckham, Dean</u>	<u>Higgins, Matt</u>
<u>Eldridge, Elizabeth</u>	<u>Pellett, Ocean</u>	<u>Hodel, Paul</u>
<u>Epstein, Janet</u>	<u>Pereira, Carlos</u>	<u>Holland, Eliza</u>
<u>Erickson, Kimberly</u>	<u>Pistolessi, Allison, Resident West Hartford</u>	<u>Honig, Paul, Resident Harwinton</u>
<u>Ewing, Amy</u>	<u>Poland, Stephen</u>	<u>Howard Bender, Kate</u>
<u>Ficca, Sarah, Resident Deep River</u>	<u>Quickmire, Cheri, Resident East Haven</u>	<u>Hoydilla, Joseph</u>
<u>Freimuth, Martha</u>	<u>Ramos, Marilyn</u>	<u>Hunt, Pam, Resident Yalesville</u>
<u>Frey, Charles</u>	<u>Renn, Janet</u>	<u>Hurvitz, Bob</u>
<u>Gabriele, Timothy</u>	<u>Repole, Kathleen</u>	<u>Hyre, Gaye</u>
<u>George, Tricia</u>	<u>Rice, Kimberly</u>	<u>Ignacio Jimenez, Taurino</u>
<u>Gilbride, Kathleen</u>	<u>Ringen, Deborah, Resident Westbrook</u>	<u>Ingellis, Pat</u>
<u>Girshick, Rachel,</u>		<u>Jelks, Sonja</u>
<u>Glaser, Bruce</u>	<u>Rizzolo, Carol, Resident Guilford</u>	<u>Ross, Linda</u>
<u>Glick, Linda</u>	<u>Robinson, John, Resident Tolland</u>	<u>Rothstein, Sara</u>
<u>Goward, George</u>	<u>Rodriguez, Adriana</u>	<u>Rueb, Sandra</u>
<u>Grace, Hannah</u>		<u>Scalettar, Robert</u>
<u>Greco, Rosemarie</u>	<u>Root, James, Resident Danbury</u>	<u>Schassler, Kathleen</u>
<u>Greeman, Julie</u>	<u>Guerra, Gavin, Filmmaker</u>	<u>Grossman, Sally, Resident Windsor</u>
<u>Grieverson, Jill</u>		<u>Universal Health Care Foundation CT</u>

NATURE AND SOURCES OF OPPOSITION:

Rob Sampson, State Senator, Connecticut General Assembly Opposes this bill for its negative impact on the private healthcare market. Not only would this public option have unfair advantages over private plans, it has the potential to skyrocket costs and reduce the quality of care. Instead of creating a public option, legislators should address cost drivers and ways of lowering premiums to make healthcare more accessible in Connecticut.

Stephanie Amato, President, Connecticut Benefit Brokers Expressed concerns about creating a public option and its effects on the current insurance marketplace. Since one of Connecticut's largest industries is insurance this bill, as it is currently written, would affect thousands of jobs in the state, adding to unemployment in the state. A suggested language change was to alter "may include broker fees" to "shall include broker fees" since regulations are complicated and require unique licensed expertise. By including this change experienced brokers could help explain benefits and still receive a broker's fee. Current bill language gives the state a tremendous advantage over private insurance companies and will likely lead to these companies relocating out of state. One such advantage is the state's ability to set up a Multiemployer participation program, a program that private practices are prohibited from establishing by the state. Another concern was the state's ability to properly maintain a public option without incurring annual losses like similar out-of-state programs. Tax increases for state health insurance (HIT tax) is another concern as this bill would increase rates across dental, medical, vision, life, and possibly disability policies in the state. CBB stated that they do support the creation of a high-risk reinsurance pool to reduce premiums. However, the bill would only help those under 200% of the Federal Poverty Level. CBB suggested broadening that population of individuals to between 200% and 400% and those unsubsidized over 400%. CBB has found that individuals in this group have the hardest time affording coverage.

Christine Cappiello, Anthem Blue Cross and Blue Shield Oppose this bill and the effects it would have on the private insurance market. Current high premiums are a result of care costs. Much of the expense insurance accrues goes toward reimbursing hospitals, physicians, and other treatment of providers. Anthem Blue Cross and Blue Shield suggested that legislation looks at addressing these cost drivers rather than creating a public option.

Anthony DeSimone, Executive Director, New England Tire Service Association Opposes this bill and the costs associated with creating a public option. This bill would impose a tax on any health insurance purchased through the fully insured market. Many small businesses acquire their health insurance here and this tax would make them choose between paying the extra tax or shifting the cost onto employees. This bill would hurt the small business economy which is slowly recovering from the current pandemic.

Chris DePentima, President and CEO, Connecticut Business and Industry Association Supports lowering the cost of healthcare in the state but does not believe a public option would do so. The proposed public option would: destabilize the healthcare marketplace, require tax/ employee subsidies for funding, and have a negative effect on our already exhausted economy. There are other options and legislation that can alleviate costs in the healthcare market.

Steven Glick, President, Chamber Insurance Trust Opposes a public option that would create many issues with the private healthcare market. Government-run health insurance

would hurt small businesses and drive up costs for consumers. If improperly implemented this bill could cause further strain on the already serious budget problem Connecticut is facing. Instead, lawmakers should work with the private sector to find other means of reducing healthcare costs.

Mark Grieco, President, MACRI Associates Opposes this bill in favor of the Republican proposal to reduce health insurance costs for middle-class families.

Susan Halpin, Connecticut Association of Health Plans Opposes this bill as is because it would not provide cost-effective public options. The structure of these healthcare options is not adequately designed to thrive without increasing the state budget. If the state chooses to move forward with the Partnership Plan then it is possible for, premiums to rise, taxes to increase significantly, and provider rates to be lashed. Rather than pass this bill, a conversation needs to be had about what's increasing healthcare costs.

Jeffery Hogan, Northeast Regional Manager, Rogers Benefit Group feels implementing a public option stating that it would do more harm than good to Connecticut's market and economy. As stated in testimony, "This legislation is dangerous to our state and economy. It will not help to promote the necessary supply side health delivery reforms that will reduce cost and increase quality. Instead, it will merely serve to perpetuate the dysfunctional fee for service methodologies that have driven up costs and not improved quality". In an economy still struggling against a pandemic, this bill would cause more costs and damage to small businesses in the state.

Deb Hutton, Senior Director, Cigna Opposes the Connecticut General Assembly adding their employee Partnership Program to the healthcare market. This plan will lose the state millions and add to the state's unfunded liabilities. The private sector wants to lower costs, but this bill would drive up costs and ruin many small businesses in the state.

Anne Manusky, President, CTRA Opposes this bill for the severe consequences it would create for taxpayers and the private sector.

Middlesex County Chamber of Commerce Opposes a public option as it would cause damage to many small businesses in Connecticut. They ask that the state legislators work with them to lower insurance costs rather than implement a bill that could have huge tax ramifications on local small businesses.

Brendan Peppard, American Health Insurance Plans Testified against the creation of a public option as it would destabilize the market and drive up costs and taxes for residents. Not only would this bill affect large insurance businesses, but many small practitioners and rural hospitals would also be adversely affected by Medicare-based reimbursement rates.

Timothy Phelan, President, Connecticut Retail Merchants Association expressed the creation of a public option as it would negatively impact the access to private health insurance options in Connecticut. Many retailers fear that this proposal would lead to a spike in healthcare costs and a small business would bear the brunt of those costs.

P.J. Prunty President &CEO, Greater Danbury Chamber of Commerce Opposes this bill and is worried that this bill will cause economic hardship to already struggling businesses. If

more at-risk individuals join this public option, it will drive up premiums and drastically affect participating businesses and employees. Past protocols did not dictate if participants or taxpayers would be responsible for payment thus leading to unnecessary economic hardship.

Michelle Rakebrand, Government Relations Director, ConnectiCare feels this bill meet its objective of lowering healthcare costs without serious tax increases.

JoAnn Ryan, President & CEO, Northwest Connecticut Chamber of Commerce Opposes this bill because the costs it would accrue would burden small businesses or their employees thought the state. This group is also concerned that a public option would compete with the private sector, destroying jobs and leading to government-run healthcare.

Garrett Sheehan, President & CEO, Greater New Haven Chamber of Commerce Is opposed to a public option and the number of complications it would create in-state healthcare and the private sector. While the idea of affordable insurance is a blessing to many businesses the oversight of these plans may lead to increased insurance costs and some businesses might be rejected because of their medical history. This bill would also create an unfair advantage as the Comptroller would be exempt from the Connecticut Insurance Department's oversight. Instead, lawmakers should look at working with the private sector to lower healthcare costs.

Nathan Tinker, CEO, Connecticut Pharmacists Association Is concerned that this bill would have adverse effects on the pharmacy industry both corporate and independent. A public option would have a pharmacy benefit manager direct customer toward a pharmacy. However, it has been reported that these individuals have on occasion directed customers to their brands rather than disperse them unobjectively. This would cause some local pharmacies to suffer in an increasingly difficult economy. A public option should include language explicitly forbid a PBM from benefiting from their own pharmacies.

Gerry Luczak, Member, CT Benefit Brokers . The first concern is with changing "may include broker fees" to "shall include broker fees" since regulations are increasingly complicated and require broker experience to navigate. Another concern raised was the advantage this bill would give state insurance over the private market, namely the Multiemployer participation program. There is also the fear that this bill would raise taxes not only on current plans, but if mismanaged, cause huge financial losses to the state of Connecticut.

Harvard Pilgrim Health Care Opposes this bill in favor of working with legislation to reduce health costs in the state. These health costs drive up insurance costs and when reduced will make reliable insurance more affordable to the general population.

Andy Markowski, State Director, NFIB Does not believe that this bill, as drafted, will reduce healthcare costs for small businesses in Connecticut. In addition to this concern, NFIB believes that this public option will create an unfair dynamic in purchasing healthcare resulting in government run healthcare. Another concern raised was the fiscal impact this bill would have if the insurance pool's claims exceeded its model and both premiums and taxes increased to cover. NFIB is also concerned with section 4 of this bill which would create new assessments on carriers, impacting the small business market with higher costs. The desire

to lower health insurance in this state is one NFIB can agree with however, other avenues need to be explored. Current proposal HB-5013 is an example of legislation that would help make insurance affordable and reliable.

Multiple individuals testified in opposition to this bill stating their issues with government run health insurance, support for the republican bill, and by simply testifying “No” to passing this bill.

<u>Abrahamian, John</u>	<u>Glass, Meg, Resident, Greenwich</u>	<u>Nevin, David</u>
<u>Adams, Colin, Resident, Oakville</u>	<u>Goddard, Bettys</u>	<u>Nichols, Virginia</u>
<u>Adams, Elaine, Resident, Oakville</u>	<u>Godfrey, Richard</u>	<u>Nisenbaum, Michael</u>
<u>Aiello, Mark, Resident, Hamden</u>	<u>Goldstein, Mark</u>	<u>Nizet, Louis, Elize, Alex</u>
<u>Aiello, Paul</u>	<u>Goldstein, Michael</u>	<u>Nomelli, John, Resident, New Hartford</u>
<u>Alan Macman Insurance</u>	<u>Gomes, Steven</u>	<u>Northrop, Carol</u>
<u>Albano, Kathy</u>	<u>Goodman, Dougs</u>	<u>Northrop, Walter</u>
<u>Amenta, Paul</u>	<u>Goodman, Katharine</u>	<u>Norton, Jean</u>
<u>Anderson, Timothy</u>	<u>Gordon Cleland, Edward</u>	<u>Notrop, Carol</u>
<u>Andros, Linda</u>	<u>Gorman, Patrick</u>	<u>O Leary, Ray,</u>
<u>Annis, Joe</u>	<u>Grabarz, Ted</u>	<u>Orr, Michelle</u>
<u>Aprile, Mary Louise</u>	<u>Graham, Donna</u>	<u>Osborn, Margaret, Resident, Southington</u>
<u>Argentino, Gerri, Resident, North Haven</u>	<u>Grant, Tom Betsy</u>	<u>Osborn, Russell, Resident, Southington</u>
<u>Arkins, Dan</u>	<u>Graziano, Michele</u>	<u>Osborne, Barbara, Resident, Farmington</u>
<u>Asplund, Kurt</u>	<u>Grey, Donna</u>	<u>Osborne, Barbara</u>
<u>Avery, Antoinette</u>	<u>Grieco, Mark,</u>	<u>Pace, Nancy</u>
<u>Bacchiocchi, James</u>	<u>Grieco, Mark, President, Macri Associates, Inc.</u>	<u>Padula, Fran</u>
<u>Bachyrycz, Gary</u>	<u>Guiles, Joseph</u>	<u>Pagach, Mike</u>
<u>Bailey, Patricias</u>	<u>Guillet, Susan</u>	<u>Panzer, Marsha</u>
<u>Balestriere, Philip</u>	<u>Gurney, Al</u>	<u>Paquette, Paul</u>
<u>Bani Essa, Laurie,</u>	<u>Haigh, Karen</u>	<u>Paris, John</u>
<u>Bankowski, Henry</u>	<u>Halstead, Elaine</u>	<u>Parkinson, Elizabeth</u>
<u>Barbara, McCarthy</u>	<u>Ham, Faith, Resident, Cheshire</u>	<u>Passidomo, Lisa</u>
<u>Barkoff, Ira, Resident, , West Cornwall</u>	<u>Hanney, Janet</u>	<u>Pauloz, Rick</u>
<u>Barlow, Claire</u>	<u>Hardgrove, Russ</u>	<u>Pavloff, Josh, Resident, Trumbull</u>
<u>Barron, Robert</u>	<u>Harding, Catherine</u>	<u>Pavone, Mary, Resident, Southbury</u>

<u>Bassett, Gayle</u>	<u>Harding, John</u>	<u>Pawloski, John</u>
<u>Basta, Andrew</u>	<u>Hargrove, Isabella, Resident, Norwalk</u>	<u>Pellett, Lawrence</u>
<u>Beach, Anthony</u>	<u>Harrison, Sandie</u>	<u>Peppard, Brendan HIP</u>
<u>Beach, Nancy Timothy</u>	<u>Hartman, Carolyn</u>	<u>Perruc, Armando</u>
<u>Beamish, Jim</u>	<u>Hedgecock, Geneva</u>	<u>Person, Donna, Resident, Stafford</u>
<u>Beaudoin, Ronald, Resident, Lebanon</u>	<u>Heiland, Melitta</u>	<u>Pesci, Jay</u>
<u>Beauregard, John, Resident, Glastonbury</u>	<u>HeldSheeche, Nancy, Resident, Bethany</u>	<u>Philbrook, Christopher, Resident, Torrington</u>
<u>Beique, Joanne</u>	<u>Henderson, Joan</u>	<u>Phillips, Cindy</u>
<u>Bellody, Robert</u>	<u>Hendricks, H., Resident, Tolland</u>	<u>Picco, John</u>
<u>Belmont, Thomas</u>	<u>Henry, Megan</u>	<u>Piela, Jon</u>
<u>Bendett, Lynn, Resident, New Canaan</u>	<u>Herald, Vernon</u>	<u>Pisani, Beverly</u>
<u>Bene, Lewis, Resident, Naugatuck</u>	<u>Herbst, Kate</u>	<u>Pitruzzello, Monica and Mike, Resident, Colchester</u>
<u>Benedict, Janet,</u>	<u>Heyn, Christopher</u>	<u>Pitti, Ernest, Resident, Bristol</u>
<u>Bennett, Raymond</u>	<u>Heyn, Kimberly</u>	<u>Pittman, William</u>
<u>Bernhardt, Alicia</u>	<u>Hickey, Patrick</u>	<u>Place, Dana</u>
<u>Bernhardt, Christina</u>	<u>Hill, Roberts</u>	<u>Pompano, Georgina</u>
<u>Besaw, Renie, Resident, Tolland</u>	<u>Hilton, Lori, Resident, Deep River</u>	<u>Pope, James</u>
<u>Blackman, Allen</u>	<u>Hinkle, Janet</u>	<u>Pope, Steven</u>
<u>Blake, Hugh</u>	<u>Hodge, Bill</u>	<u>Post, Bruce</u>
<u>Blasi, Dan</u>	<u>Hoedtke, Norman</u>	<u>Pratt, Bonnie</u>
<u>Blodgett, Alton and Jill</u>	<u>Holden, Linda</u>	<u>Prause, Rebecca, Resident, Goshen</u>
<u>Bonaventura, T</u>	<u>Holland, Janet</u>	<u>Preci, Alfred, Resident, Milford</u>
<u>Bonner, Susan, Resident, Fairfield</u>	<u>Holly, Jan</u>	<u>Preci, Nick</u>
<u>Boothroyd, Edward</u>	<u>Hoover, Chaundra</u>	<u>Pregno, Danny</u>
<u>Borasky, Raymond</u>	<u>Horan, Martins</u>	<u>Proulx, Cathie</u>
<u>Botta, Christina</u>	<u>Horgan, Karen, Resident, Bantam</u>	<u>Puleo, AnnMarie, Resident, Bethany</u>
<u>Boudreau, Ken</u>	<u>Horila, Al</u>	<u>Purcell, Tim and Denise, Resident, Weston</u>
<u>Boughton, Edward</u>	<u>Hosmer, David Germaine, Resident, Wallingford</u>	<u>Qualman, Sarah, Resident, Stratford</u>
<u>Bove, Robert</u>	<u>Hoy, Eric, Resident, East Hartford</u>	<u>Ray, Tom</u>
<u>Boyce, Susan,</u>	<u>Hubal, Lawrens</u>	<u>Reddington, Kevin</u>
<u>Bradley, Rose, Resident, Milford</u>	<u>Hubbard, Tom</u>	

<u>Branscombe, David</u>	<u>Hunt, Bob</u>	<u>Reed, Thomas</u>
<u>Braun, Ann Marie</u>	<u>Hunter, Brenda</u>	<u>Reese, Charles</u>
<u>Brennan, Mona, Resident, Middlebury</u>	<u>Hussey, Desmond, Resident, Wilton</u>	<u>Reiss, Cathy</u>
<u>Breton, Albert Gloria</u>	<u>Incerto, Bernadette</u>	<u>Restaino, Roger</u>
<u>Brinnier, Jack</u>	<u>Innaurato, Terri</u>	<u>Restifo, Edmund</u>
<u>Brockhaug, Brad</u>	<u>Irwin, Barbara</u>	<u>Riendeau, Bob, Resident, Southbury</u>
<u>Broncati, Elizabeth, Resident, Norwalk</u>	<u>Jachimczyk, Michael</u>	<u>Riggio, Anthony</u>
<u>Brooks, Nancy</u>	<u>Jackson, John, Resident, Wallingford</u>	<u>Rinaldi, Nancy</u>
<u>Brothers, Sheryl</u>	<u>Jacobitz, Darcys</u>	<u>Rios, Carlos</u>
<u>Brown, Denise</u>	<u>Jacobowitz, Elizabeth, Resident, Clinton</u>	<u>Rios, Stephanie</u>
<u>Brown, Lynn</u>	<u>Jacovino, Linda, Resident, Stratford</u>	<u>Ritz, Lisa</u>
<u>Brownell, Jim</u>	<u>Jaffin, David</u>	<u>Robinson, Marshall, Resident, Cheshire</u>
<u>Buccheri, Wendy</u>	<u>Lee, Ginger</u>	<u>Rogalus, Donna</u>
<u>Budds, Hillary, Resident, Southport</u>	<u>Jenner, Don, Resident, Wolcott</u>	<u>Roland, Linda</u>
<u>Bulick, Jim, Resident, Willington</u>	<u>Jennifer, Mitchell</u>	<u>Rolleston, Humphry, Resident, Litchfield</u>
<u>Burke, Tom Michele</u>	<u>Johnson, Anne, Resident, Southbury</u>	<u>Rome, John</u>
<u>Cabler, TL</u>	<u>Jones, Arnold, Resident, Canterbury</u>	<u>Romer, Bret</u>
<u>Cadman, Deborah</u>	<u>Jordan, Evelyn</u>	<u>Ronewicz, Michael</u>
<u>Caerota, Holly</u>	<u>Kania, John</u>	<u>Rose, Bill, First Selectman, Town of Chaplin</u>
<u>Calabrese, Dawn, Resident, Watertown</u>	<u>Karkut, Sharon</u>	<u>Roseman, Robert</u>
<u>Calabrese, Joseph</u>	<u>Kauffman, Kevin</u>	<u>Rossmey, Rudolf, Resident, Vernon</u>
<u>Callinan, Thomas</u>	<u>Kelleher, Angela</u>	<u>Rosson, Ray</u>
<u>Calvano, Sergio</u>	<u>Kelley, Nancy</u>	<u>Ryan, Arlene,</u>
<u>Camerota, Holly</u>	<u>Kelly, Kevin, Resident, Oxford</u>	<u>Ryan, Doreen</u>
<u>Campbell, Colin</u>	<u>Kennedy, Brian</u>	<u>Ryan, Patricia</u>
<u>Campbell, Grant</u>	<u>Kenney, John</u>	<u>Sakalas, Robert and Sandra</u>
<u>Cappadora, Sallie</u>	<u>Kenney, Linda</u>	<u>Sanders, Jessie</u>
<u>Cardamone, Dom</u>	<u>Kentzel, Donald</u>	<u>Sanders, Paul</u>
<u>Carius, Michael, MDs</u>	<u>Kidd, Suzanne</u>	<u>Santopietro, Susan</u>
<u>Carlson, Laurel</u>	<u>Kiernan, Lee Anne</u>	<u>Sargent, Ben</u>
<u>Carney, Joe</u>	<u>Kiley, Elsie, Resident, Middletown</u>	<u>Savignol, Michael, Resident, Weston</u>
<u>Carr, Timothy</u>	<u>King, Deanna</u>	

<u>Casella, Nick</u>	<u>Kleinschmidt, Keith</u>	<u>Scanlon, Steven</u>
<u>Casner, Sue</u>	<u>Klonoski, Patricia, Resident, Tolland</u>	<u>Schmitt, Daves</u>
<u>Cassenti, Brice</u>	<u>Knieriem, Raymond</u>	<u>Schonenberg, Eric</u>
<u>Cassidy, Katherine</u>	<u>Knightly, Gary</u>	<u>Schultz, David, Resident, Woodbury</u>
<u>Casten, Joe</u>	<u>Knoll, Bernard</u>	<u>Schultz, Deborah</u>
<u>Cerreta, Ronalds</u>	<u>Kodel, Ray and Mary Ann, Resident, Norwalk</u>	<u>Seymour, John</u>
<u>Cerruto, Barbara</u>	<u>Kopycinski, Ann</u>	<u>Shackelford, Laura, Resident, New Milford</u>
<u>Chaber, George</u>	<u>Koroscil, Melissa</u>	<u>Shanahan, Patrick</u>
<u>Chambers, Jamess</u>	<u>Kosiorowski, Stephens</u>	<u>Shanahan, Patrick</u>
<u>Chapman, Henry</u>	<u>Koster, Eve</u>	<u>Sheeche, Gerry, Resident, Bethany</u>
<u>Chase, Joanne, Resident, Ellington</u>	<u>Krushinski, Diane</u>	<u>Sheeche, Gerry</u>
<u>Chavez, Rocio</u>	<u>Kubas, Audrey, Resident, Ellington</u>	<u>Shimko, Tom</u>
<u>Christgau, Doug</u>	<u>Kuehlewind, Kenneth</u>	<u>Shumard, Judith</u>
<u>Christie, Leonard</u>	<u>LaBruna, Charlene, Resident, Colchester</u>	<u>Shyloski, Edwards</u>
<u>Clapp, Sara</u>	<u>Ladyga, Andrew</u>	<u>Sichel, Jean, Resident, Westport</u>
<u>Clay, Julie</u>	<u>Ladyga, Elicia</u>	<u>Signore, Stephanie</u>
<u>Cocco, Lisa</u>	<u>Lafferty, Gary</u>	<u>Sigurdsson, Ann</u>
<u>Colby, Daniel</u>	<u>Lallier, Ann Marie, Resident, Torrington</u>	<u>Silva, Andy</u>
<u>Collins, Richard Karen, Resident, Somers</u>	<u>Lallier, David</u>	<u>Silverman, Richard, Resident, Middletown</u>
<u>Como, Ed</u>	<u>Lamont, Steve</u>	<u>Simmons, Glynis</u>
<u>Connors, Jean</u>	<u>Lampron, Arthur Kathleen</u>	<u>Simmons, Mark</u>
<u>Consolini, Cathy</u>	<u>Landau, David</u>	<u>Sinche, Robert</u>
<u>Constantine, Cristopher</u>	<u>Landino, Mary</u>	<u>Siwicki, Catherine</u>
<u>Cooperman, Martin, Resident, Weston</u>	<u>LaNoce, Joseph</u>	<u>Skorzewski, Leon</u>
<u>Cortesi, Paul</u>	<u>Larson, Daniel</u>	<u>Slater, Kim</u>
<u>Cosma, Gabriela, Resident, Wethersfield</u>	<u>Laura, Patty</u>	<u>Slesinski, David</u>
<u>Costanzo, Ralph, Resident, Bethel</u>	<u>Lavezzoli, Robert</u>	<u>SloatBarkoff, Judith, Resident, West Cornwall</u>
<u>Costeines, Paul, Resident, Fairfield</u>	<u>Lavezzoli, Robert</u>	<u>Smith, Caroline</u>
<u>Coughlin, Gerard</u>	<u>LeClair, Joe</u>	<u>Smith, Lika</u>
<u>Cousins, Fred</u>	<u>Lecours, Jean</u>	<u>Smith, Todd</u>
<u>Couture, Mary Lou</u>	<u>Lecours, Ray, Resident, Watertown</u>	<u>Smulley, Dorothys</u>
<u>Craco, Stephen</u>	<u>Lee, David</u>	

<u>Cretella, James</u>	<u>Lee, George</u>	<u>Soisson, Carol, Hospital Worker</u>
<u>Critchett, D. J.</u>	<u>Leeser, Judith</u>	<u>Soisson, William</u>
<u>Crompton, Dana</u>	<u>Legg, Debbie</u>	<u>Solomito</u>
<u>Crucitti, Lois</u>	<u>Legg, Richard</u>	<u>Spignesi, Linda</u>
<u>Curran, Lynn</u>	<u>Lepre, Marianne</u>	<u>Spinei, Mary</u>
<u>Curtin, Dave</u>	<u>Levano, Chriss</u>	<u>Spinei, Wayne</u>
<u>Curtiss, Gary</u>	<u>Lewis, Barbara</u>	<u>St. Germain, Carey, Resident, Rocky Hill</u>
<u>Czaplinski, Linda, Resident, Oxford</u>	<u>Lewis, Boyd</u>	<u>Stankiewicz, Susan</u>
<u>D Amico, Colleen</u>	<u>Lewis, Kevin</u>	<u>Stauch, Alan</u>
<u>D Angelo, Dennis</u>	<u>Linares, Robin</u>	<u>Steiger, Dennis,</u>
<u>D Esopo, Sandy</u>	<u>Liska, Joan,</u>	<u>Sternhardt, Gary</u>
<u>Daly, Peter</u>	<u>Little, April, Resident, Vernon</u>	<u>Stewart, Rod</u>
<u>Daniel, Cowan</u>	<u>Lomuscio, Christine</u>	<u>Stewart, Whitneys</u>
<u>Daniell, Johns</u>	<u>Lonergan, Michael</u>	<u>Stillwaggon, John</u>
<u>Debacher, Robert</u>	<u>Lonergan, Michael</u>	<u>Stirk, Robert</u>
<u>DeDominicis, Joy</u>	<u>Long, Dave</u>	<u>Stone, Fran Jack, Resident, Fairfield</u>
<u>Dee, John</u>	<u>Longo, Rosanne, Resident, Fairfield</u>	<u>Stranieri, Paul</u>
<u>DeFrancesco, Yvonne</u>	<u>Lukowski, Kenneth</u>	<u>Strong, Shannon, Resident, Warren</u>
<u>DeGregorio, David</u>	<u>Luzzi, Joseph</u>	<u>Stucki, Laura</u>
<u>Del Giudice, Nancy</u>	<u>Lynn, Dayna, Resident, Bristol</u>	<u>Stutler, William</u>
<u>Del Mastro, Phyllis, Resident, Bristol</u>	<u>Macaione, Nancy, Resident, Portland</u>	<u>SucHECKI, John</u>
<u>Del Mastro, Phyllis</u>	<u>MacDonald, Rachel, Resident, Rocky Hill</u>	<u>SucHECKI, Katelyn</u>
<u>DeLay, Kristines</u>	<u>Macey, Sharon</u>	<u>Sullivan, Carole</u>
<u>DeLeo, Roberta</u>	<u>Maciolek, Keith</u>	<u>Sullivan, Tom, Resident, New Canaan</u>
<u>DeLuca, Sharon</u>	<u>Madigen, Roger</u>	<u>Sutherland, David</u>
<u>DeValle, Michael</u>	<u>Malone, Mary Jane, Resident, Bozrah</u>	<u>Sutherland, Wilma</u>
<u>DelVecchio, Alberts</u>	<u>Malone, William</u>	<u>Suttenberg, Eugene, Resident, Norwalk</u>
<u>Demers , Ronald</u>	<u>Mandino, Rob, Resident, Thomaston</u>	<u>Sweeney, Cynthia</u>
<u>Demers, Ronald, Resident, Bristol</u>	<u>Maney, Johns</u>	<u>Swift, Kerry, Resident, Brookfield</u>
<u>DeMuth, Scott</u>	<u>Manzolli, Jamess</u>	<u>Tafuro, Kathy, Resident, Wilton</u>
<u>DePellegrini, Dino, Resident, Stafford Springs</u>	<u>Marceau, Cheryl, Resident, Ridgefield</u>	<u>Taggart, Zachary</u>
	<u>Marinan, Suzanne</u>	<u>Tallman, Andrea</u>

<u>DePercio, Bruce</u>	<u>Marquis, Anne Steeve</u>	<u>Tartell, Ross</u>
<u>DeVito, Gail</u>	<u>Maruzo, Hope</u>	<u>Teske, Ruth</u>
<u>Diamont, Martha</u>	<u>Masi, Cathy</u>	<u>Theune, Claire</u>
<u>Diane</u>	<u>Masterson, George</u>	<u>Thomas, Kim</u>
<u>DiBartholomeo, Toms</u>	<u>Matthews, Tom</u>	<u>Thresher, Ronals</u>
<u>DiCristina, Joseph</u>	<u>Maturo, Susan</u>	<u>Tibor, Debra</u>
<u>DiFonzo, Ann</u>	<u>Mayhew, Richard</u>	<u>Timoteo, Al, Resident, Naugatuck</u>
<u>DiMauro, Dorothy</u>	<u>Maynard, Joel</u>	<u>Tinari, Eunice</u>
<u>DiMeglio, Nicholas, Resident, Redding</u>	<u>Maynard, Pamela</u>	<u>Tokarz, Peter</u>
<u>Discepolo, Nancy</u>	<u>Mazzi, Maurizios</u>	<u>Toolan, Evangelynn</u>
<u>Dobi, Lynn</u>	<u>McAllen, Christine, Resident, Prospect</u>	<u>Toothill, Magdalene</u>
<u>Dolan, Joes</u>	<u>McAllen, Christine</u>	<u>Torres, Amanda, Resident, Norwalk</u>
<u>Dolecki, Greg</u>	<u>McClowry, Patrick Donn</u>	<u>Toth, Roberts</u>
<u>Donatello, John</u>	<u>McCran, Laurene, Resident, Southington</u>	<u>Tullo, Mary</u>
<u>Donatucci, Frank</u>	<u>McDonagh, Joseph</u>	<u>Turci, Thomas</u>
<u>Dorney, Tom, Resident, Fairfield</u>	<u>McDonald, Jesse, Resident, Milford</u>	<u>Turley, Catherine</u>
<u>Dorso, Dot</u>	<u>McGrath, Diane</u>	<u>Tuska, Bob</u>
<u>Dougherty, James</u>	<u>McGuire, EllenMcKay, Maureen William, Resident, Danbury</u>	<u>Tyler, Timothy</u>
<u>Douglas, Dan</u>	<u>McKnight, DickThe McKnight Group</u>	<u>Underhill, Betsy Hugh</u>
<u>Doyle, John</u>	<u>McLaughlin, Matthew, Resident, Wilton</u>	<u>Utting, Barbra</u>
<u>Dreitlein, Kenneth and Dianne</u>	<u>McLaughlin, Matthew</u>	<u>Valbona, Joseph</u>
<u>Drotar, Nick, Resident, Newtown</u>	<u>McLaughlin, Roberts</u>	<u>Valk, Bob</u>
<u>Drotar, Ronald</u>	<u>McManus, Susans</u>	<u>Vecchio, Dorothy</u>
<u>Dubin, Susan</u>	<u>McManus, Susans</u>	<u>Vennell, Jeff</u>
<u>Dubreuil, Marc</u>	<u>Meeker, JoAnne</u>	<u>Vercello, Carole</u>
<u>Dudus, Roman</u>	<u>Megson, Richard</u>	<u>Veronesi, Lynn</u>
<u>Dupill, Robert</u>	<u>Mellor, Clifford</u>	<u>Viandier, Jamila, Resident, Stafford Springs</u>
<u>DuPont, Diane</u>	<u>Merz, Jean, Resident, Vernon</u>	<u>Vidal, Randolphs</u>
<u>Durrell, Bryce, Resident, Fairfield</u>	<u>Meyering, Kathy</u>	<u>Vitti, Rick</u>
<u>Esposito, Robert</u>	<u>Meyers, Susan, Resident, Vernon</u>	<u>ViVenzio, David</u>
<u>Fairchild, Brad</u>	<u>Miller, Carolyn Richards</u>	<u>Volage, Claudette</u>
<u>Fairchild, Jane</u>		

<u>Fairchild, Sherrie</u>	<u>Miller, John</u>	<u>Waggoner, John</u>
<u>Faith, Resident, Torrington</u>	<u>Millerd, George</u>	<u>Waleski, Bernard, Resident, Shelton</u>
<u>Fanelli, Roselee, Resident, Norfolk</u>	<u>Millin, Christopher, Resident, Wilton</u>	<u>Wallace, Alana</u>
<u>Farekas, Loretta John</u>	<u>Mislick, Jennifer, Resident, Deep River</u>	<u>Wallace, Don</u>
<u>Felicella, Vincent Joan</u>	<u>Mitchell, George</u>	<u>Walter, Beth</u>
<u>FerraraTesla, Kathleens</u>	<u>Mitchell, Marilyn</u>	<u>Ward, Scott</u>
<u>Ferraro, Vincent</u>	<u>Monforte, Ellen</u>	<u>Warner, James</u>
<u>Ferrentino, Jerry, MDs</u>	<u>Monroe, John, Resident, Southington</u>	<u>Waterfield, Barbara</u>
<u>Ferretti, Joseph,</u>	<u>Monsarrat, Margaret</u>	<u>Waterfield, Don</u>
<u>Figlar, Tom, small business employee</u>	<u>Montano, Dan</u>	<u>Waterhouse, Ellen</u>
<u>Fisher, Aubrey</u>	<u>Moody, Jesse</u>	<u>Waters, Pattis</u>
<u>Fitzgerald, Michael</u>	<u>Moore, William</u>	<u>Weaver, George</u>
<u>Fleischmann, Nancy</u>	<u>Moran, David</u>	<u>Weber, Julie, Resident, Uncasville</u>
<u>Flood, James, Resident, Cheshire</u>	<u>Moran, Judys</u>	<u>Weidlich, Robert and Gay, Resident, Vernon</u>
<u>Foote, James, Resident, Farmington</u>	<u>Morey, Glenn</u>	<u>Westgate, Michael</u>
<u>Foote, Lauren</u>	<u>Morgan, Donna</u>	<u>Whitbeck, Donna, Resident, Bantam</u>
<u>Foster, Norene, Resident, Milford</u>	<u>Morneault, Andrew</u>	<u>Whitbeck, John</u>
<u>Fox, Merri</u>	<u>Morrill, Chuck, Resident, Naugatuck</u>	<u>White, Lisa</u>
<u>Fretto, Wieslawa Joe</u>	<u>Morrison, Shirley, Resident, Brooklyn</u>	<u>Whitney, Elliott</u>
<u>Frosolone, Dennis</u>	<u>Musante, Nick</u>	<u>Whitney, Robin</u>
<u>Furtney, Geoff</u>	<u>Muzzulin, Seamus</u>	<u>Wieliczka, Janet</u>
<u>Fusco, Resident,</u>	<u>Mylie, Joe</u>	<u>Wieske, J.P., Executive Director Health Benefit Institute</u>
<u>Gadola, Karen, Resident, Vernon</u>	<u>Nachbar</u>	<u>Wiley, Denise</u>
<u>Gagnon, Mark, Resident, South Glastonbury</u>	<u>Nanfito, Phil</u>	<u>Wilgan, David</u>
<u>Gardner, Linda</u>	<u>Nardi, Larry</u>	<u>Wilk, Alan</u>
<u>Gauvin, Antoine</u>	<u>Naughton, Melissa</u>	<u>Williams, Annmarie</u>
<u>Genera, Thomas</u>	<u>Nave, Antonio</u>	<u>Williams, Eugene</u>
<u>Genovese, Anthony</u>	<u>Nelson, Sandra</u>	<u>Williams, Rachel</u>
<u>Georgescu, Marty</u>	<u>Nelson, Stephanie, Resident, Gaylordsville</u>	<u>Wilmes, Michael, Resident, Tolland</u>
<u>Gerner, Alfred</u>	<u>PerfettoRivera, Alison</u>	<u>Wojtyna, Denise</u>
<u>Gernhardt, Herman</u>	<u>Rivera, Alex</u>	<u>Wood, Frederick,</u>
<u>Gerrity, Carolyn</u>		

<u>Gerrity, Michael</u>	<u>Sullivan, Brendan</u>	<u>Wright, Wayne, Resident, Wallingford</u>
<u>Ghirardi, Lawrence</u>	<u>Zurolo, Joan, Resident, Hamden</u>	<u>Yost, Charles, Resident, Norwalk</u>
<u>Giacobbe, Kara</u>	<u>Zurolo, Joan</u>	<u>Young, Gordon</u>
<u>Giannitti, Caroline, Resident, Westport</u>	<u>Zwick, Andrew</u>	<u>Young, Jon, Resident, West Simsbury</u>
<u>Glander, Ronald</u>	<u>Maloney, Kevin, Resident, Suffield</u>	<u>Yovino, Robert</u>
<u>Zebarth, Jennifer, Resident, Cheshire</u>	<u>McVety, Joseph</u> <u>Joey Bail</u>	<u>Zakoworotny, Cynthia</u>
<u>Ziobro, Thomas</u>	<u>Bonds Comments</u>	<u>Zande, Wendy</u>
	<u>Ziomek, Shannon</u>	<u>Zappile, Arlene</u>
		<u>Zaugg, Marty</u>

Reported by: Wade Jones

Date: 03/26/2021

Reported by: [Type Report By]

Date: [Type Date]