

S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

Public Health Committee
Rise Siegel
Marc 15, 2021

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee,

My name is Rise Siegel and I live in Orange Connecticut. I am writing in support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic

In order to qualify as a nonprofit institution, community hospitals must contribute financially or through community benefits. Because Connecticut does not have laws specifying requirements and standards, as is the case in many other states, benefits specific to the community are often not addressed. By collecting uniform information in relation to race, ethnicity and language across state agencies, better understanding of problems and appropriate action to address these problems will be possible. With the requirement that OHS review and provide analysis of recipients of spending by community hospitals on an annual basis, the process will become transparent. Addressing specific community needs identified by those communities should make a substantial improvement.

The pandemic has made clear how critical it is that monies from community hospitals address specific community needs. Inequities of treatment because of race, ethnicity or language have become more apparent in terms of the rate of infection, response to treatment, morbidity rate and lack of treatment provided.

.Doulas provide support, education based on evidence, do not provide medical advice or perform medical procedures and empower birthing parents in making well informed decisions for their families and themselves. This relationship has a huge impact in that there are shorter labors, fewer Caesarean births, fewer requests for pain medications, fewer vacuum and forceps deliveries, less low birth weights and less premature births, and greater success in breastfeeding. This means a large improvement for people of color whose babies tend to have lower birth rates, there are more Caesarean, vacuum and forceps deliveries, etc.

I am aware every day how fortunate I am and that other people because of their race, ethnicity, language, and/or sexual orientation will not receive the level of medical care that I receive. The inequity of the situation seems to grow rather than showing signs of improvement in this century

I strongly support the following components of S.B.1: declaring racism a public health crisis; standardizing the collection of race, ethnicity, and language data; defining the doula profession; and strengthening community benefits spending requirements..

Rise Siegel
Orange, CT