

**SA13-13**

HB6553

House	3623-3665	43
Labor	1213-1222, 1227, 1228-1243, (1244-1245), 1246-1263, 1266	48
Senate	4228-4241	14
		<b>105</b>

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cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

55  
May 14, 2013

from RMT Johnson School in Bethel Connecticut. I hope everyone can give a warm welcome.

Thank you very much, Mr. Speaker.

SPEAKER SHARKEY:

Your welcome, sir.

Welcome to the chamber. I hope you have a great day today.

Are there any other announcements or introductions?

(Deputy Speaker Miller in the Chair.)

DEPUTY SPEAKER MILLER:

Will the Clerk please call Calendar Number 176.

THE CLERK:

Yes, Madam Speaker, on page 7, Calendar 176, favorable report on the joint standing committee on Labor and Public Employees, Substitute House Bill 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

I move for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER MILLER:

The question before the Chamber is on acceptance of the joint committee's favorable report and passage of the bill.

Representative Tercyak, you have the floor, sir.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

This is an easy bill to tackle an interesting and thorny question. Various state agencies, occasionally, get calls from people, quite often husbands, looking into what the Family Medical Leave Act insurance is and how do they collect it for their family. It's a call that comes often as they're expecting a child or soon after a child is born, and people are surprised to find that what their guaranteed is time off and a job to go back to but nothing about insurance or replacing their income.

It's a problem that people think is worthy of an answer. This will establish a large task force of 23 members named by the people who usually name members. I'll be tasked and staffed by the Permanent Commission on the Status of Women, and they can look into the

cjd/lgg/cd

57

HOUSE OF REPRESENTATIVES

May 14, 2013

problem and see if there's a solution. Ideally, a free-market solution that can help us help people to actually make Family and Medical Leave Act a possibility through appropriate insurance.

But with that, Madam Speaker, the Clerk has an amendment. I believe it's LCO Number 6910, and I would ask the Clerk -- if I could, could I ask the Clerk to call the amendment and have my ranking member summarize it, or should I ask him to call the amendment and summarize it? Okay, why don't we do it that way. Then I move for acceptance of the bill and passage of the bill.

DEPUTY SPEAKER MILLER:

Will the Clerk please call LCO 6910, which will be designated House Amendment Schedule "A."

THE CLERK:

House Amendment "A," LCO 6910, introduced by Representative Smith.

DEPUTY SPEAKER MILLER:

The representative seeks leave of the chamber to summarize the amendment.

Is there an objection to summarization? Is there objection?

Hearing none, Representative Tercyak, you may

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

58  
May 14, 2013

proceed with summarization, sir.

REP. TERCYAK (26th):

Thank you very much, madam.

May I yield the floor to my ranking member, Representative Smith, who is introducing the amendment, which if it remains exactly what it says should be a very welcomed and friendly amendment. If I may, madam?

REP. SMITH (108th):

Thank you, Madam Speaker. This --

DEPUTY SPEAKER MILLER:

Can you hold on please, sir.

Representative Tercyak.

REP. TERCYAK (26th):

I'm sorry. I move adoption and ask leave of the chamber to have my ranking member, the good Representative Smith, explain it.

Through you, Madam Chair.

DEPUTY SPEAKER MILLER:

The question before the chamber is adoption of House Amendment Schedule "A."

Will you remark on the amendment?

Representative Smith, you have the floor, sir.

REP. SMITH (108th):

Madam Speaker, thank you very much.

This is a very simple amendment. There are a number of different people who are assigned to the task force, the chair people and the ranking members of the Labor Committee. This amendment just adds the word "or their designee" such that the chairperson or the ranking members can designate someone to stand in for them if they wish on the task force. That's the purpose of the amendment, and I urge my colleagues to support it. Thank you.

DEPUTY SPEAKER MILLER:

Will you remark further? Will you remark further on the amendment before us?

If not, let me try your minds.

All those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER MILLER:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

I'd like to thank the ranking member for that. I think my previous explanation of the bill is sufficient now improved by the ranking member's suggestions, I urge adoption and passage of the bill. Thank you very much.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Will you remark further on the bill as amended?  
Will you remark further on the bill as amended?

Representative Smith, would you like to speak, sir?

REP. SMITH (108th):

Thank you, Madam Speaker, I would.

Just a few questions, if I may, to the proponent of the bill?

DEPUTY SPEAKER MILLER:

Please frame your question, sir.

REP. SMITH (108th):

I was noticing that the number of people on the task force totals 23 as indicated by the good chairman of the Labor Committee. My question, through you, Madam Speaker, is how many of those people are from the business sector represent employers?

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

61  
May 14, 2013

DEPUTY SPEAKER MILLER:

Representative Tercyak, would you like to respond?

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

Would I like to respond? Yes.

DEPUTY SPEAKER MILLER:

Will you respond, sir?

REP. TERCYAK (26th):

Yes, Madam Speaker, thank you very much.

Well, assuming that when we talk about folks representing the insurance industry, they are also representing employers there. And I know the majority leader of the House represents -- or will appoint someone to represent the interest of women-owned businesses. Two members of the public appointed by the minority leader of the House, and one of those will represent the interest of the state businesses.

An organization that provides medical care to working families will have a representative, as will the insurance industry, and I believe that's it for folks representing the interest of state businesses as is the specific designation of one of the folks who will be appointed by the minority leader here in the

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

62  
May 14, 2013

House. Please don't make me do the math, Madam  
Speaker.

Through you.

DEPUTY SPEAKER MILLER:

Representative Smith, you still have the floor,  
sir.

REP. SMITH (108th):

Thank you, Madam Speaker.

It is certainly not my intent to try to stop the  
Chairman of the Labor Committee or add up the numbers  
but when I went through it just, at best, it's a  
handful of people out of 23, and the point being that  
what we have here is a task force study to determine  
the impact of what would happen if, in fact, this type  
of bill became law. And I think it's important for  
the task force to consider the needs and the costs and  
the effect on the employers as well, so I hope going  
forward that even though it's only a handful of people  
on the employers side that they be heard and they be  
considered because, through you, Madam Speaker, I  
think the cost, assuming this would become law some  
day, would be absorbed by the employers and, through  
you, is that true or would that be absorbed by someone  
else?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Through you, Madam Speaker, I wish we had had this conversation before adopting the amendment because, clearly, this is going to be a conversation that I want to be there for myself and not accidentally send the substitute but this is worth inconveniencing everybody's schedule for. We don't know what the task force is going to discover. This is a real task force to look into a problem and come up with possible solutions. None of which the task force will have the power to turn into law. So, the answer is, Who knows?

I don't know if the cost will be borne by business. I don't know if the benefits will be borne by business. I hope that benefits will be borne by our families and our children. This bill is pretty specific about what we're aiming to do here and who we're looking out for so what we're asking people to do here is to look into something and to not make up our mind based on what we don't know but what we think might be and how we feel about what we think might be.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Smith?

REP. SMITH (108th):

Thank you, Madam Speaker.

It's a fair response. I mean it's speculation is to who the cost would be passed onto. I am concerned that it will be passed onto the employers. As many other costs are in the state of our economy right now is just not one more cost that I'm looking to put onto their backs. I'm not sure -- I believe there are other states who have adopted this type of act and I'm not sure who pays for the cost in those states and I'm not sure if our good chairman is aware of that but if he is, through you, if he's aware of who pays for the cost in the other states that have adopted this similar type act.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you, Madam Speaker.

Through you, should there be other states that have passed family medical leave insurance acts by the time the task force is up, running and doing its

research that response will be included in the report, both what other states are doing that and we would expect the task force to look into what other benefits there are that they do mandate.

Thank you, Madam Speaker.

Through you.

DEPUTY SPEAKER MILLER:

Representative Smith, you still have the floor, sir.

REP. SMITH (108th):

Thank you, Madam Speaker.

Just finally, and this is just a -- throwing it out as a concern and, hopefully, it's not one, but I'm looking at line 42 and 43 and all of the appointments have to be made by July 31st of this year then a report is due back by October 1 -- oh, you know what? It says 2014. I thought it said 2013 so I was a little concerned we had not enough time, but my quick reading of the bill indicates that should be enough time to do so it's just a general comment.

Overall, I think I'm concerned about what this does to the reputation of this state as being open for business, employers desiring to move into Connecticut. I think even though this is a study, it kind of

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

66  
May 14, 2013

studies a door that to me I'd rather not open at this point until we get back on our feet. So I will be voting against the bill, and I ask my colleagues to support that "no" vote as well.

Thank you, Madam Speaker, and I thank the chairman for his answers.

DEPUTY SPEAKER MILLER:

Representative Candelora from the 86th.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

If I may, a couple of questions to the proponent of the bill?

DEPUTY SPEAKER MILLER:

Please frame your question, sir.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

I noticed in lines 1 and 2 of this bill, we're creating a task force and the term is used on the family medical leave insurance, and as I read through that next section, in lines 2 through 6, the task force is charged with studying the ability to create some sort of insurance program. And my question is, is the intent of this task force to be studying insurance benefits for employers that are subject to

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

67  
May 14, 2013

the Family Medical Leave Act as we know it, or is this task force broadly charged with the scope of offering potential benefits to any employee that needs to take a leave of absence for medical reasons?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak, will you respond, sir?

REP. TERCYAK (26th):

Thank you, Madam Speaker.

Through you, yes. This task force is to study the feasibility of an insurance program for family medical leave insurance. As the language indicates, it is not restrictive or prohibitive in any way. It's a task force to study what has been identified as a problem and potential insurance solutions to that problem.

Through you, Madam Chair -- Madam Speaker -- I'm sorry.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Candelora, you still have the floor, sir.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

And just, specifically, the Family Medical Leave Act, as we know it right now, provides a benefit for employees to take a leave of absence with no pay to take care of children in cases of giving birth to a child, and as I understand it that act applies to employers of 50 or more and so this task force would not be restricted to evaluating that particular benefit afforded by statutes. It could broadly look at all businesses regardless of how many employees they may have?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER MILLER:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

And then I would assume as part of this study, they're going to be looking at how this benefit may be afforded so whether it be the employee that would pay for the benefits or whether it be the employer. There's no directive, as I see under this bill, to

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

69  
May 14, 2013

state one of or the other. They're going to look at the issue from all sides?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Through you, Madam Speaker, yes.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Candelora, you still have the floor, sir.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

And then, finally, in lines 3, it refers to -- 3 and 4, it refers to short-term benefits. Under our current law of the Family Medical Leave Act, I thought that leave of absence is limited to 90 days. When we used the term "short-term," are we seeking to have it restricted within, say, a 90-day window or could it be a year? Is that something that the task force would establish?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

70  
May 14, 2013

REP. TERCYAK (26th):

Thank you, Madam Speaker.

Through you, Madam Speaker, yes.

DEPUTY SPEAKER MILLER:

Representative Candelora, you still have the floor, sir.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

I appreciate the answers to my question. Madam Speaker, I do sort of have some reservations with this underlying bill because I think that there is a lot of issues that go into this particular provision. Back when we created the Family Medical Leave Act, certainly, we saw the need to provide employees the ability to leave their job under extraordinary circumstances and enumerated circumstances for the purposes of being able to provide for a loved one and things of that nature without having to run the risk of losing their job, and I think there was a trade off there between the employer and the employee.

The employee certainly forgoes the salary but can be there to take care of necessarily family obligations, and the employer would give up something by allowing that employee to leave. And they wouldn't

necessarily have a cost of outlaying cash for their salary but there, certainly, is a cost in having to reserve that job for them over the period of time and sort of fill in while that vacancy is created.

My concern is to make sure, as this task force goes through the process, to be looking at the implications of how this task force and their recommendations might tip that balance of allowing an employee to leave and forgoing salary versus an employer having to keep their job available. And I do have some concern in this language being broad in that we could begin to looking toward providing benefits for individuals and for employers who aren't currently subjected to this Family Medical Leave Act and might not have the capabilities to be able to comply. And knowing that down the road there may be a report created that puts an obligation on small businesses to have to provide insurance and pay for insurance to afford benefits to these individuals is a bit of a concern because as we all know, in these economic times, Connecticut's economy is slow to start and so small business and entrepreneurs who might see this type of legislation move forward, could be a little bit reluctant to want to put their foot in the water

knowing that there may be a task force that's going to recommend some sort of additional cost for them to do business, whether they have one employee or two employees or 50 employees, so this sort of opens up the spectrum to anything goes.

And I am concerned with the makeup of this task force. While I think a lot of it is sort of broadly written where our government officials make the appointments, I certainly get concerned when I see this and there isn't an enumerated effort really to make sure that we have small businesses represented, and when I say "small business," I mean 50 or under employees because so often their voices don't necessarily get heard up here in the Capitol. They don't have a lobbyist group or a trade association that could help provide input on different pieces of legislation. And what we end up, I think, inadvertently creating is a task force that's made up of individuals who are already under this gold dome that already have a certain perspective and are going into it with a particular perspective, and I think with an issue, such as this, that is so broad and sweeping that would affect potentially every business in the State of Connecticut, I would hope that we

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

73  
May 14, 2013

would be looking to individuals that may not be represented regularly throughout the Capitol, but we would be keeping an eye towards small business.

I am concerned that, I think, this proposal falls short of that, and I think the unintended consequence of this possibly could be just sending that wrong message to our job creators in such tough economic times and so, with that, I need to oppose the bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Representative Ackert of the 8th.

REP. ACKERT (8th):

Thank you, Madam Speaker, good to see you.

Through you, a couple questions to the proponent of the bill?

DEPUTY SPEAKER MILLER:

Please frame the question, sir.

REP. ACKERT (8th):

Thank you, Madam Speaker.

To the good chair of Labor, you had put in the conversation there were some states that you had looked to that potentially have this. Is there states now that have that enacted now and are also looking at

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

74  
May 14, 2013

that now that you mention?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak, will you respond, sir.

REP. TERCYAK (26th):

Yes, Madam Speaker, thank you.

Through you, I didn't mention any states that are currently doing this. I mentioned that should there be states, I mentioned that the task force doing the study will be doing a study; that the study will include are there other states doing this, the name of those states and how they're going it? That is what the task force, which will have one member appointed by the minority leader of the Senate to represent the interests of small businesses, that task force, that's what they'll be looking into.

Through you, Madam Speaker, thank you.

DEPUTY SPEAKER MILLER:

Representative Ackert, you still have the floor, sir.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And thank you to the good chair. It was a conversation I had heard. I apologize if I had heard

it incorrectly.

The other -- you had different conversations about the need for the study due to problems and what problems I did read some good testimony and do understand that some of the issues, but was there an area that was -- that you can highlight that really would make us consider that this task force should be looking at?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

I'm sorry, Madam Speaker, could you please ask to have the bill reframed?

DEPUTY SPEAKER MILLER:

Representative Ackert.

REP. ACKERT (8th):

Thank you and yes. I guess there was a conversation that said that this task force will look to solve a problem. And through you, Madam Speaker, what is the problem that would be highlighted to correct that this task force would be doing?

DEPUTY SPEAKER MILLER:

Representative Tercyak.

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

76  
May 14, 2013

REP. TERCYAK (26th):

The task force is to study the feasibility of establishing an insurance program to provide short-term benefits to workers who are unable to work because of the birth or adoption of a child, their own non-work related illness or injury or the need to care for a seriously ill child, spouse or parent. Those three categories that I mentioned: pregnancy or birth of a child; a non-work related illness or injury; or the need to care for a seriously ill child, spouse or parent, and how to be able to afford the time off from work to do it because this is only for people who work. Those are the three areas of the problem that will be addressed. This doesn't include caring for my Auntie Hetty. This doesn't include for our brothers and sisters. This is about our parents and our children and can we take a little bit of time off of work to take care of our children our parents or even if it's not work related, ourselves a little bit. Those are the problems we're looking to address.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Ackert, you still have the floor, sir.

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

77  
May 14, 2013

REP. ACKERT (8th):

Thank you, Madam Speaker.

And thank you to the good chair. Just a comment, two areas that I look to be of concern here. I know we talked a little bit about the leave act and a lot of times we think about that as being pretty much for births and caring for a new born. And sometimes I look at that when you look at -- as one of the other representatives had mentioned unintended consequences, and as a business owner that I like to say doesn't just provide insurance for the employees but they earn that insurance that you look at who you're hiring because the potential cost of insurances, whether they're smoking or other areas that would definitely affect the cost of insurance.

And I wouldn't want this to be -- I hope the goal of this task force takes on many -- and in support of this legislation because I would like to see what the fiscal impact is going to be if this is enacted where a company or, hopefully, if it doesn't become a mandate and becomes an option but that they look at the cost, overall cost, that is going to increase the insurance policies and that's the area that I'm concerned.

Obviously, we do care as the good chairman mentioned about our families and any time that we can have not be concerned about losing our jobs or taking time off from work and care for them is a laudable cause, but I want to make sure that we look at all aspects, overall costs, negative impact on business, obviously, positive impact on families so thank you, Madam Speaker, for the time to speak.

DEPUTY SPEAKER MILLER:

Representative Piscopo of the 76th.

REP. PISCOPO (76th):

Thank you, Madam Speaker.

Madam Speaker, a question through you, to the proponent of the bill?

DEPUTY SPEAKER MILLER:

Please frame your question, sir.

REP. PISCOPO (76th):

Thank you, Madam Speaker, and I plead ignorance on this. This is just a bill that hasn't crossed my radar screen, and I didn't see it in any newspaper reports or anything like that so I was just wondering what the genesis is of this bill.

In the research I've done on it just quickly here on my desk, was it originally proposed bill to the

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

79  
May 14, 2013

Labor Committee and was it in that form of a task force?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak, will you respond, sir?

REP. TERCYAK (26th):

Yes, Madam Speaker. Thank you very much.

When this bill -- when the idea for this bill first came forth -- and I'm looking to see if I have a note on who brought the idea forth. I don't believe it was -- I'm going to stop on whether I believe it was a proposed bill or not because I honestly have no idea whether it started out as a proposed bill from one of our colleagues, but I'll go so far as to say I'll take the leap. I don't believe it was a proposed bill. I believe that it was suggested to the committee and that's how it ended up starting out as a raised bill, not as a proposed bill.

And the folks who mentioned it specifically brought up the examples of people calling around often to various state agencies or to their insurance companies or asking their human resources director how do they take advantage of this family leave thing and get some money to help take care of the -- to replace

income while they deal with the birth or adoption of a child, their own non-work related serious illness or injury or the needs of a parent.

Everybody finds out the sad truth is we don't have insurance for that. It may be a product that some companies would be interested in offering. This will be a task force to look into all of that.

Thank you, Madam Chair.

Through you.

Madam Speaker, I apologize again for calling you Chair.

Thank you, Madam Speaker.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Piscopo, you have the floor, sir.

REP. PISCOPO (76th):

Thank you, Madam Speaker.

Madam Speaker, I ask that question kind of twofold. It was, if a bill to create an insurance program to helped people achieve family medical leave if the market's there and the insurance companies want to do that, I understand the need for maybe that proposal. But I don't understand why it would go to the Labor Committee then to create a insurance

program, a brand new program. We're not even sure if Hawaii or California or one of the other states have even tried this yet so that's one reason I ask because I'm a little perplexed that it would have started in Labor.

And the other question -- and the other reason I ask is that if anybody just looks at our journal or at our calendar -- at the House Calendar, you will see a tremendous amount of task forces in that calendar this year. This is going to go down as the year of the task force, I think. There's a lot of bills setting up a task force and a lot of times a bill will start out as a proposed bill and, you know, where the proponents are going with the bill and then they kind of go, Well let's compromise, let's study this during the interim so we'll create this task force to look at this proposal.

So it's just kind of -- it's almost rare to see a bill introduced as a task force to begin with. A lot of times that's a fall back for a proponent of a bill, and it just seems that we're doing a lot of task forces this year. And I'm somewhat perplexed to be honest with you that, A, it didn't start in insurance; and I don't know if it would deserve a reference to

that committee. I don't know if I would make that motion to -- that the Insurance Committee should probably take a look at this bill before we move on with it but it just stands to logic and reason that it should and, especially, with the proponent not really sure, you know, exactly the genesis of this bill.

So thank you, Madam Speaker. I do have a lot of doubts about this kind of process. Thank you.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Representative Noujaim of the 74th.

REP. NOUJAIM (74th):

Thank you, Madam Speaker, and good afternoon to you.

DEPUTY SPEAKER MILLER:

Good afternoon, sir.

REP. NOUJAIM (74th):

Madam Speaker, I just listened to Representative Piscopo talking about studies that we have instituted so far this year, and it's funny how he just mentioned it. A few minutes ago, we were outside talking to one of my colleagues, and I said how many studies we are doing and what is going to happen with all of those studies? Do we have the manpower to do it? How much

is it going to cost? Is this going to distract from the work of our agencies and the people who work for the State of Connecticut and work for the taxpayers.

And then I started to look at the format of this study and, quite honestly, I would like to save the state some money and some efforts for this study because I know the results. Right now, we don't have to wait until October 1, 2014 to know the results of this study.

I know exactly what it's going to be. And it's going to be a summary of a mandate on businesses.

Allow me to explain. Reading the bill, from line 14 to line 41, this study is made of one person who will represents an organization that advocates for the right of persons with disabilities, one. One who will represents an organization that advocates for infant and health, two. One who will represent an organization that advocates for individuals 65 years or older, three. One represents an organization who provides legal services to low-income individuals, four. One of them, who has served in a caregiver institution, five. One who will represent an organization that advocates for individuals with chronic or accurate illness, six. One who represents

a labor organization, seven. One who represents an organization that provides medical care for working families, eight. One that advocates for working families, nine. One who represents the interest of women-owned businesses, ten. One of them who represents the interest of state businesses, 11. And one of whom will represent the interest of parents, 12.

So 12 people who are going to advocate against businesses but then let us not be unhappy about it because there are two people: one of them represents small businesses; and the other one represents the insurance industry. So now we are talking 12 against two and what do you think they're going to come up with? They're going to come up with a study that simply says we want to put an unfunded mandate on businesses, and we want to require businesses simply to pay for this family leave.

It has become just a mandate so we might as well, instead of putting a study and tasking our employees, the employees of the State of Connecticut and volunteers on the outside, to come and sit and meet between now and October 1, 2014. Let's just do it now. Let's just say we want to put a mandate on

businesses and say to them that you must pay for insurances for all of those individuals.

So save the time, save the money, save the efforts. Just do it. That's exactly what they're going to come up with. We've been in business, all of us in this chamber, we've been here for years and we know. So, essentially, it's going to be a mandate on businesses, Madam Speaker, and I do oppose it, and I hope that my colleagues will join me in opposing this legislation.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, sir.

REP. TERCYAK (106th):

Thank you, Madam Speaker -- I'm sorry.

DEPUTY SPEAKER MILLER:

Representative Maroney of the -- I'm sorry.

Representative Tercyak, you would like to respond? You have the floor, sir.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

REP. NOUJAIM (74th):

Madam Speaker, I did not pose a question, if I may?

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

86  
May 14, 2013

DEPUTY SPEAKER MILLER:

Well, I'm sorry, sir. I thought you were finished. Do you have a question for the proponent?

REP. NOUJAIM (74th):

I did not pose a question. I just made a statement and made a judgment on how I would be voting on this bill.

DEPUTY SPEAKER MILLER:

Okay. Thank you very much, sir.

Representative Tercyak, you have the floor now, sir.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

I would like to propose that although included in the list of interests against family businesses I heard that the interest of women-owned businesses are, in fact, the interest of small businesses, too. That there are not just two representatives but that women-owned businesses count as the interest of businesses, also.

I think that maybe one of the reasons we need the task force is to be able to calmly study this instead of jumping about and yelling what we're certain of. Because sometimes we're certain of things and

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

87  
May 14, 2013

sometimes the things we're certain of are actually the way things are, but for a study that will take time and not money to complete, I think it'll be well worth the effort.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Alberts of the 50th.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

Just an observation, I think the one thing that I'm certain about in this bill is that it didn't make it to the Insurance Committee, and there might be much greatness in the bill and I wouldn't try to judge what the outcome of what the task force is going to be based on the composition of the members.

I share a concern that it may be slanted against some of the business interests of the state, but I have no better knowledge of it than anyone else here in the room. But for the fact that this did not go before the Insurance Committee, which I do believe it should have, I will be opposing the bill at this time. Thank you.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Representative Piscopo of the 76th for the second time.

Thank you, sir.

Will you remark further on the bill as amended?  
Will you remark further on the bill as amended?

Representative Ziobron of the 34th, you have the floor, madam.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I have a question to the proponent of the bill.

Through you, please.

DEPUTY SPEAKER MILLER:

Please frame your question.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I just had to step out for just a moment so I'm not sure if anybody asked this question and my question is why the chosen of the Permanent Commission on the Status of Women as the chairperson for this committee?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Will you respond, Representative Tercyak?

REP. TERCYAK (26th):

Yes, through you, Madam Speaker. It's not entirely because she's free but, in fact, that we do have a Permanent Commission on the Status of Women and it has a director and this would make sense for them to be involved in studying it since, truth is, the people who are often concerned with looking for a little extra time off to take care of the birth or the adoption of a child, a non-work related injury or illness, or the serious illness of their parents or a seriously ill spouse or a seriously ill not new-born child. This frequently -- these are the jobs that are frequently shouldered bravely by women who are already busy and burdened with work just like everybody else. I'm not saying it's fair or right, but study after study says that it's women who this is effecting.

That's when people are calling and looking for insurance for time off to cover stuff like this, as I mentioned in my opening statement, which it's ok to representative missed. It wasn't that good, but it did include the phone -- it's frequently a man at the other end of the phone looking for some help replacing his wife's lost income or to get her a little extra time for the new born or the horribly ill child or parent. And that's how we ended up with the chair

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

90  
May 14, 2013

being the chairperson or whatever the leader of the Permanent Commission on the Status of Women is called.

Thank you very much, Madam Speaker.

Through you.

DEPUTY SPEAKER MILLER:

Representative Ziobron, you still have the floor, madam.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I'd also like to follow up, you know, I was trying to recall to see if the state actually had a department of business and my last recollection was that we used to have a business ombudsman who really looked out for a lot of our small business community, and I was fortunate enough to meet with them in my community several years ago, when I was the economic development coordinator for the town of East Haddam.

So through you, Madam Speaker, my curiosity has piqued. Has there ever been any attempt by the proponent of the bill to have the chairman of this committee at a business group if we have one left in the State of Connecticut?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

Through you, no.

DEPUTY SPEAKER MILLER:

Representative Ziobron, you still have the floor  
madam.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

My question is it a "no" that we no longer have a  
business advocate group in the state of Connecticut,  
or is the "no" that the fact that nobody bothered to  
outreach to a business ombudsman in the state of  
Connecticut? I did not know if we still had one.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you, Madam Speaker.

We do have a Department of Economics and  
Community Development. I'm sure there are other  
departments that deal with businesses. Gosh knows, we  
complain there are too many that regulate them and  
regulation is one way of dealing with businesses

although not always seen as the friendliest. But the question relates to mostly who have we considered to be the chair of this committee, and the answer is that this nurse is aware that while only 48 percent of Connecticut's work force are females. The majority of family care givers in Connecticut and in America are females. They are not business owners, although they may be, but they're females. We're talking about people who work and people who take care of their families. They're not always females. I know when I looked into getting time off to take care of my sister, I was found that "too bad." The Family Medical Leave Act doesn't cover siblings, and this bill doesn't propose to have it to either.

This bill is about people who work. Is it possible for them to take time off, to have some income and to be able to take care of the birth or adoption of a child; a non-work related illness or injury; or a seriously ill parent, child or spouse. And in every study ever done on that that I'm aware of in the decades since I received a great education at the University of Connecticut, the majority of family care giving in America is done by women. And so that's why, again, it made perfect sense and I never

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

93  
May 14, 2013

considered anybody else to head up the study than the director of the Permanent Commission on the Status of Women.

Through you, Madam Speaker. Thank you.

DEPUTY SPEAKER MILLER:

Representative Ziobron, you still have the floor, madam.

REP. ZIOBRON (34th):

Thank you.

I guess that's a roundabout way of saying that you had already -- through you, Madam Speaker, the proponent had already kind of decided who would be a good spokesman and be able to lead this commission and that it would be the director of the Status of Women.

You talk about how women are not necessarily business owners, and it made me think of a recent contact I just had by a very good business owner in East Haddam. Her name is Jackie and her and her husband own La Vita Gustosa and that is a wonderful Italian Restaurant across the street from the Goodspeed Opera House. She had contacted me because she was so upset about another mandate on small business.

She's strong, she's powerful, she has a voice.

She is a women's voice. She has three children, her family is ailing and, yet, she finds the time to run a restaurant, and she probably works 80 hours a week. She's a business owner. There's a lot of business owners out there who are women that manage to juggle a family life, their employees, their husbands, their children, the mandates that the State of Connecticut places upon them, and somehow it kind of whittles down in their paycheck but every day they go to work.

My question, through you, Madam Speaker, is, I'm curious if the proponent of the bill had thought about which major employers they would include on this panel and, especially, given the light of the economy, I think it's very important that businesses are represented whether their women-owned businesses or men who own businesses because it's the employees that we're also concerned about. So through you, Madam Speaker, which large businesses in the State of Connecticut were given due preference to be on this study? Thank you.

DEPUTY SPEAKER MILLER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

Through you, we have not dictated to the appointing legislators, both senators and representatives, every detail of who they will appoint. We do mean when we expect when we say "someone representing the interest of women-owned businesses" that they will represent the interest of women-owned businesses. But when we say "interest of state businesses," we don't say that it has to be one of our major Fortune 500 international conglomerate employers here in the state, or that it shouldn't be.

We do give a nod to the main engines of job creation saying that a member shall be appointed to represent the interest of small businesses. But we have not said -- and beyond those kinds of general categories that it has to be international or not international, headquartered in Connecticut or not headquartered in Connecticut, and well paid CEO or modestly paid CEO, or headed by this or that.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And I appreciate the representative's attempts to

answer the question. I understand that we're not in the business of micromanaging, although it seems picking a chairman in that category. And as a women, myself, I just want to make a point that there's a lot of women business owners in this state. There's a lot of men business owners in this state. And it's high time we just worry about creating employees for all of the business owners of the state.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, Madam.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

If not, will staff and guests please come to the well of the House. Will the members please take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House of Representatives is voting by roll call. Members to the chamber please.

DEPUTY SPEAKER MILLER:

Have all members voted? Have all members voted?

Have all members voted? Have all members voted?

cjd/lgg/cd  
HOUSE OF REPRESENTATIVES

97  
May 14, 2013

Will the members please check the board to determine if your vote is properly cast.

If all members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

Madam Speaker, House Bill Number 6553, as amended by House Schedule "A"

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	89
Those voting Nay	55
Those absent and not voting	6

DEPUTY SPEAKER MILLER:

The bill as amended is passed.

Will the Clerk please call Calendar Number 402?

THE CLERK:

Yes, Madam Speaker, Calendar 402 on page 50 of today's Calendar, favorable report by the joint standing committee of the Judiciary, Substitute House Bill 6567, AN ACT CONCERNING DEPARTMENT OF REVENUE SERVICES PROCEDURES REGARDING PENALTY WAIVERS, PERSONNEL PROCEDURES, COURT PROCEEDINGS, SALES TAX PERMITS AND LICENSE RENEWALS.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**LABOR AND  
PUBLIC EMPLOYEES  
PART 4  
1078 - 1422**

**2013**

1

March 12, 2013

tmd/gbr

LABOR AND PUBLIC EMPLOYEES  
COMMITTEE

3:00 P.M.

CHAIRMEN: Senator Osten  
Representative Tercyak

VICE CHAIRMEN: Representative Santiago

MEMBERS PRESENT:  
SENATORS: Markley

REPRESENTATIVES: Miner, Smith, Williams

SENATOR OSTEN: Good afternoon everybody. It's the Labor and Public Employees Public Hearing for Tuesday March 12, 3 p.m. called to order at 3:06 in Room 1C. And the following bills are up for review, House Bill 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY THE FAMILY MEDICAL LEAVE INSURANCE, and 6614, AN ACT CONCERNING EMPLOYERS AND HEALTHCARE.

Our first person on our agency heads to speak is Teresa Younger and Christine Palm of PCSW on 6553. Thank you.

THERESA YOUNGER: Good afternoon, Senator Osten, Representative Tercyak and members of the Labor Committee. My name is Theresa Younger and I'm the Executive Director of the Permanent Commission on the Status of Women. Thank you very much for the opportunity to testify today. On behalf of PCSW regarding House Bill 6553, which would create a task force to examine the feasibility of establishing family medical leave insurance benefits.

Today I have with me a colleague who will testify after I give all the data on the -- her personal experiences and personal interests in why this legislation is so beneficial. Women

make up 48 percent of Connecticut's workforce. Policies to support workers as they provide for their families or take care of their own health are essential to Connecticut's strong workforce.

The Family Medical Leave Act is a policy that allows workers to balance their work and their family responsibilities while providing protection for employment. However, three and four employees who have a need to take FMLA do not take it because they cannot afford to take unpaid leave. Women who return to work after -- after paid leave are 39 percent -- have a 39 percent lower likelihood of receiving public assistance and a 40 percent lower likelihood of food stamp receipt in the following year following a child's birth. Compared to those who return to work or take no leave at all.

Working women of the sandwich generation, of which you'll hear from -- from my colleague, those are the women who are -- who have to give assistance to both dependent children, and elderly parents or parent in-laws. They are most vulnerable and need often times to take the most time off. Women represent more than two thirds of adults providing substantial assistance for elderly parents.

Providing for and -- providing annually an average of \$1,523 in financial assistance and support to their elderly parents, and spend 23 hours a week, or 1,210 hours a year on average providing for elderly parents. While we are historically -- well this issue is historically viewed as a women's issue, this -- this proposal impacts a majority of workers who have serious illness that require them to take time off when faced with a debilitating disease, such as cancer, chronic illness, heart disease

or depression.

In fact, in the 23 years since FMLA has been part of Connecticut's public policy, a majority of workers have taken FMLA leave for their own personal medical leave, 67 percent. Of the remaining workers 24 percent take time off for a birth or adoption of a child. And nine percent take off for family illness. The PCSW has long been a supporter of the concept of establishing paid -- a paid leave system here in the State of Connecticut.

However, a task force concept stemmed from this -- stemmed that we are talking about today, actually came from a number of calls to our office from men who are seeking information about the fund they could use to access when their spouse was on leave, or when they were ill. We believe it is time to review and analyze the current FMLA framework and to study the feasibility of establishing a family medical leave insurance benefit that would result in recommendations that could provide financial and economic stability for Connecticut's workers.

Establishing a task force would not incur any additional expenses, since the PCSW has volunteered to convene this within our existing budget. We look forward to working with you on this important issue and other issues as they come due. And now I'd like to invite up Christine Palm from my office to speak.

CHRISTINE PALM: Thank, Theresa.

Good afternoon, Senators Osten, Markley, Representatives Tercyak and Smith and esteemed members of this Committee. This is my first time testifying before any committee and it's a

HB6553



March 12, 2013

tmd/gbr

LABOR AND PUBLIC EMPLOYEES  
COMMITTEE

3:00 P.M.

the situation is and how fortunate I am. Without him my work would have suffered and certainly the people in my family, whom I love, would have suffered.

I should point out too that while he has the freedom to do this, it comes at a great expense. He works weekends and nights to make up the time so that he can keep his commitments to his clients. In addition, I have this very supportive boss you see before you who puts her beliefs and her feminists ideals into practice every day.

Theresa understands the enormous commitments I have and has made accommodations as necessary and allowable under my job classification. Although it's not a complaint, I have used pretty much all my vacation and personal sick time taking care of my mother, relocating her to an assisted living facility and executing the -- the responsibilities of the medical POA that I bare.

But as I sit here with my enlightened boss, knowing my husband is near my mother should an emergency arise, and assured that my son is safe despite the geographic distance between us, I think about all the women my age who are not so fortunate. Those who work in service jobs, single mothers, the women who did not dare take time off from their work for fear of retribution. Whether if covert or explicit to be here.

And maybe they don't even have a working automobile. And while they have the right a citizens as I do, maybe they do not feel they have the freedom to do what I'm doing right now. So, I respectfully ask that you allow me to speak for them. If those of us who take

hundreds of unremunerated hours off each year to take care of our mothers with dementia, to take care of our fathers who slip and fall, to take care of our sick kids who have the flu. If all of us had the means to -- to pay into a plan that would provide a little financial security, all families in Connecticut would benefit.

And would also go so far as to say that people would become better workers, less distracted and fearful. I would like to say briefly worried about taking care of ourselves. We've all read studies that say women tend to put themselves last when it comes to healthcare. And yet preventative care is extremely imperative to remain strong enough to take care of all the people that we love. It's sort of a catch 22.

As someone who has survived lymphoma and several auto immune disorders, I can honestly tell you that if it were not for the benefit plan that I have and my work situation, I would be a very little use to anyone today including the General Assembly. I will always be grateful for the financial security and freedom that my job offers. And I thought of this a couple of months ago when I was taking my mother into the emergency room, and she was clinging to my -- to me and fretting and saying what's going to happen to your job. Go ahead. Go ahead. Go home. Leave me.

So, for people like my mother and for every woman like me who has a mother like that, who is actually alone in the emergency room, please consider establishing this task force. Just to look into the issue so that the millions of women and those rare men who do what I do, can have the peace of mind that I have. Thank you

very much.

SENATOR OSTEN: Thank you very much. And I really commend you. I have a mom who still lives on her own but every once in a while, we all wonder, my sisters and brother and I, wonder if that's the best thing for her. And I think that many of us who are -- you know -- I hate to say it but have that in -- are in that sandwich generation where we saw children that we help our or grandchildren. We also have parents that are increasingly becoming dependent on us. And I appreciate everything that you had to -- to say here today.

Are there any questions?

Representative Smith.

REP. SMITH: Thank you, Madam Chair.

And -- and thank you so much for coming today. It's -- it's always good to hear directly from people who are dealing with the issues that we talk about. So, I commend you for coming up and -- and I'm happy that I was part of your first testimony as well. So, and I know we're just talking about a task force here today. And hopefully that will get off the ground.

One thing that I would ask if this does go forward and this task force is created, that we take a look to see what other states are doing this, if any. What are the costs associated with that? And is there anything on the federal level? Because I'm not sure if there is or isn't. But just so we can get those answers. It will help us in our future determinations. Thank you.

THERESA YOUNGER: Thank you, Representative Smith.

tmd/gbr LABOR AND PUBLIC EMPLOYEES 3:00 P.M.  
COMMITTEE

Those are on the top of the list. We have done some preliminary research. But what we realize is that this is going to take a deep dive and take some time to really gather the data that will help. And most inform you all to make the best decisions around this issue.

SENATOR OSTEN: Anyone else?

Thank you very much for coming today.  
Appreciate you both.

The next Jillian Gilchrest and after that Lori Pelletier.

JILLIAN GILCHREST: Good afternoon, Senator Osten, Representative Tercyak and members of the Labor Committee. I'm Jillian Gilchrest, Assistant Policy Director at the Connecticut Association for Human Services. And I'm here in support of House Bill 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE.

HB6614

Connecticut has a history of trend setting policies that support families. In 1990, three years before the federal government passed FMLA, Connecticut passed a state FMLA that offered 16 weeks of unpaid job protected leave for workers to recover from an illness, nurture a new baby, or care for a sick family member. Unfortunately, many Connecticut workers are not covered or not eligible for FMLA.

It is estimated that only half of workers nationally are both eligible and covered. You have to have worked at an employer for a certain amount of time. And you have to work for an employer 50 or more to qualify for FMLA. And for those who are eligible, as Theresa just mentioned, the majority can not afford unpaid leave. According to a follow up study of FMLA,

78 percent of employees who needed family or medical leave, but didn't take it, said they didn't take it because they cannot afford to.

And of those who took leave without pay, nine percent were forced to go on public assistance while they were on leave. At some point, nearly everyone needs time away from work to recover from a serious illness, or care for a sick loved one or a new child. As you just heard and you'll read in testimony from Advocacy for Patients with Chronic Illness, AARP with the more than 700,000 family caregivers in Connecticut, from the Connecticut Early Childhood Alliance, OBGYNs and the Breast Feeding Coalition on the importance of paid leave to women and children.

This is certainly -- working families need leave. But unpaid leave has ramifications. More than 40 percent of bankruptcies are the result of lost wages due to serious illness. And on average, a worker who is 50 years of age or older who leaves the workforce to take care of a parent, will lose more than \$300,000 in wages and retirement income.

Also, 13 percent of families with a new infant become poor within a month. Family medical leave insurance is key to preventing families from falling into poverty. When illness strikes, you're planning for the birth of a child, the only option available for most families are to either cobble together available leave time, such as vacation or sick leave, which is often inadequate or to quit.

The outcomes are different, however, for those with some form of protection. Workers who have access to paid leave after a child's birth tend to remain in the workforce, have higher wages

over time, and rely less on public assistance and food stamp benefits. Paid leave safeguards the income and retirement security of workers with elder care responsibilities who might otherwise have to drop out of the workforce.

Currently, to Representative Smith's questions, there are two states, California and New Jersey, who have family medical leave insurance programs. They tacked that onto an already established temporary disability insurance program in their state. So, Connecticut would be unique in that we don't already have an established temporary disability insurance program.

New York, Rhode Island and Washington state have proposals out this year. And there are discussions, but at the federal level, to establish a pool of funding that would help states establish family medical leave insurance programs. Of course though, with the federal issues going on, we don't know if that will be funded.

The need is evident and the time is now. Connecticut must once again lead the way and take the first step by establishing a legislative task force that studies how Connecticut can offer families the much needed relief they deserve. I also want to say that in addition to House Bill 6553, we are also supporting the other bills here today, 6614, AN ACT CONCERNING EMPLOYEES AND HEALTHCARE. Thank you.

SENATOR OSTEN: Jillian, thank you very much for coming. And we appreciate your testimony.

Are there any questions?

SENATOR OSTEN: Good afternoon, Tom.

TOM SWAN: Representative Tercyak, Senator Osten -- that sounds nice, and other members of the Labor and Public Employees Committee. My name is Tom Swan and I'm testifying on behalf of over 20,000 member families of the Connecticut Citizen Action Group. I want to applaud you for raising House Bill 6614. We believe it has the potential to be the most important piece of healthcare legislation being considered this year by the General Assembly.

HB 6553

To start, we want to urge you to consider substitute language that will actually enact the program instead of a study. We need to act now if we are to maximize the potential of the Affordable Care Act, which so much is being implemented over the next 12 months. We would be -- we would propose the bill be changed to apply a fee to large employers of 100 or more.

Based on the average cost of a health insurance plan, prorated based upon the hours worked for each employee and their dependents who are in the HUSKY A, B or D programs. We believe this is especially urgent as the Health Exchange comes on line and as we face very difficult budget times.

Every few years the Office of Legislative Research is asked to contact DSS to determine which employers have the largest number of employees on HUSKY A. The most recent report, which is attached to my testimony, found a great deal of consistency in terms of who are the largest number of workers and dependents enrolled from previous studies. They are some of the nations and Connecticut's most profitable corporations, including Walmart,

Dunkin Donuts, McDonald's, Mohegan Sun, Home Depot, Burger King to name a few.

Recently, the two corporations that always top the OLR/DSS list, Walmart and Dunkin Donuts, have been exposed as planning to cut the hours their workers work in order to not be required to comply with the Affordable Care Act. I've attached articles to my testimony to that affect. This change will not only hurt these workers, it will also creates an even less level playing field for small business operators who will be required to pay for their own healthcare costs.

And cost taxpayers millions of dollars through forcing employees to enroll in programs like traditional Medicaid. Asking taxpayers to subsidize these large corporations, while potentially eliminating healthcare for thousands of low income adults in our state budget, is insane. And we urge you to act immediately.

With 6614 you have a vehicle to do this and we urge a JFS out of Committee. In conclusion, I also want to make clear that CCAG strongly supports the other item on our -- on your agenda today, House Bill 6553.

SENATOR OSTEN: Thank so much, Tom.

Are there any questions?

Thank you very much.

TOM SWAN: Thank you.

SENATOR OSTEN: Appreciate your testimony.

Susan Yolen followed by Amy Miller.

SUSAN YOLEN: Good afternoon members of the Labor and Public Employees Committee. I'm Susan Yolen. I'm Vice President for Public Policy and Advocacy of Planned Parenthood of Southern New England, the state's largest provider of family planning and reproductive healthcare. We serve nearly 65,000 patients annually in our state at 17 health centers across the state.

Planned Parenthood -- we see the world through a lens of reproductive justice. So for those of you who are wondering why Planned Parenthood is sitting before you when you think of us as a pregnancy prevention organization. It is also our belief that women, and men and families who wish to have children need the support in order to be healthy families when they are ready to.

And that's why we support HB 6553, which will establish a year long task force to -- to study how Connecticut might design an insurance program to provide short term benefits to workers unable to work due to pregnancy or the birth of a child, a non work related illness or injury, or the need to care for a seriously ill spouse or parent. You've heard from at least one person today whose got elderly parents. I'm in that boat myself.

We're dealing with a 98 and a 96 year old in-laws in New Haven in assisted living. Who get up every morning and their pretty much okay but when that call comes that says we're taking them to the ER, one of us has to drop everything and join them there. So, I understand that.

The need for access to paid family leave is -- is a social justice issue that directly impacts many of the women and men of all income levels,

as I say not just the poor, who come through our doors seeking healthcare, hoping to prevent or postpone pregnancy, or hoping to welcome a child into their family.

While our state was in the Van Guard of those, in 1990, understood and passed legislation guaranteeing family medical leave. And Senator Dodd was in the Van Guard of that too, if you recall. Nearly 25 years later, there are many among us who work for small employers who are otherwise lack meaningful access to family medical leave. Even for those who are eligible suddenly show that a significant number can't afford to take the leave because they'd lack pay during the leave period.

It's hard to imagine any family when we think about our colleagues, and co-workers, and family members who haven't had someone in the family who has been forced to deal with an unexpected serious illness. We think about cancer of course, and rehab from that. But of course there are so many other conditions that require treatment and a period of recovery.

We know that the primary use of our state's family medical leave is by individual's who require that benefit because of their own illness. And yet, we're also aware of the growing need for working adults to care for aging parents, the cost of home healthcare, assisted living, and skilled nursing is very high. Thousands of Connecticut families are balancing the needs of ailing elders, raising their own children, sending them to school, also being there for them when they get sick and just need to stay home with a cold, the chicken pox.

I was actually struck by the statistic, I think

that Jillian mentioned, the 13 percent of families become poor within a month of baring a child. That's horrifying. Planned Parenthood doesn't claim to have all the answers to the dilemmas that face us, those of us who are baby boomers as life expectancy grows. As somewhat older mothers chose to bare children and face complicated at risk pregnancies. And sometimes need time off before they bare their child.

But just like in 1990, we can be as the state of proactive leader developing a sound approach to family leave wage policy that other states can consider. A task force created by this legislation can help us explore the link between paid leave and longer term family economics security. It can help businesses understand. Perhaps some that Tom mentioned a moment ago. How paid leave can contribute to a more stable, productive work force, decrease dependents on public assistance and possibly even save employers money over a time.

So, we urge passage of HB 6553. Thank you.

SENATOR OSTEN: Thank you, Susan. And I know that Planned Parenthood does so much more for healthcare for women and men than prevent pregnancy. It's a certainly a wide range of services that -- that you provide there. And I want to thank you for what you do. And -- and recognize that your organization is one of the few places where people can go an pay on a sliding scale for getting through a pregnancy.

So, thank you.

SUSAN YOLEN: Thank you. And -- you know -- just the -- the idea of so many people come to us desperate for access to contraception to prevent a pregnancy. So, I mean if --

SENATOR OSTEN: Absolutely.

SUSAN YOLEN: -- they're paying of 10, or 20, or \$30 a month for birth control is an impediment. Imagine the -- the impact of the need to -- to actually stop working in order to care for a child or a sick adult.

SENATOR OSTEN: Absolutely. Thank you very much.

SUSAN YOLEN: Thank you.

SENATOR OSTEN: Are there any questions for Susan?

No. Thank you very much.

Amy Miller followed by Nora Duncan.

AMY MILLER: Good afternoon. My name is Amy Miller. And I'm the Program and Public Policy Director at the Connecticut Women's Education and Legal Fund. I'm here today to discuss the importance of expanding family medical leave to provide for full or partial paid leave and make it more widely available to employees.

HB 6553

For almost 40 years, CWEALF has educated women on and advocated for their employment rights. We've assisted women in understanding the law and addressing the discrimination that often occurs when women must take time off for family and or medical reasons. Family medical leave is an important -- is important to insure people can keep their jobs while they care for themselves or a family member.

What it does not do is provide paid time off, an essential element to ensure families can continue to address immediate needs without devastating them economically. This current

unpaid employment leave system disproportionately affect female employees. Women are often the responsible parties for family members. Therefore, causing their families severe economic hardships.

When employees take family medical leave, they are -- they are left with one salary or no salary in single parent households. Employees that are covered and decide to take unpaid leave, often suffer severe economic hardships as a result. Providing paid leave ideas are neither new or radical.

In fact, as of 2011, the United States is the only country out of the 34 members of the Organizations for Economic Cooperation and Development, an international organization whose mission it is to promote policies that will improve economic and social well being. That does not provide maternity leave by federal legislation.

Additionally, many of Connecticut employees are not covered under the current law and most of the covered employees simply cannot afford to take unpaid leave. Therefore, I am submitting this testimony in support of HB 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE. The federal Family Medical Leave Law just celebrated it's 20th year anniversary. Let's mark the celebration with the legislation that takes an important step towards ensuring families have the time and resources to care for their families.

SENATOR OSTEN: Thank you very much, Amy. Clear and concise. Very clear and concise.

Does anybody have any questions?

Thank you very much. I appreciate your testimony.

Nora Duncan followed by Amanda Lindsay Farrell.

NORA DUNCAN: Hi. I'm Nora Duncan. I'm the State Director at AARP Connecticut. And frankly, if this is how Public Hearings go, I'm hanging out in labor for the rest of this session. So, AARP is a non-profit non-partisan organization with a membership of more than 37 million nationwide. Nearly 600,000 of whom live here in Connecticut.

We help people ages 50 and up turn their goals and dreams into real possibilities, strengthen communities and fight for issues that matter most to families, such as healthcare, caregiving, employment security and retirement planning.

I'm here to testify today in support of House Bill 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE. AARP is supportive of efforts at the state and federal level that increase paid leave and cover more workers for longer periods of time so that employees can both attend to their own health needs and those that they -- they care for, their loved ones.

This bill provides an opportunity to bring a variety of constituencies to the table, to explore possibilities that might provide relief to employees who find themselves in difficult healthcare situations without placing undue burden on employers or the State of Connecticut. AARP's support for family caregivers is extensive. We have some data that you've heard from a couple of different organizations. That 711,000 family caregivers

here in Connecticut gave 465 million hours of free home care worth \$5.8 billion in 2009.

When family caregivers are supported, they are better able to provide that free care, reducing incidences in costs of hospitalization and institutional care. Something that both the business community advocates families all agree make good common sense policy. I -- I wanted to share a little personal thing.

Since my first month on the job here are AARP, which was about eight months ago, I've been managing the long term absence of an employee, who has her own healthcare issues, pretty severe ones. And I've got a small office in Connecticut of seven staff in total. But I'm -- I'm happy to be part of a larger organization that -- that not only follows healthcare laws but also does -- does a really good job by standing by its employees.

But what I found from the business perspective is that the ability to plan is so key and essential that when we finally took advantage of all the things that could be offered to her to support her and her health, it made achieving my business goals and our advocacy goals so much more achievable. That ability to plan is something that I think this bill will help with. And that I think both employees and employers can benefit from the long run.

And I look forward to seeing that as part of what's explored in this Committee. Week by week, when someone has cancer is not a way to run a business. So, I think it is helpful for everybody to be able to look longer term and not put both businesses, and people and families at risk. I, personally, also just want to say that I want this bill to be as inclusive as

possible.

I've had conversations with the business community. You know -- I would like to see them meaningful inclusion. Which I think this bill, the language currently has, but I would be concerned that tweaks to the membership of the committee also include keeping that diversified inclusive membership added key. It's part of the conversation that you have, JSF language and everything else. Because without meaningful places at the table, there's not going to be a meaningful conversation. And there's not going to meaningful recommendations. And I know I don't want to waste my time.

So, I appreciate your support and your consideration. And I'll take any questions you might have.

SENATOR OSTEN: Just a comment. I would say that my sister Linda who worked for the Capital Region Council of Governments and the Municipal Housing Authority, passed away from cancer in 2007. But worked almost every day until her last month or so of her life. Going in at and working with good employers who helped her through that system. And it's so wonderful when a good employer steps up like that. And I appreciate you doing that.

NORA DUNCAN: Yes. And -- and -- you know -- we're -- we're lucky that we have resources and the ability to do that. I realize not every business is as fortunate as -- as I am and as AARP is. But it would be nice if we could all have a little more fortune.

SENATOR OSTEN: Absolutely. I agree.

Are there any questions for Nora?

Representative Smith.

REP. SMITH: Thank you, Madam Chair.

I just wanted to support your comment about keeping the business community involved in this process because ultimately they seem to be the ones who foot the bill. So, they need a dialogue at the table. So, I do appreciate that comment. And as to your comment about, quickly, this process is moving along today. I do want you to know that the chairs to my left usually ask a lot more questions. And for some reason are -- are not asking today.

NORA DUNCAN: It gets into our 4 o'clock conference call. I'm okay with it.

SENATOR OSTEN: I'm trying very hard not to laugh out loud.

NORA DUNCAN: I appreciate that. And just -- just back at Representative Smith, in the -- I think the best part of this bill is that I don't think that the answers are naturally going to have to lead to the business community foots this bill. And I'm hoping that's not the only thing at the table. And I'm also hoping that the -- the organization that represents people age 65 plus, like the AARP, and we can help support meaningful conversation, meaningful dialogue, meaningful participation.

SENATOR OSTEN: Thank you very much, Nora.

Any further questions?

Thank you very much.

NORA DUNCAN: Thank you.

SENATOR OSTEN: Lindsay Farrell is next. Followed by Amanda Seltzer.

Amanda, your turn.

And if anybody else would like to speak that has not spoken today, if you could sign up with the clerk?

AMANDA SELTZER: Good afternoon, Senator Osten, Representative Tercyak and members of the Labor and Public Employees Committee. My name is Amanda Seltzer and I'm a student at the University of Connecticut School of Social Work. I am here tonight in support of the House Bill 6553 which would establish a task force to study family medical leave insurance.

The amount of money that a family spends when a worker is on leave in order to care for a sick spouse or child is exorbitant. I hope the proposed task force would look into this and take into account the income loss while care taking a sick family member is simply unfair and frankly unacceptable.

The amount of money lost while out of work can be the difference maker in the adequate treatment of a family member. I was one of the many sick children that a parent had to care for when I was diagnosed with Hodgkin's Lymphoma at age 24. I had to go on medical leave from my job in New York and return to Connecticut in order to undergo chemotherapy.

My mother was forced to miss countless hours of work for an entire year as a result of my extensive treatment. Fortunately, I had many family members that did not work and were able

to care for me concurrently so that my mother did not need to formally register under FMLA.

I can honestly say I do not know where my family's financial situation would be today had we had to fully rely on my mother, the sole caretaker, with no income at the time that we needed it most. Cancer is an expensive disease. Each treatment costs thousands of dollars. I personally had 12 chemotherapy rounds, six rounds of a targeted drug as well as 30 radiation treatments. How can a child fighting for their life manage the cost of quality care if their parents are on unpaid leave?

Doesn't this seem wrong? If FMLA allows parents the right to care for a child in order to watch them survive and succeed, how can we not provide them the tools and finances to properly do so? Establishing this task force could not come at a more appropriate time. In a 2000 study by the US Department of Labor, 53 percent of leave takers worried about not having enough money for bills. A higher percentage than those who took leave and were worried about job security.

Furthermore, 50 percent of those surveyed would have taken leave for a longer period of time had some additional pay been received. Forty seven percent had to rely on money in savings meant for something else and some had to put off paying bills in order to simply survive. People are hurting. When a family is hurting because of cancer or any other chronic or acute disease, there is no reason that finances need to be added to the stressors. Wondering if your child will live to see their next birthday is enough of a stressor, don't you think?

It is my hope that this proposed task force is implemented and recommends insurance to those families taking care of sick loved ones. Thank you for your time. And I would be happy to answer any questions you have.

SENATOR OSTEN: Thank you, Amanda. Your story is very touching. We appreciate you coming forward and speaking about something so personal.

Are there any questions for Amanda?

No. Thank you very much. Appreciate it.

AMANDA SELTZER: Thank you.

SENATOR OSTEN: Is anybody else signed up to testify?

Is there anybody else who would like to speak today?

Is there anybody else who would like to speak today?

Lastly, is there anybody else who would like to speak today?

Seeing none, we are now adjourn the meeting.



**Testimony of the National Alliance on Mental Illness (NAMI) of Connecticut  
before the Joint Committee on Labor and Public Employees**

**March 12, 2013**

**IN SUPPORT OF**

**Proposed House Bill 6553: An Act Establishing a Task Force to Study Family Medical Leave  
Insurance**

Senator Osten, Representative Tercyak and members of the Joint Committee on Labor and Public Employees, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups across the state, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to testify in support of both HB 6553.

HB 6553 would establish a Task Force to study how Connecticut can establish an insurance program to provide short-term benefits to workers who are unable to work due to pregnancy or the birth of a child; a non-work related illness or injury; or the need to care for a seriously ill child, spouse or parent. NAMI Connecticut supports the work of this proposed Task Force, specifically as it relates to providing short-term benefits to workers who need to care for a seriously ill child, spouse or parent as well as for individuals who live with a serious mental illness.

Mental illness exists in every state, every city and every neighborhood of the U.S. One in four adults—nearly 60 million Americans—experiences a mental health disorder in a given year. One in 17 lives with serious mental illness, and one in 10 children lives with a serious mental or emotional disorder. Family Medical Leave Insurance would provide relief for individuals living with mental illness to take the time they need to manage their illness while at the same time maintaining their place of employment.

Families affected by mental illness also need our help. Millions of Americans face the day-to-day reality of caring for a family member living with mental illness. It can be overwhelming. The reality is that when families get support—from many directions and programs—outcomes in all areas are improved. Family Medical Leave Insurance would provide support for a parent caring for a child, spouse or parent living with a serious mental illness and at the same time improve outcomes for the child, spouse or parent living with a mental illness.



CITIZENS FOR ECONOMIC OPPORTUNITY  
Corporate Responsibility Campaign

**H.B. 6553 – An Act Establishing a Task Force to Study Family Medical Leave Insurance**

My name is Karen Schuessler and I am the Director of Citizens for Economic Opportunity (CEO). CEO is a coalition of community and labor groups addressing health care reform and corporate responsibility issues.

I support H.B. 6553. Family and Medical Leave Insurance is a political, social and workers rights issue particularly since the Family and Medical Leave Act provides for only 12 weeks of unpaid family leave to workers that work at a business with 50 or more employees. This causes many people to make difficult decisions about how to meet the caregiver needs of an ailing loved one and pay the family's bills.

With more than 50% of Connecticut workers not utilizing the Family and Medical Leave Act because they are not eligible, or they don't qualify (they work at companies with less than 50 employees) and or they cannot afford to take unpaid leave, it is even more important that Connecticut offer Family and Medical Leave Insurance. It is a wise investment because workers who have access to paid leave after the birth of a child rely less on public assistance and food stamp benefits.

The aging of our nation's population and the increase in the baby boomer generation will increase the need for Family and Medical Leave Insurance. American families are juggling the burden of work and family needs. Managed care has shortened hospital stays which means that more and more families spend a greater amount of time providing care to a loved one.

California has led the way and enacted the first government run Paid Family Leave program in the United States in July, 2004. The program (The Paid Family Leave Insurance Program) is funded through contributions of workers and provides an additional six weeks of partial wage benefits during a worker's unpaid time off to bond with a newborn, newly adopted, or new foster child, or to care for an ill parent, child, spouse, or domestic partner. Employees receive approximately 55% of their usual compensation from a state insurance program. The program is funded through a 1.2 percent payroll tax paid by workers that covers both state disability and paid family leave. Employees can receive pay for six weeks of leave in a 12 month period. According to the California Employment Development Department, in fiscal year 2009-2010 California had 180,675 paid family leave claims totaling nearly \$469 million.

Researchers from the University of California, Los Angeles, the City University of New York and the Center for Economic and Policy Research, located in Washington, D.C. found that low-wage workers gained the most from the program but they were also the least likely to know about it. The study is based on results from surveys conducted in 2009-2010 of 253 employers and 500 individuals about their experiences with the California leave program. Nearly nine out of ten

employees reported that paid family leave had a positive effect or no noticeable effect on productivity or profitability. Small businesses (those with less than 100 employees) were less likely than larger corporations to report any negative effects.

According to a policy brief by the National Partnership for Women and Families and the National Center on Caregiving entitled, "Paid Family and Medical Leave, Why We Need It, How We Get It," the California law has had little revenue impact on businesses and may improve retention and recruitment. Employees had either cost savings or no additional costs associated with implementation because they temporarily assigned the work of employees to other employees or hired temporary replacements.

New Jersey has also established a paid leave program which took effect in 2009. Employees may receive partial pay to take time off to care for a child, parent, spouse, domestic partner, or civil union partner with a serious health condition, or to bond with a new child.

Family and medical leave must be accessible and affordable. California has shown that family and medical paid leave insurance programs can be inexpensive, supportive of families and good for employers. Meeting the needs of families and caregivers helps the success of our country.

Karen Schuessler  
Citizens for Economic Opportunity  
860-674-0143

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**March 12, 2013**  
**Written Testimony of CT NOW**  
**in support of R.B. 6653 An Act Establishing a Task Force to**  
**Study Family Medical Leave Insurance**

(HB 6553)

On behalf of the Connecticut Chapter of the National Organization for Women (CT NOW), we want to express our strong support of *Raised Bill 6653, An Act Establishing a Task Force to Study Family Medical Leave Insurance*.

Family Medical Leave Insurance (FMLI) is greatly needed as nearly 50 percent of workers are not eligible for unpaid leave under the Family Medical Leave Act (FMLA) because they work for businesses that employ less than 50 workers. Further, FMLI would enable women workers to not only care for themselves and their families, but also maintain their economic stability.

Often the main family caregivers, women would be significantly empowered should such a program be introduced in Connecticut. For women who become new mothers, paid leave helps their economic situation as well their children's health. According to the National Partnership for Women and Families, in the year following a birth, new mothers who take paid leave are 54 percent more likely to experience wage increases and 39 percent are less likely to need public assistance than those who do not. Fathers who also take a paid leave are also less likely to require public assistance.

Newborns of mothers who take a paid leave of at least 12 weeks are more likely to get better attention and required care, including breastfeeding, medical check-ups and important immunizations. An additional ten weeks of paid leave for new parents can reduce post-neonatal mortality up to 4.5 percent.

Paid leave can also afford a mother the opportunity to be more involved in the hospitalization of a seriously ill child, which could reduce that hospital stay by 31 percent. Active parental care in a child's hospital stay can also stave off future health care needs and costs.

Working women of the "sandwich" generation—women who are faced with caring for elderly parents and in-laws while also caring for dependent children—will be especially vulnerable to needing to take time off from work to care for a family member. According to the Permanent Commission on the Status of Women (PCSW), women represent more than two-thirds of adults providing assistance to elderly parents, supply an annual average of \$1,521 in financial support to elderly parents and spend 23 hours a week, on average, providing care to elderly parents. As the baby boomer generation ages, the demand for elder care will increase and paid leave more important.

While it is clear there are a number of benefits to workers and for those they care, employers have experienced benefits as well. In California, which has had a paid family leave program for nine years, employers surveyed said the program has had either a positive effect or no noticeable effect on turnover (96 percent), employee productivity (89 percent), profitability and performance (91 percent), and morale (99 percent). Further, the majority of employers reported either cost savings or no additional costs associated with implementation.

Empowering women to remain economically stable while they take care of our state's most vulnerable populations—children and the elderly—would not only benefit Connecticut families, but also the state of Connecticut.

We hope you will support this legislation.

Laura Bachman, Co-President  
Jacqueline Kozin, Co-President  
Brie Johnston, Vice President of Policy



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**Testimony of Advocacy for Patients with Chronic Illness  
In Support of Raised Bill No. 6553**

March 12, 2013

Good afternoon We appreciate this opportunity to submit written testimony to the Labor Committee on Raised Bill No. 6553.

Advocacy for Patients with Chronic Illness is a 501(c)(3) tax exempt nonprofit that provides free information, advice and advocacy to patients with chronic illnesses in Connecticut and nationwide. To this end, we receive hundreds of inquiries for resources pertaining to medical leave either for oneself or for the care of a chronically ill family member. Based on the lack of paid leave options for Connecticut workers, we support Raised Bill No. 6553, which would establish a task force to investigate the possible of Family Medical Leave Insurance.

As you know, the Family and Medical Leave Act (FMLA) addresses part of the issues workers face when taking time off for a medical condition or to care for a family member. Unfortunately, FMLA does not provide for paid time off and many Connecticut workers are not fortunate enough to have paid leave from their employers. Health care costs keep rising and it is increasingly difficult for chronically ill workers to take unpaid leaves of absence. Many opt to suffer through flare-ups or relapses of their condition and remain at work. This not only hinders their performance on the job, but also exacerbates the symptoms of their illness, worsening their prognosis. The inability to take unpaid leaves of absence also results in many people applying for disability, unemployment, or welfare benefits.

Additionally, private short-term and long-term disability policies are not viable options for chronically ill Connecticut workers. Private disability insurance providers are permitted to deny the issuance of policies to persons with pre-existing conditions (chronic illness). Typically a person with a chronic illness can only obtain such a policy through an employer-based group plan, but these are rare benefits. Although the Affordable Care Act addresses pre-existing conditions for health insurance policies, it does not address private short-term and long-term disability policies.

We fully support the establishment of a task force that will investigate the viability of a Family Medical Leave Insurance option for Connecticut workers, as Raised Bill 6553 proposes. We also look forward to working closely with that task force to improve the working lives of chronically ill Connecticut residents. Thank you.

Advocacy for Patients with Chronic Illness, Inc.<sup>1</sup>  
Submitted by *Brittany C. Allen, Esq.*

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<sup>1</sup>Advocacy for Patients is a 501(c)(3) tax-exempt organization and does not charge patients for its services. Advocacy for Patients is funded by, among other sources, foundations and companies that engage in health care-related advocacy, manufacturing, service delivery and financing. A list of grantors will be furnished upon request.

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Connecticut Department of Labor



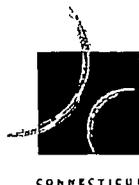
*Sharon M. Palmer, Commissioner*

**Written Public Hearing Testimony of  
Sharon Palmer, Commissioner  
Department of Labor  
Labor and Public Employees Committee  
March 12, 2013**

Good Afternoon Senator Osten, Representative Tercyak, Senator Markley, Representative Smith and members of the Labor and Public Employees Committee. Thank you for the opportunity to provide you with written testimony regarding House Bill #6553, AA Establishing a Task Force to Study Family Medical Leave Insurance. My name is Sharon Palmer and I am the Labor Commissioner.

I believe a task force to study this issue would be beneficial as many workers find themselves without financial support during leaves of absence pursuant to the Connecticut Family and Medical Leave Act, which can last up to 16 weeks. The Department of Labor receives numerous inquiries from employees as to whether there is a program to provide compensation while on an unpaid medical leave from work. A task force would have the opportunity to examine similar laws in other states, and research the effects on businesses and employees.

Thank you for the opportunity to provide this testimony.



CONNECTICUT  
Breastfeeding Coalition

**TESTIMONY TO THE CONNECTICUT GENERAL ASSEMBLY LABOR AND PUBLIC  
EMPLOYEES COMMITTEE IN FAVOR OF HB 6553, An Act Establishing a  
Task Force to Study Family Medical Leave Insurance**

March 11, 2013

Michele Griswold, MPH, RN, IBCLC

Chair

Connecticut Breastfeeding Coalition

860-510-2599

mgriswold@breastfeedingct.org

Good Afternoon Sen. Osten, Rep. Tercyak, Sen. Gerratana, Rep. Santiago, Ranking members and Members of the Labor and Public Employees Committee. Thank you for the opportunity to submit testimony on behalf of the Connecticut Breastfeeding Coalition *in favor of the raised HB 6553.*

An overwhelming body of scientific evidence cites breastfeeding as one of the most important preventive strategies for a number of acute and chronic illnesses such as obesity for children and a lower risk of breast cancer for mothers. The health care savings of these conditions are estimated to account for \$13 billion dollars per year nationally if 90% of US families could meet the recommendations. Of the mothers giving birth in Connecticut each year, approximately 30,000 of 40,000 choose to breastfeed. By six months only 4200 are still breastfeeding in keeping with the recommendations of the CDC and all other influential professional health care groups such as the American Academy of Pediatrics. Mothers and infants with the lowest breastfeeding rates are at greater risk for the aforementioned conditions among others. Generally, those at greatest risk for discontinuing breastfeeding before the recommended time are mothers with lower income and education levels and those who are African American and Hispanic. Therefore, these are the women and children who bear an unfair burden of risk for poorer health outcomes compared with all others.

In 2011, the US Surgeon General issued a report that underscored the myriad of barriers that mothers and infants face with regard to breastfeeding continuation. Among these barriers is the employment setting. With half of all mothers employed, and 2/3 of them full-time, it is no surprise that the employment sector presents an enormous challenge to breastfeeding continuation. Mothers and infants need time following birth to learn to breastfeed so that when they return to the workplace, it will be easier to continue. Numerous studies have indicated that mothers who do not lose income following birth have better breastfeeding outcomes. Without family medical leave insurance, mothers in Connecticut are forced to choose between long-term health for themselves and their children and uninterrupted income. This difficult choice appears to unfairly impact women and children already at risk for poorer health outcomes than others. Therefore, the CBC fully supports the establishment of a task force to study family medical leave insurance in Connecticut. Thank you for your consideration.



STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER

55 ELM STREET  
HARTFORD, CONNECTICUT  
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Kevin Lembo  
State Comptroller

Martha Carlson  
Deputy Comptroller

WRITTEN TESTIMONY  
Kevin Lembo  
State Comptroller

Concerning  
R.B. 6553 AA Establishing a Task Force to Study Family Medical Leave Insurance

March 12, 2013

Senator Osten, Representative Tercyak, Senator Markley, Representative Smith and Members of the Committee:

Thank you for the opportunity to express my support for Raised Bill 6553, An Act Establishing a Task Force to Study Family Medical Leave Insurance.

This bill will create a task force to study the possible implementation of an insurance program that would provide short-term benefits to workers to care for themselves and their families while maintaining economic stability.

According to the National Partnership for Women and Families, nearly 50 percent of workers are not able to take an unpaid leave under the Family Medical Leave Act (FMLA) because they are employed by businesses with less than 50 employees. In a follow-up study on FMLA, 78 percent of employees who needed to take a leave under the program's eligibility guidelines were unable to do so because they could not afford it. The U.S. Bureau of Labor Statistics reports that only 11 percent of the U.S. workforce has paid family leave through their employers.

The number of family caregivers who provide support for parents and aging relatives continues to grow here in Connecticut, especially as the baby boomer generation ages. According to AARP, studies show that throughout the year, there are 711,000 family caregivers in Connecticut providing 465 million hours of care, which total a value of \$5.8 billion. If family caregivers are no longer available, the economic cost to the U.S. health care and long-term services and support systems would increase significantly.

Women who have given birth and return to work after a paid leave are 39 percent less likely to receive public assistance and 40 percent less likely to receive food stamps the year after their child's birth, when compared to those returning after an unpaid leave or no leave at all.

The benefits to employees are clear, but employers may benefit from a family medical leave insurance program as well. In a comprehensive study of California's Family Leave Insurance program, a majority of employers showed either a cost savings or no additional costs related to implementation because the work of employees on leave was temporarily assigned to other employees or to temporary replacements.

I hope you will support this legislation and look forward to working with the task force on examining how this might work in the state of Connecticut.

Thank you.

**Amanda Seltzer, University of Connecticut School of Social Work  
Labor and Public Employees Committee Hearing, March 12, 2013**

Good afternoon Senator Osten, Representative Tercyak, and members of the Labor and Public Employees Committee. My name is Amanda Seltzer and I am a student at the University Of Connecticut School Of Social Work. I am here today in support of Raised Bill 6553 which would establish a Task Force to study Family Medical Leave Insurance.

Specifically, I am interested in the group of workers who are unable to work due to the need to care for a seriously ill child, spouse, or parent. It is extremely important that the task force has members of the public who represent organizations that advocate for individuals with chronic or acute illnesses, as mentioned in the raised bill text.

The amount of money that a family spends when a worker is on leave in order to care for a sick spouse or child is exorbitant. I hope the proposed task force would look into this and take into account the income lost while caretaking a sick family member is simply unfair and frankly, unacceptable. The amount of money lost while out of work can be the difference maker in the adequate treatment of a family member.

I was one of the many sick children that a parent had to care for when I was diagnosed with Hodgkin's Lymphoma at age 24. I had to go on medical leave from my job in New York and return to Connecticut in order to undergo chemotherapy. My mother was forced to miss countless hours of work for an entire year as a result of my extensive treatment. Fortunately, I had family members that did not work and were able to care for me concurrently so that my mother did not need to formally register under FMLA.

I can honestly say I do not know what my family's financial situation would be today had we had to fully rely on my mother as my sole caretaker with no income at the time we needed it most. Cancer is an expensive disease. Each treatment cost thousands of dollars; 12 chemotherapy rounds, 6 rounds of a targeted drug, as well as 30 radiation treatments. How can a child fighting for their life manage the cost of quality care if their parents are on unpaid leave? Doesn't this seem wrong? If FMLA allows parents the right to care for a child in order to watch them survive and succeed, how can we not provide the tools and finances to properly do so?

Establishing this task force could not come at a more appropriate time. In a 2000 study by the Department of Labor, 53.8% of leave-takers worried about not having enough money for bills, a higher percentage than those who took leave and were worried about job security. Furthermore, 50.9% of those surveyed would have taken leave for a longer period of time had some/additional pay been received. 47 % had to rely on money in savings meant for something else, and some had to put off paying bills in order to simply survive. This is deplorable. People are hurting. When a family is hurting because of cancer, or any other chronic or acute disease, there is no reason that finances need to be added to the stressors. Wondering if your child will live to see their next birthday is enough of a stressor, don't you think?

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It is my hope that this proposed task force is implemented and recommends insurance and short-term benefits to those families taking care of sick loved ones. Thank you for your time and I would be happy to answer any questions you have to the best of my ability.

Pg 1 line 22



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Labor and Public Employees Committee  
March 13, 2013

Testimony in Support of House Bill #6553  
AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE  
Submitted by Nora Duncan, State Director

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, nearly 600,000 of whom live right here in Connecticut, which helps people age 50 and up turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, caregiving, employment security and retirement planning.

I am here today to testify in support House Bill #6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE. AARP is supportive of efforts at the state and federal level that increase paid leave and cover more workers for longer periods of time so that employees can both attend to their own health needs and care for loved ones. This bill provides an opportunity to bring a variety of key constituencies to the table to explore policy options that might provide relief to employees who find themselves in difficult health-care situations without placing undo burden on employers or the State of Connecticut.

AARP's support of family caregivers is extensive; supporting legal and system reforms, programs and services, as well as much needed respite programs. Support of the family caregiver has a trickle-down effect that is good for our economy and our society. The 711,000 family caregivers in Connecticut gave 465 million hours of free home care worth \$5.8 billion in 2009. When family care givers are supported, they are better able to provide free care, reducing the incidences and costs of hospitalizations and institutional care, something the business community, advocates and families all agree makes for good common sense policy.

Since my first month on the job at AARP, about 8 months ago, I have been managing the long-term absence of a staff member with health concerns. We have a small office in here in Connecticut, but are lucky to be part of a larger national organization that is generous in its FMLA, etc. From a business perspective, I have learned that when dealing with a long-term absence it is particularly useful to be able to plan. Employees who have resources that allow them to better manage their personal priorities in times of a health crisis, be it their own or that of a family member, have the tools that make it easier for employers to manage their business priorities.

I encourage you to support this bill and to be as inclusive as possible in the membership of the Task Force. If any key constituencies or interest groups feel that they do not have a meaningful voice in the process, there will not be a meaningful dialogue. Thanks and I very much appreciate your time and consideration.

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Advocating for women's rights  
and opportunities in Connecticut

*Pg 1  
June 20*

Labor and Public Employees Committee

Testimony prepared by Amy Miller

March 11, 2013

HB 6553 An Act Establishing a Task Force to Study Family Medical Leave Insurance

My name is Amy Miller and I am the Program & Public Policy Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives.

Throughout our history, CWEALF has advocated on behalf of federal and state family and medical leave laws. FMLA is important to ensure people can keep their jobs while they care for themselves or a family member. What FMLA does not do is provide paid time off, an essential element to ensure that families can continue to address immediate needs without devastating them economically. This current unpaid employment leave system disproportionately affects female employees. Women are responsible for family members therefore causing their families severe economic hardships during already stressful times. When employees take family and medical leave, they are left with one salary or no-salary in single-parent households. Employees that are covered and decide to take unpaid leave often suffer serious economic hardship as a result.

Therefore, I am submitting this testimony in support of HB 6553 An Act Establishing a Task Force to Study Family Medical Leave Insurance, an important first step to addressing a significant barrier to Connecticut families.

HB 6553 requires that a Task Force of individuals from various fields and professions be appointed to serve on a Task Force by July 31, 2013. The Task Force will then meet to study how Connecticut can establish an insurance program to provide short-term benefits to workers who are unable to work due to pregnancy or the birth of a child; a non-work related illness or injury; or the need to care for a seriously ill child, spouse or parent. A report of the Task Force's findings and recommendations will be submitted by October 1, 2014 to the Labor Committee.

Connecticut has a history of trendsetting policies that support families. In 1990, three years before the Federal Government passed the Family and Medical Leave Act (FMLA), Connecticut passed a state FMLA. FMLA offers 12-16 weeks of unpaid, job-protected leave, which workers can use to recover from an illness, to care for a new baby, or to care for a sick family member. Unfortunately many Connecticut workers are ineligible for or financially unable to utilize the benefits of the FMLA. Family Medical Leave Insurance (FMLI) is an employee paid insurance program that provides partial wage replacement making it a much more financially viable option for families.

Both businesses and employees benefit from FMLI. Workers who have access to paid leave after a child's birth tend to remain in the workforce, and rely less on public assistance and food stamp benefits. (Houser, 2012) If workers can draw benefits from a family and medical leave insurance program in lieu of some part of what the employer would otherwise provide, the employer enjoys a costs savings (Applebaum E. &, 2011). Furthermore, in the first comprehensive study of California's Family Leave Insurance program, the great majority of employers reported either cost savings or no additional costs associated with implementation because they temporarily assigned the work of employees on leave to other employees or hired temporary replacements (Houser, 2012). This is a program Connecticut families need. Therefore I urge you to pass HB 6553.

Pg 1  
line 16

Testimony of Susan Lloyd Yolen, Vice President, Public Policy and Advocacy  
Planned Parenthood of Southern New England  
HB 6553 An Act Establishing a Task Force to Study Family Medical Leave Insurance

Good afternoon members of the Labor and Public Employees Committee, I am Susan Yolen, Vice President for Public Policy and Advocacy at Planned Parenthood of Southern New England, the state's largest provider of family planning and reproductive health care. We serve nearly 65,000 patients annually in Connecticut, at our 17 health centers across the state.

Planned Parenthood supports HB6553, which will establish a year-long task force to study how Connecticut might design an insurance program to provide short term benefits to workers unable to work due to pregnancy or the birth of a child; a non-work related illness or injury; or the need to care for a seriously ill child, spouse or parent. The need for access to paid family leave is a social justice issue that directly impacts many of the women and men of all income levels, who come through our doors seeking health care, hoping to prevent or postpone pregnancy. Or hoping to welcome a child into their family.

While Connecticut was in the vanguard of states that, in 1990, understood and passed legislation guaranteeing family and medical leave, there are many among us, nearly 25 years later, who work for small employers or who otherwise lack meaningful access to family and medical leave. Even for those who are eligible for family leave, studies show that a significant number cannot afford to take a necessary leave because they would lack pay during the leave period.

It's hard to imagine any family without a member who's been forced to deal with an unexpected serious illness requiring surgery, treatment and a period of recovery. We know that the primary use of our state's Family and Medical Leave Act is by individuals who require that benefit because of their own illnesses. And yet we're also well aware that there's a growing demand for working adults to care for their aging parents. The cost of home caregivers, assisted living facilities and skilled nursing homes is high. Thousands of Connecticut families are balancing the needs of ailing elders while also raising children who are in need of some level of daily care. Or who just need to stay home with a garden variety communicable illness.

Planned Parenthood doesn't claim to have all the answers to the dilemmas facing us, as baby boomers age, as life expectancy grows, as somewhat older mothers choose to bear children and face complicated at-risk pregnancies. But as we did back in 1990, Connecticut can be proactive to develop sound family leave insurance policies that other states may consider. A task force created by this legislation can help policy makers explore the link between paid leave and longer term family economic security. It can also help businesses understand that paid leave can contribute to a more stable, productive workforce, decrease dependence on public assistance and possibly even save employers money over time.

We urge passage of HB6553. Thank you.

Pg 1 Line B

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**Testimony of**  
**Teresa C. Younger, Executive Director**  
**The Permanent Commission on the Status of Women**  
**Before the Labor and Public Employees Committee**  
**March 12, 2013**

**Re: HB 6553, AA Establishing a Task Force to Study Family Medical Leave Insurance**

Senators Osten and Markley, Representatives Tercyak and Smith, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) regarding H.B. 6553 which would create a taskforce to examine the feasibility of establishing a family medical leave insurance benefit.

*Impact on CT Women:*

Women make up 48% of Connecticut's workforce.<sup>1</sup> Policies to support workers as they provide care for family members or take care of their own health are essential for a strong Connecticut workforce. The Family Medical Leave Act (FMLA) is a policy that allows workers to balance work and family responsibilities since it provides employment protection. However, three in four employees (78%) who have needed to take FMLA have not taken it because they could not afford to take unpaid leave.<sup>2</sup>

Women who return to work after a paid leave have 39% lower likelihood of receiving public assistance and a 40% lower likelihood of food stamp receipt in the year following a child's birth, when compared to those who return to work or take no leave at all.<sup>3</sup>

Working women of the "sandwich" generation - those who are simultaneously giving assistance to both dependent children and elderly parents and parents-in-law - are especially vulnerable to needing to take time off from work to care for a family member. Women represent more than two-thirds of adults providing substantial

<sup>1</sup> US Census Bureau 2010 American Community Survey 1-Year Estimates

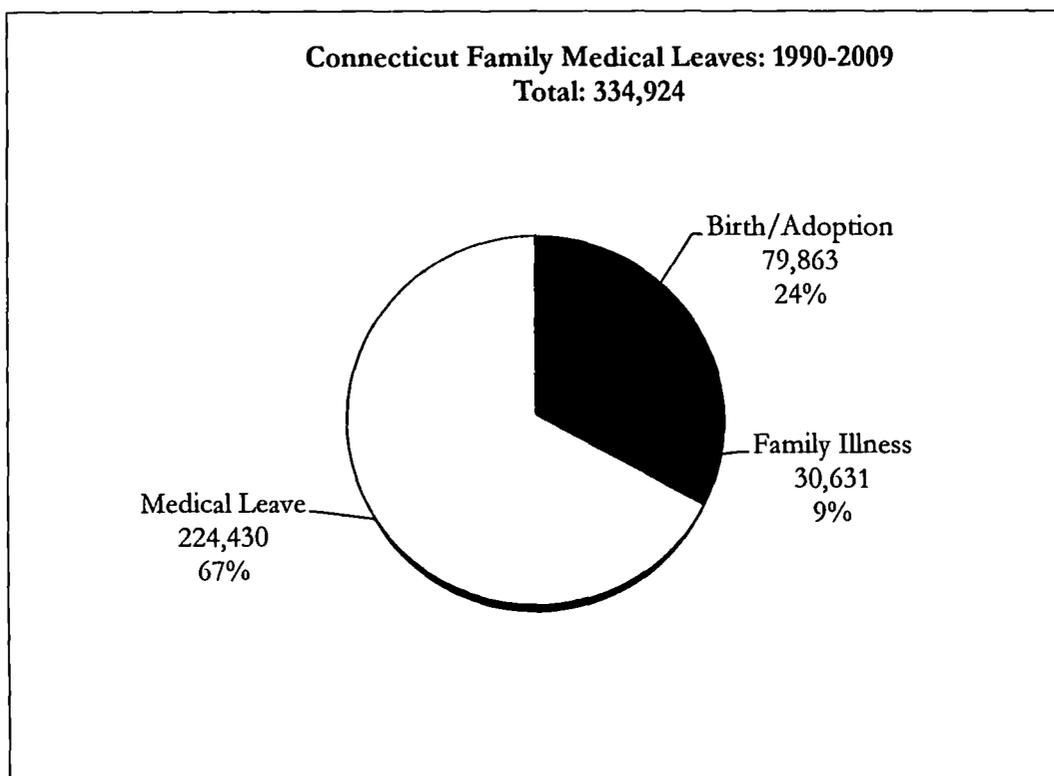
<sup>2</sup> National Partnership for Women and Families. *Families Matter*, 2007

<sup>3</sup> Houser, 2012

PCSW Testimony  
 Before Labor and Public Employees Committee  
 March 12, 2013  
 Page 2 of 2

assistance to elderly parents;<sup>4</sup> provide an annual average of \$1,521 in financial support to elderly parents, and spend 23 hours a week (1,210 hours a year), on average, providing care to elderly parents.<sup>5</sup>

While we have historically viewed this as a women's issue, this proposal impacts a majority of workers who have serious illnesses that require them to take time off from work when faced with debilitating illnesses such as cancer, chronic illness, heart disease or depression. In fact, in the 23 years of FMLA usage in Connecticut the majority of workers take FMLA leave for their own personal medical leave (67%). Of the remaining workers, 24% take it for the birth or adoption of a child, and 9% take it for a family illness.<sup>6</sup>



PCSW has been a long-term supporter of the concept of establishing a paid family leave system in the state, however, the taskforce concept stemmed from the fact that we have received a significant number of calls in the past two years from workers, a surprisingly high number of men, seeking information about the "fund" they could access while they or a spouse took leave for an illness or birth of a child.

We believe this is the time to review and analysis the current FMLA framework, and that studying the feasibility of establishing a medical leave insurance benefit could result in recommendations that could provide financial and economic stability for Connecticut workers. Establishing a taskforce would not incur any additional expenses to the State since PCSW has volunteered to convene it within its existing budget. We look forward to working with you to address this important issue. Thank you for your consideration.

<sup>4</sup> Richard W. Johnson and Joshua M. Wiener "A Profile of Frail Older Americans and Their Caregivers," Urban Institute, The Retirement Project Occasional Paper Number 8, February 2006 Table

<sup>5</sup> Charles R. Pléret. "The 'sandwich generation' women caring for parents and children," *Monthly Labor Review*, September 2006, Table 7.

<sup>6</sup> Connecticut Department of Labor *Annual Family Medical Leave Experience Reports, 1999-2009*.

Pg. 1 line 3



Testimony of  
**Christine Palm, Communications Director, PCSW**  
 Resident of Chester, Connecticut  
 Before the Labor & Public Employees Committee  
 March 12, 2013

Good afternoon, Senators Osten and Markley, Representatives Tercyak and Smith, and members of the committee. This is my first time testifying before any committee of the General Assembly, and I am grateful for the opportunity. I'm here to speak in support of H.B. 6553, which would create a taskforce to look at establishing a family medical leave insurance benefit plan.

Although I am the communications director of the PCSW, I am speaking today as a private citizen who is, frankly, a "poster child" for why FMLI would be a boon to women and families throughout Connecticut.

My husband and I are the primary caretakers of our elderly mothers, both of whom are 92, and have a variety of physical and cognitive health issues you would expect for women of that age. My mother-in-law lived with us for a year until she broke her hip recently and had to move to an assisted living facility. I have medical Power of Attorney for my own mother, and my husband has medical and financial Power of Attorney, as well as conservatorship, of his mother. In addition, we have a child still living at home, and while he is in good health, he, too, has routine, but time-consuming, medical and dental appointments.

I consider myself extremely fortunate: I have a supportive husband who, because he is a self-employed graphic designer, has the freedom to manage his own schedule. Because of this, he is always there in an emergency, to take his mother to the doctor, troubleshoot faulty hearing aids, refill her medicine, etc. He often does the same for my mother, since I work almost an hour away from home. In addition, since I began working for the State 5 years ago, he has handled virtually all of our son's medical appointments. Without him, I would have had to miss so much work that it, or my family, or I myself, would have suffered noticeably. I should point out that while he has the freedom to rearrange his schedule to accommodate our mothers' needs, it comes at a price, he often works on weekends and into the evening to meet his commitments to his clients.

In addition to him, I have the boss you see before you, who puts her beliefs into practice every day. Teresa understands the enormous family commitments I have, and has made accommodations as necessary and allowable under my job classification. Although it's not a complaint, I have had to use most of my vacation and personal days caring for my mother, moving her recently into an assisted living facility and exercising my responsibilities as medical POA, sometimes several times a week.

So, as I sit here with my enlightened boss, knowing my husband is near my mother should an emergency arise, and assured my son is safe despite the distance between us, I cannot help but think of all the women my age, who are not so fortunate: the single mothers, the women who work for MacDonal'd's, the women who do not dare take time off from their service jobs for fear

of retribution, whether covert or explicit. As an executive level State employee with ready access to elected officials like you, I am mindful of all the women who, while they have the right as citizens, do not feel they have the *freedom* – perhaps not even a working automobile – to get up to the Capitol to testify.

So, I respectfully ask that you allow me to speak for them. If those of us who take hundreds of unremunerated hours off each year to take our mothers with dementia to the doctor, to physical therapy after a fall, not to mention stay at home with our kids when they get the flu – if all of us had the means to pay into a plan that would provide a little financial cushion, *all* of our families would benefit. And, I would go so far as to say, from my personal experience, that we would make better workers. Knowing I can make up any missed work over the weekend is a professional luxury not many women have.

I would also like to say a word about taking care of ourselves. Study after study has shown that women tend to put others first when it comes to healthcare. We know this anecdotally; what mother worries about her chronic sciatica when her kid chips a tooth on the playground? And yet, preventive care is absolutely imperative for us to remain strong enough to care for others. As a person who has survived lymphoma and has come through more a few autoimmune disorders, I can honestly tell you that were it not for the fact that I had the time to attend to my own health needs, I would have been useless to anyone else, including the State of Connecticut's General Assembly.

I will always be grateful for this job, and the financial security and peace of mind it offers me when my frail, frightened mother is clinging to my hand while heading to the emergency room, as she did a few months ago. Please consider establishing this task force to see whether it makes financial sense to offer some form of insurance to the millions of women – and the rare men – who shoulder similar burdens of elder, spousal or childcare.

Thank you.

Pg. 1  
line 8

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### Labor Committee

#### HB 6553, An Act Establishing a Task Force to Study Family Medical Leave Insurance

Testimony of Jillian Gilchrest, Assistant Policy Director

Connecticut Association for Human Services

March 12, 2013

Good afternoon Senator Osten, Representative Tercyak, and members of the Labor Committee. My name is Jillian Gilchrest and I am the Assistant Policy Director at the Connecticut Association for Human Services and I am testifying in support of HB 6553, An Act Establishing a Task Force to Study Family Medical Leave Insurance. CAHS seeks to end poverty and empower all families to build a secure economic future.

CAHS is the Annie E. Casey foundation KIDS COUNT grantee for the state of Connecticut. CAHS also operates Volunteer Income Tax Assistance sites throughout the state and the Connecticut Money School, providing financial capability training to thousands of residents. CAHS is also a steering committee member of the Connecticut Early Childhood Alliance and co-chair of the Connecticut Family & Medical Leave Coalition.

Connecticut has a history of trendsetting policies that support families. In 1990, three years before the Federal Government passed the Family and Medical Leave Act (FMLA), Connecticut passed a state FMLA that offered 16 weeks of unpaid, job-protected leave, for workers to recover from an illness, nurture a new baby, or care for a sick family member. The Federal FMLA is 12 weeks.

Unfortunately, many CT workers are not covered by or eligible for FMLA. It is estimated that only half of all workers nationally are both eligible and covered by FMLA.<sup>1</sup> For eligibility you need to:

- Work for an employer with 50 or 75 employees (federal and state), and
- Be employed for 1000-1250 hours.

And for those who are eligible, the majority cannot afford an unpaid leave. According to a follow-up study of the FMLA, 78% of employees who needed family or medical leave but didn't



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take it said they didn't take it because they could not afford to. Of those who took leave but without pay, 9% were forced to go on public assistance while they were on leave.<sup>ii</sup>

At some point, nearly everyone needs time away from work to recover from a serious illness or care for a sick loved one or new child. This is certainly the experience for many of Connecticut's working families and these unpaid leaves have ramifications. According to a study released by the American Journal of Medicine, more than 40% of bankruptcies are the result of lost wages due to serious illness.

Connecticut is also seeing the number of Family Caregivers who provide support for parents and aging relatives continue to grow, as noted by AARP. As the baby boomer generation ages the need for elder care will increase and is expected to exceed available resources by 50% within the next decade. On average, a worker who is 50 years of age or older who leaves the workforce to take care of a parent will lose more than \$300,000 in wages and retirement income.<sup>iii</sup>

For new parents, taking an unpaid leave while faced with the added expenses of caring for a newborn can push some families on the verge of poverty over the edge. According to research conducted in 2008 on the causes of poverty, 13% of families with a new infant become poor within a month.

Family Medical Leave Insurance is key to preventing families from falling into poverty. When illness strikes or planning for the birth of a child, the only options available for most families are either to cobble together available leave time such as a vacation or sick leave, which is often inadequate, or to quit. The outcomes are different however, for those with some form of protection.<sup>iv</sup> Workers who have access to paid leave after a child's birth tend to remain in the workforce, have higher wages over time, and rely less on public assistance and food stamp benefits.

Paid leave also safeguards the income and retirement security of workers with eldercare responsibilities who might otherwise have to drop out of the workforce. And finally, according to the Rutgers Center for Women and Work, women who return to work after a paid leave have 39% lower likelihood of receiving public assistance and a 40% lower likelihood of food stamp



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receipt in the year following the child's birth, when compared to those who return to work or take no leave at all.

Currently, there are two states, California and New Jersey, who have Family Leave Insurance Programs. New York, Rhode Island and Washington State have proposals before their legislatures this year. There are discussions at the federal level about establishing a State Paid Leave Fund, to help states launch Family & Medical Leave Insurance, but the push needs to come from the states.

Unlike California and New Jersey, which built their Family Medical Insurance programs out of their existing state-run Temporary Disability Insurance programs, Connecticut will need to determine how to administer and fund its FMLI and who will be eligible to participate. Since 1990, 334,924 Connecticut workers have used FMLA to secure their job while on leave for up to 16 weeks. 67% of these workers did so because of their own illness.

The need is evident and the time is now. Connecticut must once again lead the way and take this first step by establishing a legislative Task Force that studies how Connecticut can offer families the much needed relief they deserve. Please support HB 6553. Thank you.

<sup>1</sup> Fass, s. (2009). Paid Leave in the States, A Critical Support for Low-wage Workers and Their Family, National Center for Children in Poverty.

<sup>ii</sup> Applebaum, E. & White, K. (2009). Economics and Politics of Work-Family Policy, The Working Poor Families Project.

<sup>iii</sup> MetLife Mature Market Institute. (2011, June). The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents Retrieved 15 January 2013, from <https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-caregiving-costs-working-caregivers.pdf>

<sup>iv</sup> Houser, L. & Vartanian, T. (2012). Policy Matters: Public Policy, Paid Leave for New Parents, and Economic Security for US Workers, Rutgers Center for Women and Work.



## CONNECTICUT AFL-CIO

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Pg 1 Line 10

Testimony of Lori Pelletier, Secretary-Treasurer Connecticut AFLCIO  
before the Labor and Public Employees committee  
March 12, 2013

Senator Osten and Representative Tercyak and members of the committee my name is Lori Pelletier and I am here to testify on behalf of the 900 affiliated local unions of the Connecticut AFLCIO. Before you today are a number of bills which we are here in support of. We appreciate the work of this committee and the opportunity to testify today.

**H.B. No. 6553 (RAISED) AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE. (LAB)** We support this issue. Since first passed FMLA has been a success. It has provided families with protected time off to care for a sick member or themselves without fear of losing their job, or other forms of retaliation. This bill looks at the logical next step of providing for pay when an employee has no other choice but to utilize FMLA.

We offer our assistance in making this bill get onto the Governor's desk as well as working with the Task force on this very important issue.

**H.B. No. 6614 (RAISED) AN ACT CONCERNING EMPLOYERS AND HEALTH CARE. (LAB)** This issue is an important one to many of our members. Our unions on a daily basis face questions regarding the Affordable Care Act. Contract negotiations are trying to navigate the nuances of the law without injuring employers or our members when trying to comply.

We must be very cautious that the negotiation process between elected union leaders and employers are not forced into a corner when it comes to affordable health care. We welcome the opportunity to be a part of the discussion and thank the committee for the opportunity to express our concerns as this bill moves forward.

Thank you and if you have any questions we would be happy to address them at this time.

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Pg. 1  
Line 1A

**Testimony of Tom Swan, Executive Director, CT Citizen Action Group (CAG)**

**March 12, 2013**

**Before the Labor and Public Employees Committee**

**In Support of HB 6614**

Good Afternoon, Representative Tercyak, Senator Osten and other members of the Labor and Public Employees Committee; my name is Tom Swan and I am testifying on behalf of over 20,000 member families of CCAG: CT Citizen Action Group. I want to applaud you for raising HB 6614. We believe it has the potential to be the most important piece of health care legislation being considered this year by the General Assembly.

To start, we want to urge you to consider substitute language that will actually enact a program instead of a study. We need to act now if we are to maximize the potential of the Affordable Care Act, which so much is being implemented over the next twelve months. We would propose the bill be changed to apply a fee to large employers (100 or more), based on the average cost of health insurance; prorated based upon the hours worked for each employee and their dependents who are in the HUSKY A, B, and D programs.

We believe this especially urgent as Health Exchange comes on line and as we face difficult budget times.

Every few years the Office of Legislative Research is asked to contact DSS to determine which employers have the largest number of employees on HUSKY A. The most recent report (2011-R-0263. July 22, 2011 – Below) found a great deal of consistency in terms of who had the largest number of workers and dependents enrolled from previous studies. They are some of the nation's and Connecticut's most profitable corporations, including Wal-Mart, Dunkin Donuts, McDonald's, Mohegan Sun, Home Depot, Burger King to name a few.

Recently, the two corporations that always top the OLR/DSS list Wal-Mart and Dunkin Donuts have been exposed as planning to cut the hours their workers work in order not be required to comply with the Affordable Care Act (articles below). This change will not only hurt these workers, it also creates an even less level playing field for small business operators who will be required to pay for their health care and cost taxpayers millions of dollars through forcing employees to enroll in programs like traditional Medicaid. Asking taxpayers to subsidize these large corporations, while also potentially eliminating health care for thousands of low income adults in our state budget, is insane and we urge you to act immediately.

With 6614 you have a vehicle to do this and we urge a JFS out of committee.

In conclusion, I want to make clear that CCAG also supports the other item on you agenda today HB 6553.

**S - 665**

**CONNECTICUT  
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SENATOR OSTEN:

That would be correct.

THE CHAIR:

Senator --

SENATOR OSTEN:

Through you, Madam President.

THE CHAIR:

I'm sorry. Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I thank Senator Osten for her time and shedding some light on the, the bill before us.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? If not, Senator Osten.

SENATOR OSTEN:

If there is no objection, I would move this to the Consent Calendar.

THE CHAIR:

Seeing no objections, seeing no objections, so ordered.

Mr. Clerk, do you have any more on your agenda?

THE CLERK:

On page 21, Calendar 604, substitute for House Bill Number 6553, AN ACT ESTABLISHING A TASK FORCE TO STUDY FAMILY MEDICAL LEAVE INSURANCE, Favorable Report of the Committee on Labor and Public Employees.

THE CHAIR:

Senator Osten. Good evening again.

SENATOR OSTEN:

Good evening.

Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

The motion is on acceptance and passage in conjunction with the House.

SENATOR OSTEN:

Yes, in, in conjunction with the House, the, as amended by the House, yes.

THE CHAIR:

Please proceed, ma'am.

SENATOR OSTEN:

This piece of legislation, Madam President, would establish a task force on family medical leave insurance. This, the task force would study the feasibility of, of establishing an, an insurance program that would provide short-term benefit to workers who are unable to work for a variety of reasons.

The task force will have members from the executive director of the Permanent Commission of the Status on Women, the insurance commissioner, the labor commissioner, the state comptroller, or a designee of any of those folks, three members of the public appointed by the Governor, two members of the public appointed by the President Pro-Tem of the Senate, two members of the Public appointed by the Speaker of the House, and it goes on.

This is just a task force that, well, I consider it extremely important, because this sort of insurance is available in the State of New Jersey and a couple of other states, and it would allow people who have a need of insurance or have a need to take Family Medical Leave Act and may not have any way to replace wages, it would allow them to opt into an insurance program which they would pay for.

THE CHAIR:

Will you remark further?

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

I rise in opposition to this particular bill on a couple of grounds. One is, as one of our colleagues in the House said, we have the sense that this is the year of the task force. As many times as, as many as have been set up in previous sessions, it seems like an extraordinary number of subjects have been set aside for task forces. I, I think that, I, I think that others in my, in my caucus have challenged some of these. This is one coming out of the Labor Committee that I think is not necessary.

And the second thing I'd say is I believe that it's a, it's a large step down what could be a very costly road. If we, if we want to do something like this, we have, to some extent, the experience of other states. I don't, I believe that experience has necessarily been encouraging, but I might, if I, if possible, through you, Madam President, ask of the proponent of the bills (inaudible) a couple of questions about that topic.

THE CHAIR:

Please proceed, sir.

SENATOR MARKLEY:

If I may, do we have, I, I believe there is such a program in place in California, and would it be possible for the proponent of the bill to give us just a brief notion? And I think the State of New Jersey might have been mentioned too. If there's any information on those programs and what, how the insurance is set up in those cases, whether it's done by the state or private companies have been brought in for it.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Thank you, Madam President.

Well, both California and New, New Jersey built their Family Medical Leave insurance programs out of existing state-run temporary disability insurance programs. We're not suggesting that we have a state-run disability insurance program. That's what, that's why the task force. We didn't want to take something that was already in existence and move it into Connecticut.

This, the, this is a very good program in California and in New Jersey. It works well for workers that need to take time out of work for a variety of reasons, usually, well, generally pregnancy in women and, and long-term illness for people who have either parents or children or spouses that need additional care sometimes themselves.

And this provides a way for them to purchase insurance not for the state -- the idea is not to have the state purchase the insurance but them to purchase insurance themselves to be covered during certain periods of their life where it might be necessary for them to have the ability to replace their wages should they have the need to be out on Family Medical Leave Act.

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President, if I may continue briefly, through you.

Is, am I to understand then that the cost of the insurance is borne by the worker who's receiving the benefits and not by the employer or by the state at all in these cases?

Through you.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Thank you, Madam President.

And that would be the intention of this current task force, is to develop a program that workers could opt into, not that the state or an employer would purchase.

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

And I, I assume then that no private providers have chosen to offer such a type of insurance on their own initiative, that this isn't something that's available already out on the marketplace.

Through you.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Currently, it is not available in the State of Connecticut through anybody.

Through you, Madam President.

THE CHAIR:

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President, and thank you very much, Senator Osten, for your responses on this. Although I understand the, the, I think the very good intentions behind this, I think that, I think that this is the wrong time and the wrong economic climate to consider costly new programs, and I am hesitant to see us authorize another task force for which reasons I will vote against this bill.

Thank you.

THE CHAIR:

Thank you. Will you remark? Will you remark?

Senator Bye.

SENATOR BYE:

Thank you, Madam President.

I just want to stand in strong support of this bill. I think we need to study this as someone who is a student of early childhood education for a state that spends a lot of money on home visiting to try to support parents in best practices, support families who are trying to make a living but also be home with their young babies.

I think that this bill is a really important first step for women that they can, and for men, fathers, if they want to stay home, so I really thank Senator Osten for bringing this bill forward and for the advocates, because I think it really will make a difference for our youngest children and for their families.

Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

If I may, through you, a few questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Senator Osten, I, I'm familiar with the concept of the Family Medical Leave Act and the various state bills that are modeled after FMLA. But I'm, I'm not familiar with the concept of Family Leave insurance, and so, or excuse me, Family Medical Leave insurance, so if you could, through you, Madam President, if I could just have a better understanding as to what, what that product is.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Through you, Madam President.

Family Medical Leave insurance would be insurance that would provide a worker funds that would in, in a way replace their wages. Many of the people that are eligible for the Family Medical Leave Act are not eligible for wages during that time. Not all companies have the ability to cover a worker's wages should they need to be out on the Family Medical Leave Act. And what this would provide would be a mechanism

for those families to purchase insurance that would cover those wages.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

So I, I guess I take from Senator Osten's explanation it's, it's somewhat akin to disability insurance, but you need not have a disability to, to take advantage of it. Is that correct?

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Through you, Madam President.

That would be correct.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President. Thank you, Senator Osten.

And, and I believe I heard it through your discussion with Senator Markley that there are currently two states that have, that allow for the sale of Family Medical Leave insurance. And if I may, through you, Madam President, just ask a little bit about those programs and the products there. I believe Senator Markley asked about their experience to some degree, but I, I guess I'm curious as to how much does this product cost, who is purchasing it within each state?

I don't, I don't know if Senator Osten has those details.

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Thank you, Madam President.

Through you, both California and New Jersey are currently using already established through their state temporary disability insurance programs. The reason for the task force is to find what works best for Connecticut to answer the questions that you have. That's why we would need to establish a task force that has all the key stakeholders.

There would be, through one of the appointments, someone recommended that would be from the disability insurance realm. There would also be someone that would be recommended from the regular insurance realm to find out sort of what works best for us and, and what it would cost.

So I would be hesitant to say that we would follow an apples-to-apples program as both California and New Jersey. There are other states, New York, Rhode Island, and Washington, that all have proposals in front of their Legislature this current year.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And, and I appreciate Senator Osten's explanation and I think what is a recognition of what might be good in one state isn't necessarily good in this state, and that's why this ought to be examined. But I think it would be helpful, to me anyways, to understand a

little bit about what, what is available in the market today and so maybe if we could break it down a little bit into smaller pieces, let's take California, for instance. Through you, Madam President, is the insurance provided in California private insurance, or is it state-provided insurance?

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

In the two states that currently have it, both California and New Jersey, they are run out of existing state-run insurances, and that's not what we're necessarily advocating for. What we're saying is that we need to find what works best here. But in both of those states, they used their temporary disability programs and established a Family Medical Leave insurance that people could opt into to take the necessary time off that they might need.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And I appreciate that, that answer. That's, I wasn't aware of that, and, and thank you for letting me know. And, and then I guess just kind of following down the line of those programs, how are those programs financed? Are, are they, do, do employers pay into the New Jersey and California programs? Is it the employees that pay into those programs? Is it taxpayer funded? I understand that this isn't necessarily where we're going. Again, I'm just trying to understand what is in the marketplace today.

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Through you, Madam President.

I don't know if it's a combination of resources. Connecticut has, ourselves, right now, insurances that a state employee can buy, but it's not the state that runs it, such as they might let you opt into a, an auto insurance program. I, I don't, I've never lived in New Jersey, and I don't really have much, I do have a sister that lives in California, but I don't know exactly how they, if those are paid for with a combination of funds, or they are paid for by the state, but I would venture to say that it's a combination of funds.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, thank you, Madam President.

Is, so setting New Jersey aside, setting California aside, through you, Madam President, are, is, is this product available on the private market currently anywhere that we know of?

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

It's not available here in Connecticut currently.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

But how, how about, other than California and New Jersey and Connecticut, any of the other 47 states? Is there, for instance, can, can a large company go out and purchase a product that would essentially provide this benefit to its employees?

Through you, Madam President.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Through you, Madam President.

Other than the temporary disabilities, I am unaware of any other state that currently has product such as is being looked at through this task force.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I, I think that's, those are all the questions I have for, for Senator Osten. I appreciate her patience and just being so informative on this subject. I, I do have some concerns about where this is going. It sounds like this product isn't available on the private market. It sounds like it's provided, it's provided with respect to two states but only through public purchase or public program.

And when I look at the makeup of the committee that Senator Osten directed me to, I see about 20 appointees. And Senator Osten mentioned two from,

from the insurance world, as it were, one of which being the Commissioner, so that's obviously somebody who is not involved in the private sector and then one member who is involved in the private sector.

And if, if, if we're talking about looking at all options, if we're, if we're talking about veering from a California model or a New Jersey model potentially, then I would think we would want more engagement and more involvement in the task force from potentially those individuals that might be making up the product that would be introduced to the marketplace here in Connecticut. And it seems to me that that indeed is, is what is lacking, which, which makes me wonder how successful this task force is going to be at the end of the day.

Thank you, Madam President, for the time.

THE CHAIR:

Thank you. Will you remark?

Senator Guglielmo.

SENATOR GUGLIELMO:

Thank you, Madam President.

Just, no questions, just a, just a remark. And I spent all of my life in the insurance business, and generally speaking, if there's no private market, it generally means it's not a viable product. And I don't know how I missed how long it's been in effect in California and New Jersey, but as Senator Welch said, I'd like to spend some time looking at that before we went into it any further. But as I said, no private market usually means it's not a viable product.

Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Will you remark? If not, I would imagine it's time for a roll call vote on this bill.

Senator Osten, I'm sorry, did you want to speak, ma'am?

SENATOR OSTEN:

I believe that we need a roll call vote, Madam President.

THE CHAIR:

Thank you.

Mr. Clerk, will you call for a roll call vote? And the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.  
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed.

Mr. Clerk, will you call the tally, please.

THE CLERK:

House Bill 6553,

Total Number Voting 34

Necessary for Adoption 18

Those voting Yea 22

Those voting Nay 12

Those absent and not voting 2

THE CHAIR:

The bill passes.