



Kerri Evelyn Harris
STATE REPRESENTATIVE
32nd District

HOUSE OF REPRESENTATIVES
STATE OF DELAWARE
411 LEGISLATIVE AVENUE
DOVER, DELAWARE 19901

COMMITTEES
Health & Human Development, Chair
Agriculture
Housing
Administration
Natural Resources & Energy
Transportation
Veterans Affairs

House Health & Human Development Committee Meeting Minutes

6.18.2024

[House Committee Recording](#)

Chair Harris called the meeting to order at 10:11 a.m.

Members present:

Rep. Harris, Chair

Rep. Morrison, Vice Chair

Rep. Baumbach

Rep. Chukwuocha

Rep. Hensley

Rep. Hilovsky

Rep. Jones Giltner

Rep. Minor-Brown

Rep. Parker Selby

Rep. Postles

Rep. Romer

Chair Harris introduced **SB 300 AN ACT TO AMEND TITLE 6 OF THE DELAWARE CODE RELATING TO CRISIS PREGNANCY CENTERS.** *Time Stamp: 10:12*

This Act, sponsored by Sen. Gay and Rep. Minor-Brown, requires crisis pregnancy centers in this state to provide notice if the center is not licensed by this state as a medical facility and does not have a licensed medical provider who provides or directly supervises, in person, the provision of services. A violation of this Act is an unlawful practice under § 2513 of Title 6 and a violation of Subchapter II, Chapter 25 of Title 6.

Legislative Hall, 411 Legislative Avenue, Dover, Delaware
19901

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Rep. Hilovsky asked if there had been any complaints filed by citizens concerning Delaware pregnancy centers. Rep. Minor-Brown answered that she is unsure if there have been complaints specifically in Delaware, but there have been complaints in other states. At the request of the sponsor, Senior Manager of Policy and Advocacy at ChristianaCare Sarah Stowens answered that some ChristianaCare providers noted that some patients coming from crisis pregnancy centers had reported receiving misleading information from the centers that delayed their medical care as they could not receive the medical care they were seeking from the crisis pregnancy centers.

Rep. Hilovsky asked why the bill would seem to differentiate between the quality of care from licensed and non-licensed facilities. At the request of the sponsor, Sarah Stowens answered that it is the position of ChristianaCare that medical care is provided by medical practitioners and appropriate care may not require medical care. The bill does not call into question the quality of care, but requires transparency of care.

Rep. Baumbach asked if there are facilities that provide pregnancy-related services that are licensed by the state. Sarah Stowens answered yes.

Rep. Baumbach asked if it is correct that there are regulations that define facilities that provide pregnancy-related services that also require the direct supervision of a medical professional. Sarah Stowens answered yes.

Rep. Baumbach asked if it is correct that these requirements are consistent with the current definition of a facility that provides pregnancy-related services. Sarah Stowens answered yes.

Rep. Baumbach asked if this bill aims to ensure that non-complete service providers will not be misunderstood by consumers as being a full provider of pregnancy related services. Sarah Stowens answered yes.

Rep. Jones Giltner asked if of the concerns brought to the ChristianaCare providers it was relayed that the facility was practicing without a medical license. Sarah Stowens answered that she was unsure if the question was asked.

Rep. Jones Giltner asked if it was relayed that the facilities were providing false information about the services provided to patients. Sarah Stowens answered that patient complaints ranged from delayed care to wanting an abortion, believing that they could receive one at the crisis pregnancy centers, and not being corrected in that belief.

Rep. Jones Giltner asked if the ChristianaCare providers reported that the facilities violated Delaware laws that protect against false advertising or laws that protect against practicing

without a license. Sarah Stowens answered that she is unsure and will need to reference the specific reports to answer the question.

Rep. Jones Giltner asked Sarah Stowens if she is aware of the Delaware law that allows a Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN) to practice without a medical practitioner directly on sight. Sarah Stowens answered that this is not her area of expertise.

Rep. Jones Giltner asked why the crisis pregnancy centers are being singled out in this bill. Rep. Minor-Brown answered that patients of crisis pregnancy centers are in situations where time is of the essence, and a delay in care can jeopardize safety.

Rep. Jones Giltner asked if there is a crisis pregnancy center in Delaware that does not have oversight by a physician. At the request of Rep. Jones Giltner, Anne O'Conner, Vice President of Legal Affairs with the National Institute of Family and Life Advocates (NIFLA), answered that all four of the NIFLA-affiliated pregnancy centers in Delaware have oversight by a licensed physician.

Rep. Jones Giltner asked if NIFLA advises these facilities to include a list of services provided on their website. Anne O'Conner answered yes.

Rep. Jones Giltner asked if NIFLA advises these facilities to inform prospective patients over the phone that the facility does not provide abortion services. Anne O'Conner answered yes.

Rep. Jones Giltner asked if Anne O'Conner has provided legal services to a crisis pregnancy in Delaware because they have falsely advertised their services. Anne O'Conner answered that no, she is unaware of a complaint of centers misleading patients.

Rep. Minor-Brown asked if A Door of Hope, a pregnancy center in Delaware, is overseen by a medical doctor. Anne O'Conner answered yes.

Rep. Romer and Rep. Neal, citing the website for A Door of Hope, raised concerns with the lack of clarity on the website regarding the services provided by the pregnancy center.

Chair Harris asked if the website for A Door of Hope is reflective of the websites for other pregnancy centers in Delaware. Anne O'Conner answered that she believes it is, but she would need to study the websites further.

Chair Harris asked if all of the websites state that medical care is not provided and medical professionals are not at these pregnancy centers. Anne O'Conner answered that the website states

that the information on the website is not a substitute for medical advice, not that medical care is not provided.

Chair Harris asked Rep. Neal if the website says that the website, specifically, is not a substitute for medical advice. Rep. Neal answered that the beginning of the website states that a patient will talk to a medical practitioner, and the bottom of the website states that the website is not intended to provide medical advice.

Chair Harris asked Anne O’Conner if she feels that the website for A Door of Hope is misleading. Anne O’Conner answered that websites for some medical practices include a disclaimer that the website is used for informational purposes only because the advice will be provided when the prospective patients become patients.

Chair Harris asked if it would be disingenuous if a hypothetical organization that offers reproductive services had a website that had “religious counseling for childbirth” at the top of the website; then, when a patient went to the organization, they were offered other reproductive health services first. Anne O’Conner answered that women considering all their options are able to discuss their options at the pregnancy center. She states that many of the women working in the pregnancy centers work there because they had an unplanned pregnancy and wished that they had a pregnancy center to discuss their options.

Chair Harris asked if the centers purposefully hire people because they had that type of experience. Anne O’Conner answered no. Chair Harris asked if it just so happens that a majority of women working in the pregnancy centers had that experience. Anne O’Conner answered that many women, not a majority, working in the pregnancy centers had an abortion and regretted it.

Chair Harris asked how many women working in the pregnancy centers had an abortion and did not regret it. Anne O’Conner answered that she does not know.

Rep. Romer asked if Anne O’Conner could speak to the part of A Door of Hope’s website that states that if a person has taken the first abortion pill but does not wish to continue with the abortion, A Door of Hope will help with the abortion pill reversal process. Rep. Romer cited the American College of Obstetricians and Gynecologists (ACOG), the leading expert in gynecological care, which stated that medication abortion reversal is not supported by science. Anne O’Conner answered that the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) supports abortion reversals. Anne O’Conner stated that abortion pill reversals are currently being litigated in several states, and 63 to 66 percent of the time, abortion pill reversals work.

Rep. Minor-Brown asked what type of information pregnancy centers provide to pregnant people who wish to have an abortion. Anne O’Conner answered that they confirm pregnancy, offer an ultrasound, and recommend an emergency room visit in the case of an ectopic pregnancy.

Rep. Minor-Brown asked what type of information pregnancy centers provide to pregnant people who, based on the information on the website, believed that they were making an appointment to receive information about an abortion. Anne O’Conner answered that the medical provider would discuss how far the person is along and may discuss the type of abortion they may be facing.

Rep. Minor-Brown asked who the medical provider is: a registered nurse, an APRN, or doctor. Anne O’Conner answered that all are there at various times.

Rep. Minor-Brown asked for clarification on if the provider might or does provide information on the types of abortion. Anne O’Conner answered that they might, depending on the circumstances of each patient. Rep. Minor-Brown asked if she could see the information that is provided to patients considering an abortion. Anne O’Conner was unable to provide the information.

Rep. Hilovsky asked what the fine would be for violating this bill. Rep. Minor-Brown answered that the fine would be in accordance with current Delaware Code under § 2513 and Subchapter II, 43 Chapter 25.

Rep. Hilovsky asked how the required size of the on-site notice was determined. Rep. Minor-Brown answered that the required size is meant to ensure that everyone is able to read the notice.

Chair Harris opened the floor for public comment. *Time Stamp: 10:59*

Members of the public who voiced support of the bill included Michelle Wall, Chris Otto, and Margaret Chou.

Members of the public who voiced opposition to the bill included Nicole Luther, Lilybeth Otero, Rachel Metzger, and Nandi Randolph.

A motion was made by Rep. Baumbach and seconded by Rep. Johnson to release SB 300 from committee; motion carried. Yes = 8 (Baumbach, Chukwuocha, Harris, Johnson, Minor-Brown, Morrison, Neal, Romer); No = 4 (Hensley, Hilovsky, Jones Giltner, Postles); Absent = 4 (Heffernan, Parker Selby, Shupe, Smith). The bill was released from committee with a F=3, M=9, U=0 vote.

Chair Harris introduced SS 1 for SB 301 AN ACT TO AMEND TITLE 14 OF THE DELAWARE CODE RELATING TO PROVIDING MEDICATION ABORTION PRESCRIPTION DRUGS AND EMERGENCY CONTRACEPTION. *Time Stamp: 11:11*

Sponsored by Sen. Gay and Rep. Romer, Senate Substitute No. 1 for Senate Bill No. 301 requires public universities in this state to provide access to medication for the termination of pregnancy and emergency contraception. The medication and contraception must be provided on-site, but consultation to provide them may be performed by a provider at the student health center or by a provider who is associated with a university-contracted external agency. This Act takes effect on July 1, 2025. Senate Substitute No. 1 for Senate Bill No. 301 differs from SB 301 as follows: - Defines the term "student." - Provides an exception for a university that does not have a student health center, including requirements that the university provide information and referral services to students and ensure that the university's health services website provides specified information relating to reproductive services. - Adds a requirement that universities maintain confidentiality of information a student provides relating to a request for a referral. - Removes references to private institutions of postsecondary education.

Rep. Jones Giltner asked if there are other medications that student health centers are required to provide access to. Rep. Romer answered that she does not know and will find that information for Rep. Jones Giltner.

Rep. Jones Giltner asked if the student health centers are open 24/7. Rep. Romer answered that not all student health centers are open 24/7, but many have phone numbers for emergencies that run 24 hours a day.

Chair Harris opened the floor for public comment. *Time Stamp: 11:15*

Members of the public who voiced support of the bill included Helen Salita, Chris Otto, and Margaret Chou.

Members of the public who voiced opposition to the bill included Bess McAneny.

A motion was made by Rep. Baumbach and seconded by Rep. Chukwuocha to release SS 1 for SB 301 from committee; motion carried. Yes = 5 (Baumbach, Chukwuocha, Harris, Morrison, Romer); No = 4 (Hensley, Hilovsky, Jones Giltner, Postles) ; Absent = 7 (Heffernan, Johnson, Minor-Brown, Neal, Parker Selby, Shupe, Smith). The bill was released from committee with a F=1, M=8, U=0 vote.

Vice Chair Morrison introduced SS 1 for SB 13 AN ACT TO AMEND TITLES 16 AND 30 OF THE DELAWARE CODE RELATING TO HOSPITAL QUALITY ASSESSMENTS

AND ESTABLISHMENT OF A HOSPITAL QUALITY AND HEALTH EQUITY FUND AND HOSPITAL QUALITY AND HEALTH EQUITY ASSESSMENT COMMISSION.

Time Stamp: 11:20

This Act, sponsored by Sen. McBride and Rep. Harris, creates the Hospital Quality Assessment, which places a 3.58% assessment on Delaware hospitals' net patient revenues. Funds generated by the Hospital Quality Assessment must be utilized in one of two ways: (1) To increase the inpatient and outpatient payments to hospitals. (2) To develop or enhance funding for Medicaid initiatives, unlocking federal matching dollars. Funds may not be used to supplant or replace appropriations for programs in existence on the effective date of this Act, except for 25% of these funds, which may be used to support the general operations of the Medicaid program. Like Senate Bill No. 13, this Act also creates the Hospital Quality and Health Equity Assessment Commission ("Commission"), which includes state agency and hospital representation. The Commission is required to meet at least annually to monitor the implementation of the assessment. If the Centers for Medicare & Medicaid Services (CMS) determines that either the assessment or the expenditure of money does not satisfy eligibility requirements for federal financial participation or that modifications are necessary to assure continued eligibility for federal financial participation, the Commission shall develop and approve modifications to Subchapters II and III of Chapter 10 of Title 16 of the Delaware Code and submit the modifications to the General Assembly. This Act differs from Senate Bill No. 13 as follows: (1) By directing the Department of Health and Social Services ("Department") to administer the Hospital Quality Assessment. (2) By establishing a different method of calculating the assessment for a hospital that begins or ceases hospital operations or does not conduct hospital operations through a calendar year or fiscal year. (3) By prohibiting a hospital subject to the Hospital Quality Assessment from passing on the cost of the assessment to any patient, insurer, self-insured program, or other responsible party. (4) By requiring a hospital subject to the Hospital Quality Assessment to attest in writing to the Department that an oral or written, formal or informal agreement or arrangement does not exist to share, redirect, or redistribute Medicaid payments which would result in violation of federal or state law. (5) By updating the split in percentages of the funds collected from the Hospital Quality Assessment to reflect the wide range of federal match levels for services. The expected amount to be collected by the Assessment does not change as the result of the update. (6) By requiring the Registrar of Regulations to publish in the Register of Regulations a certification by the Commission under § 1034(d) and (e) of Title 16 of the Delaware Code, as contained in this Act. (7) By providing that appointments of members of the Minority Caucus of the House of Representatives and Senate are to be made by the Speaker of the House of Representatives and President Pro Tempore of the Senate, respectively. (8) By making modifications to the requirements for meetings of the Commission. (9) By providing that modifications to Subchapters II and III of Chapter 10 of Title 16 of the Delaware Code recommended by the Commission take effect as of July 1 of the ensuing fiscal year unless rejected in full by an act of the General Assembly before that ensuing

fiscal year. This Act requires a greater than majority vote for passage because § 11 of Article VIII of the Delaware Constitution requires the affirmative vote of three-fifths of the members elected to each house of the General Assembly to impose or levy a tax or license fee. This Act may be cited as the “Protect Medicaid Act of 2024”.

Vice Chair Morrison opened the floor for public comment. *Time Stamp: 11:25*

Members of the public who voiced support of the bill included Sarah Stowens, Verna Hensley, Chris Otto, Sean Dwyer, Brian Frazee, and Cheryl Heiks.

Members of the public who voiced concerns with the bill included Amy Roe.

A motion was made by Rep. Hensley and seconded by Rep. Jones Giltner to release SS 1 for SB 13 from committee; motion carried. Yes = 8 (Baumbach, Harris, Hensley, Hilovsky, Jones Giltner, Morrison, Postles, Romer); No = 0; Absent = 8 (Chukwuocha, Heffernan, Johnson, Minor-Brown, Neal, Parker Selby, Shupe, Smith). The bill was released from committee with a F=2, M=9, U=0 vote.

Vice Chair Morrison introduced **HB 411 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE MEMBERSHIP REQUIREMENTS FOR VOLUNTEER FIREFIGHTERS**. *Time Stamp: 11:37*

This Act, sponsored by Rep. Short, seeks to amend sections of Chapter 66 concerning the members of Delaware Volunteer Fire Departments. This bill will hold current members to the same standards as applicants with relation to criminal activity.

Chair Harris asked if the Delaware Firefighters Association supports the bill. On behalf of the sponsor, Rep. Hensley answered yes.

Chair Harris asked if the bill will exacerbate the current shortage of volunteer firefighters. At the request of the sponsor, Norman Jones, Executive Manager of the Delaware Firefighters Association answered that the bill should not hinder the recruitment or retention of volunteer firefighters as there is already a state-level background check requirement to work as a volunteer firefighter.

Vice Chair Morrison opened the floor for public comment. *Time Stamp: 11:40*

Members of the public who voiced support of the bill included Tom DiCristofaro.

A motion was made by Rep. Romer and seconded by Rep. Baumbach to release HB 411 from committee; motion carried. Yes = 9 (Baumbach, Chukwuocha, Harris, Hensley, Hilovsky, Jones Giltner, Morrison, Postles, Romer); No = 0; Absent = 7 (Heffernan, Johnson, Minor-Brown, Neal, Parker Selby, Shupe, Smith). The bill was released from committee with a F=0, M=11, U=0 vote.

Vice Chair Morrison introduced **SS 1 for SB 254 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO FOOD DESERTS.** *Time Stamp: 11:43*

This Act, sponsored by Sen. Brown and Rep. Chukwuocha, creates the Delaware Grocery Initiative. The Delaware Grocery Initiative is a healthy foods initiative that seeks to provide financial assistance to eligible food resources as designated by the bill. The Act defines food deserts and eligibility requirements for the initiative. The Act authorizes the Division of Small Business to implement the grant and financial support system. This substitute bill does the following: 1. Adds the following terms in the definition section of the Act: Council, food resource, Healthy Foods Retail Initiative, Program, and specialty grocer. 2. Modifies the definition of food desert. 3. Removes terms of grocery store, rural tract, and urban tract in lieu of the new definitions of food resource and food desert. 4. Designates the Division of Small Business, instead of the Office of State Planning, as the agency authorized to implement the Delaware Grocery Initiative and authorizes the Division of Small Business to adopt rules. 5. Replaces the grocery and food desert study with a food access strategy. 6. Subject to appropriation, creates a food access strategy to address food insecurity and requires submission of a report to the General Assembly and the Governor by June 1, 2025.

Vice Chair Morrison opened the floor for public comment. *Time Stamp: 11:45*

A motion was made by Rep. Hensley and seconded by Rep. Jones Giltner to release SS 1 for SB 254 from committee; motion carried. Yes = 8 (Chukwuocha, Harris, Hensley, Hilovsky, Jones Giltner, Morrison, Postles, Romer); No = 0; Absent = 8 (Baumbach, Heffernan, Johnson, Minor-Brown, Neal, Parker Selby, Shupe, Smith). The bill was released from committee with a F=0, M=9, U=0 vote.

In the interest of time, **SB 215 w/ SA 1, SA 2 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO STATE INSPECTIONS OF LONG-TERM CARE FACILITIES** was walked out of committee.

Chair Harris adjourned the meeting at 11:47 a.m.

Respectfully submitted by:

Anna Squiers

Attendance List

- Sean Dwyer, Director of Government Affairs for the Delaware Valley Chapter of the Alzheimer's Association
- Helen Salita, Reproductive Freedom Campaign Manager for the American Civil Liberties Union of Delaware
- Sarah Stowens, Manager of Advocacy and Policy for ChristianaCare
- Donna LaTerri
- Verna Hensley, Easterseals Delaware
- Michelle Wall, Office of Women's Advancement and Advocacy
- Chris Otto, Executive Director of the Delaware Nurses Association
- Candace Esham, DECAC
- Lucilla Esham, DECAC
- Nicole Luther, Sussex Pregnancy Care Center
- Lilybeth Otero, Executive Director of Her Care Clinic
- Rachel Metzger, A Door Of Hope
- Anne O'Conner, Vice President of Legal Affairs with the National Institute of Family and Life Advocates
- Amy Roe
- Tom DiCristofaro, 1st Vice President of Delaware Volunteer Firefighters Association
- Nandi Randolph, Delaware Family Policy Council
- Chris Fraser, Westside Family Healthcare
- Brian Frazee, President of Delaware Healthcare Association
- Cheryl Heiks, Executive Director of Delaware Health Care Facilities Association

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AWARDS & RECOGNITION

2024 | *Oxford House-Tyler Keister Award* | State of Delaware

2019 | *Addiction Policy Forum Delaware Innovation Now Award*

2018 | *Tyler A. Keister Oxford House Award*

2017 | *Order of the First State*
2016 | *Heroes in Recovery Award*

2015 | *American Public Health Association, Community-Based Leadership Award*

2015 | *Delaware State Senate Commendation*

2014 | *Heroes in Recovery Award*

2014 | *Governor's Outstanding Volunteer Award* | State of Delaware

TAX IDENTIFICATION NUMBERS

Non-Profit EIN:
32-0404094

United Way #13072

June 17, 2024

Dear Chairperson Harris, Vice Chair Morrison, and Members of the House Health & Human Development Committee,

The Board of atTAcK addiction, an 11-year-old statewide nonprofit that supports individuals in active use and recovery and their families, writes in support of Senate Substitute 1 for Senate Bill 13, which would establish annual hospital quality assessments, the Hospital Quality and Health Equity Fund, and a commission to administer those funds.

While Delaware saw its first reduction in overdose deaths in more than a decade in 2023, our state still lost 527 people to fatal overdoses, or almost four times the number of people who died in traffic accidents in 2023.

Medicaid is, and will continue to be, a critical insurer of treatment and recovery services for Delawareans with a substance use disorder. A Milbank Memorial Fund report found nationwide that Medicaid covers nearly 40% of all individuals with opioid use disorder.

As you know, Delaware's Medicaid program has gaps in its continuum of care for people with a substance use disorder, including only one public withdrawal treatment provider for the entire state located in New Castle County. While the Department of Health and Social Services (DHSS) is actively recruiting providers, it has not happened, and our state continues to connect people with SUD to many out-of-state treatment providers.

Funding from this legislation could help to build a more comprehensive and equitable system of care for low-income Delawareans with a substance use disorder in all three counties.

At this year's Opioid Prevention Symposium in Wilmington, hosted by the Behavioral Health Consortium, Phillip Rutherford, CEO of Black Faces Black Voices and a person in recovery, said Black people are not more prone to overdose than white people, but states, counties, and cities are not bringing enough resources

to those communities to prevent substance use disorders and provide access to treatment when people are diagnosed with the disease. This annual supplemental Medicaid funding could help level the playing field in cities like Wilmington, Dover and Seaford.

In another example of the lack of equity in the addiction treatment system, Rutherford, who also does work for the National Institutes of Health, said Black people are 17% less likely to be prescribed buprenorphine, a medication approved to treat opioid use disorder, which physicians can prescribe, than white people. This additional Medicaid funding could be used to encourage more physicians to offer buprenorphine to their patients with an opioid use disorder, regardless of race.

In addition, Delaware is lacking in Medicaid addiction treatment providers who speak Spanish, and our state needs desperately more prevention, outreach and connection to treatment campaigns targeting Black and Brown communities, which could be funded by this hospital quality assessment.

Finally, as the General Assembly's Dental Care Access Task Force found, many people in active use and those in recovery often have severe dental issues. Because Delaware's Medicaid program has a limited annual cap for dental coverage for eligible adults, this funding could help provide additional coverage for individuals with serious issues.

For these reasons – and many others – atTAcK addiction supports Senate Substitute 1 for Senate Bill 13.

Sincerely,

Don Keister

Don Keister
Co-Founder and President





June 18, 2024
House Health and Human Development Committee
Senate Substitute 1 for Senate Bill 13
Testimony by
Carolyn Petrak, Ability Network of Delaware

Good morning and thank you for the opportunity to provide testimony in support of Senate Substitute 1 for Senate Bill 13. My name is Carolyn Petrak and I am the Interim Executive Director of the Ability Network of Delaware. Our association represents disability and behavioral health community service providers throughout the state.

A.N.D. is thrilled to support Senate Bill 13. Funding community services such as ours always provides a return on investment. We keep folks thriving in the community, out of more expensive health care settings and are strong contributors to lowering health care spending throughout Delaware.

A.N.D.'s members are contracted partners with the state and provide life sustaining services to Delawareans most vulnerable. As you know, they rely on reimbursement rates established by DHSS to operate these services, pay salaries, train staff and support the normal cost of doing business. But as you also know, these rates never cover the true cost of service delivery. We are here every winter and every spring to make our case to the General Assembly and plead for funding to keep their doors open and for the recognition and respect their staff deserve. In the best of times, we have been successful, and, in the worst we have left empty handed. But through it all, services are always provided because the dedication my members have to those they serve is unwavering.

For years A.N.D. has promoted the need for additional revenue sources to increase available funding for community providers under contract with DHSS. It shouldn't be a radical notion that the actual cost of service provision be the door openers each budgetary cycle.

The revenue generated by Senate Bill 13 will be a salve to the chronic underfunding of human services in Delaware. But this new money could be spoken for instantaneously with multiple rate studies either underway, incomplete, or released but not yet funded.

A.N.D. might be known for green shirts and the McNesby Act, and for good reason. There is a lot of need there and you may hear from them today. But we have members who also serve those with serious and persistent mental illness. These agencies haven't received a rate adjustment in a decade. And some of our members that provide these community-based services are projecting as much as seven figure losses by the

end of the calendar year. How long would any other business that contracts with the state continue to operate like this?

I use this example because there is a lot of need for this additional money and on behalf of the Ability Network of Delaware and our members, I strongly encourage you to prioritize existing services that have been drowning for decades. Prioritize commitments the state has already made to their contracted partners, their staff and most importantly the often-unseen Delawareans they serve.

Stephanie McClellan, DNP, MBA, RN, CMSRN, NE-BC
President

Christopher Otto, MSN, RN, CCRN
Executive Director



June 17, 2024

Statement of Support for Senate Substitute 1 for Senate Bill 13

As nurses deeply committed to the well-being and health of individuals and families, the Delaware Nurses Association supports SS1 for SB13 that establishes a hospital quality assessment and related health equity fund and commission. This Act is vital for the continued growth and investment in the health and well-being of all Delawareans. As nurses, we are committed and capable of addressing health inequalities and disparities in our state. This is why we stand behind and support SS1 for SB13.

DNA thanks primary sponsor, Senator Sarah McBride, for her continued dedication, collaboration, and visionary leadership in bringing this assessment and legislation to Delaware. Investing in the Hospital Quality and Health Equity Fund will be significant in helping to eliminate health disparities and support every Delawarean in achieving a higher state of health and life satisfaction. Directed through Medicaid initiatives, we can reach the most vulnerable Delawareans to improve their health, access to care, equity, and livelihood.

In summary, this legislation is a crucial step toward ensuring that all Delawareans have the necessary support to maintain their health and safety, which in turn supports the overall well-being of our society.

A handwritten signature in blue ink that reads "Stephanie McClellan".

Stephanie McClellan, DNP, MBA, RN, CMSRN, NE-BC
President

A handwritten signature in black ink that reads "Christopher Otto RN".

Christopher Otto, MSN, RN, CCRN
Executive Director



June 18, 2024

Brian W. Frazee
President & CEO

The Honorable Kerri Evelyn Harris
Delaware General Assembly
411 Legislative Ave.
Dover, DE 19904

Dear Representative Harris,

Nemours Children's Health
Mark Marcantano, JD
Regional President,
Nemours Children's
Delaware Valley

The Delaware Healthcare Association, representing Delaware's hospitals, health systems, and related healthcare organizations, is pleased to support SS 1 for Senate Bill 13.

Bayhealth
Terry Murphy,
President & CEO

SS 1 for SB 13 is historic legislation that will transform Delaware's healthcare landscape for the better by establishing a provider assessment in Delaware. This assessment, which nearly every other state in the country has, will enable Delaware to receive additional federal Medicaid matching dollars that will be used to invest in our shared healthcare priorities, including behavioral health, workforce, access, and health equity. This proposal will bring in more than \$100 million in additional healthcare funding to our state.

Beebe Healthcare
David A. Tam,
MD, MBA,
President & CEO

ChristianaCare
Janice E. Nevin,
MD, MPH
President & CEO

This is yet another example of what we can accomplish when policymakers, elected officials, and hospitals work together to advance our shared goal of enabling Delawareans in all of our local communities to achieve optimal health.

TidalHealth Nanticoke
Penny Short, MSM, BSN,
RN
President & CEO

Thank you for the opportunity to share DHA's support for SS 1 for SB 13. We look forward to working with you and your colleagues in the General Assembly to advance this legislation.

Saint Francis Hospital
James Woodward
President, & CEO
Trinity Health Mid-
Atlantic Region

Sincerely,

Delaware Healthcare Association
Brian W. Frazee
President & CEO

A handwritten signature in black ink that reads 'Brian Frazee'.

Brian Frazee
President & CEO
Delaware Healthcare Association



June 18, 2024

Kerri Evelyn Harris, Chair
House Health & Human Development Committee
411 Legislative Avenue
Dover, DE 19901

Dear Chair and all House Health & Human Development Committee Members:

On behalf of Brandywine Counseling & Community Services, Inc. (BCCS), please note BCCS' support of Senate Substitute 1 for Senate Bill 13 titled "AN ACT TO AMEND TITLES 16 AND 30 OF THE DELAWARE CODE RELATING TO HOSPITAL QUALITY ASSESSMENTS AND ESTABLISHMENT OF A HOSPITAL QUALITY AND HEALTH EQUITY FUND AND HOSPITAL QUALITY AND HEALTH EQUITY ASSESSMENT COMMISSION".

BCCS is Delaware's largest provider of comprehensive behavioral health services focusing on substance use disorders, mental health disorders, and their co-occurrence. BCCS is a recognized leader in its fields of services which include, but are not limited to, medication-assisted treatment (MAT), integrated treatment services including an Infectious Disease Clinic (HIV and HEP-C), a perinatal health program for pregnant women in treatment, mobile medical outreach and treatment services including a Syringe Services Program (SSP) and STARS (a mobile unit offering medical and clinical assessments and MAT), a state-wide Naloxone distribution program, Peer-Based Recovery Support Services, and Title X family planning services. BCCS programming also includes targeted care management, justice-involved treatment, assessment, and re-engagement services through DUI and drug court diversion programs, anger management education, and a comprehensive series of education and prevention programming targeting youth, adolescents, young adults, and adults. Most recently, BCCS has implemented an array of homeless services focusing on state-wide street outreach and linkage services.

BCCS serves over 7,000 Delawareans each year and consistently serves Delaware's most socially- and economically marginalized populations. BCCS supports SS1 for SB 13 because its passing and implementation could directly benefit BCCS clients. Additional revenue/funding generated in Delaware could translate to increased access to Medicaid services for patients. BCCS is also hopeful that the creation of a Hospital Quality and Health Equity Fund and Commission - which would oversee the use of additional funding - will potentially improve healthcare quality and access, particularly for underserved communities such as those served by BCCS.

Please do not hesitate to contact me at lmorrison@brandywinecounseling.org or at 302.656.2348 should you need any further information.

Very truly yours,

Lynn M. Morrison, Ph.D.
Chief Executive Officer

Comment on SB 300 on Behalf of Sussex Pregnancy Care Center

June 18, 2024

Thank you members of the committee. I'm Nicole Luther, of Sussex Pregnancy Care Center, standing in opposition to SB 300.

SB 300 unconstitutionally targets pregnancy care centers while ignoring other entities providing various levels of medical care throughout the state. Pregnancy care centers offer factual information and compassionate care to those who need it most. Our clients review and sign our limitation of service waiver, choose the information they would like to receive, and are referred to a physician for prenatal or medical care. Our limited obstetric ultrasounds are completed by a certified health professional, authorized by our licensed medical director. This bill is unnecessary and unjustified, creates an undue burden of placing signs in multiple languages, in an effort to discredit our services.

For 39 years, we have provided free support at no cost to taxpayers. Last year alone, 174 mothers and fathers enrolled in our parenting and life skills program where they earn points to obtain things they need to care for their infants at no cost. We also provide English as Second Language Classes, maternity clothing, emergency material assistance, car seat safety education, and ongoing support up to a year after birth.

Every client who completed an exit survey last year rated their experience positively. Here are some of their words:

"The staff here is so welcoming. You never feel judged, they are always willing to help..."

"Everyone is so friendly and helpful...They do amazing things here!"

"They helped me much more than I expected. They helped me to take care of myself psychologically [and] emotionally during my pregnancy."

"I am so grateful for what you are doing here. This is the first time that I could see my baby on a screen before she was born and it was amazing. In [my country] we don't have that ability and it means a lot to me. God bless you all."

In closing, SB 300 is misguided and discriminatory in that it targets the great work we do in our communities.

Comments on SB 300 Behalf of A Door of Hope Pregnancy Center

My name is Rachel Metzger, representing A Door of Hope Pregnancy Center serving all of New Castle County. I am testifying in opposition of Senate Bill 300 because it would put an unduly burdensome notification requirement on our Center.

A Door of Hope has served your community and constituents for 43 years. We provide free, factual and confidential medical services completed by certified health care professionals who are employed by our center and are authorized and supervised by our licensed physician. We also offer a free parenting education program.

In 2023, we distributed 3,461 material items and conducted 2,113 parenting classes. All of this is free, at no tax payer expense.

Each of our state's pregnancy care centers closely follow the guidelines set by NIFLA. In doing so, our client care is always permission-based and we are clear to communicate to our clients what services we offer and do not offer.

This respectful and transparent care is why one of our clients, who I will refer to as Lisa wrote, this letter to me just a few weeks ago.

“A Door of Hope has been the backbone that I need to lean on when my babies are in need of anything. They have been here for us even before my babies were born. The videos I watch help me with parenting tips...I can depend on A Door of Hope, even if it is just for advice... they treat everyone equally, with respect, and they do their best to make sure we have everything we need. I thank them from the bottom of my heart.”

In closing, I urge you to vote NO on SB300.



THE NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES

June 18, 2024

Opposition to SB300
An Act to Amend Title 6 of the Delaware Code
Relating to Crisis Pregnancy Centers

To the Honorable Members of the House Committee on Health and Human Services:

I want to thank you for the opportunity to address the legal concerns surrounding SB300 at yesterday's committee hearing. As you know, I am Vice President of Legal Affairs for NIFLA, the National Institute of Family and Life Advocates. NIFLA successfully challenged a law similar to SB300 at the U.S. Supreme Court in 2018. I was not able to fully address that legal precedent during my testimony at yesterday's hearing and want to make sure that each of you are fully aware of this key information as you consider this undoubtedly unconstitutional bill.

In *NIFLA v. Becerra*, 138 S. Ct. 2361 (2018), NIFLA successfully defended our 100+ California pregnancy centers against an almost identical law to SB300. California had enacted the FACT Act which had two parts, one of which applies to SB300. That part of the FACT Act required non-medical pregnancy centers to post a 29-word disclosure notice on their facility walls and in all their advertising, including digital advertising, stating that they are not licensed as a medical facility by the state and has no medical providers on-site. SB300 attempts to do the same exact thing. The FACT Act was found unconstitutional by the Supreme Court in *NIFLA v. Becerra* utilizing the following analysis found at page 2377 of the decision:

1. The disclosure requirement "cannot be unjustified or unduly burdensome."
2. The disclosure must remedy a harm that is "potentially real not purely hypothetical."
3. The disclosure must extend "no broader than reasonably necessary" and "broad prophylactic rules" are not acceptable.
4. The state has the burden to prove that the disclaimer is neither unjustified nor unduly burdensome.

The Supreme Court held that California had not demonstrated any justification for the disclaimer other than a purely hypothetical one that women might be confused about the services that pregnancy centers provide. The Court went on to say that even if California had presented a nonhypothetical justification for the disclosure notice, the FACT Act unduly burdens protected speech by imposing a "government-scripted, speaker-based disclosure requirement that is wholly disconnected from California's informational interest." *Id.*, at 2377. Furthermore, the Court pointed out that the notice requirement applied to "a curiously narrow subset of speakers."

The Court elaborated how burdensome the notice requirement was as it was required in all print and digital advertising, and in multiple languages. Adding a 29-word notice in several languages basically "drowns out the facility's own message" in any advertising. *Id.*, at 2378.

NIFLA v. Becerra is exactly on point for SB300. It would very likely be unethical and a violation of your oath of office to pass a law that is so certainly unconstitutional. There has been no justification offered for SB300. At the hearing yesterday, bill-sponsor Representative Minor-Brown stated that she is unaware of any complaints filed against pregnancy centers. The others who testified for the bill gave vague stories consisting of multiple layers of hearsay. Representative Minor-Brown also indicated that evidence was not necessary as the bill is prophylactic – clearly not permitted by the Constitution, See, e.g., *Zauderer v. Office of Disciplinary Counsel of Supreme Court of Ohio*, 471 U.S. 626, 649. The state has not met its burden that the required disclaimer is neither unjustified nor unduly burdensome.

Furthermore, there are already laws in Delaware that could be implemented to handle any of the issues that the sponsors of this bill seem to be trying to address. For example, the unlawful practice of medicine (24 DE Code §1701) and fraudulent and misleading advertising (6 DE Code §2532). SB300 unnecessarily targets specific speakers because of their message – which was clear from the focus of the questions and statements made at yesterday’s hearing.

Recently the U.S. District Court in the Northern District of Illinois, Western Division, ordered a permanent injunction against a similar type of unconstitutional attack on pregnancy centers in *NIFLA v. Raoul*, No. 23 CV 50279 (2023). As Judge Johnston stated in his Preliminary Injunction Order about the Illinois law SB1909: “Justice Scalia once said that he wished all federal judges were given a stamp that read ‘stupid but constitutional.’” *Brown v. Chicago Bd. of Educ.*, 824 F.3d 713, 714 (7th Cir. 2016). SB 1909 is both stupid and very likely unconstitutional.” The same can be said of SB300.

The State of Delaware is treading on ground that has clearly been held unconstitutional in *NIFLA v. Becerra*. It would be wise to have legislative counsel thoroughly review this case before taking any further action on this bill.

NIFLA urges you to oppose SB300.

Sincerely,



Anne O’Connor, J.D.
V.P. of Legal Affairs



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**June 18, 2024, House Health and Human Development
Committee Senate Substitute 1 for Senate Bill 13**

Testimony from Charles “Chuck” Budd – Chimes

Thank you for the opportunity to provide testimony in support of Senate Substitute 1 for Senate Bill 13.

My name is Chuck Budd and I am the Director of Residential Services for Chimes Delaware.

For more than 30 years, Chimes has been a trusted provider of services and support for people with disabilities and barriers to independent living throughout our state. Chimes currently operates 43 community living residences throughout all three counties in Delaware, serving nearly 200 clients.

Chimes also offers multiple-day programs and vocational training and placement services in Delaware. Our community living homes are staffed by hundreds of dedicated Direct Support Professionals or DSPs.

Chimes supports Senate Bill 13 as considered by the committee, as the prospect of additional revenue streams to Delaware Health and Human Social Services (DHSS) will ultimately benefit those whom we serve.

As the bill sponsors also note, Delaware is one of only six states without this type of facility assessment which causes the state to miss out on Medicaid funding.

Chimes has testified in the past that without a tangible increase in Medicaid reimbursements, providers will experience additional financial pressure at a time when demand in the state continues to grow.

At Chimes, we value the work of our employees, and we are proud that we offer competitive wages and pay our employees a premium over the minimum wage. However, over the years, inflationary pressure combined with competitive wages from the private sector put the state’s collective Intellectual and Developmental Disability (IDD) care system at risk due to current and future workforce shortages.

In closing, Chimes works hard every day to provide a safe living environment for people with disabilities as well as a chance to foster important relationships with their fellow housemates, our amazing DSP staffers, and perhaps most importantly, members of our community.

Additional funding, potentially enabled through the passage of this bill offers the people we serve the opportunity to have a more meaningful day – every day.

Thank you for your consideration.



YWCA Delaware as an organization that serves many individuals living in food deserts, including our Home Life Management Center located at 8th and Madison, urges you to support funding for SS1 for SB 254.

Funding this bill will enable the Delaware Grocery Initiative to provide grants and financial assistance to various food resources, including grocery stores, food banks, and specialty grocers, to set up in food deserts. Many residents in these areas are low-income individuals and families, disproportionately affecting communities of color and other marginalized groups. By targeting these areas, the Act promotes equity and helps to reduce systemic disparities in food access.

Supporting this legislation will provide financial aid to local food resources, including small businesses and nonprofits. This not only helps these organizations grow but also stimulates local economies by creating jobs and supporting local farmers and producers.

When considering the budget, the amount spent would yield significant returns by investing in the health of those who lack community access to healthy and affordable food options.

Thank you for your consideration.

Becca Cotto

Director of Racial and Social Justice and Advocacy

Good afternoon!

I registered for public comment on SS1 for SB13 today in the House Health & Human Development Committee but had to step away and was unable to deliver my comments. I am hopeful that my written comments that I have submitted below might be included on record.

Thank you!

Chris

PUBLIC COMMENT on SS1 for SB13

Good morning, Madam Chair and members of the committee. My name is Chris Fraser, and I am the President & CEO of Westside Family Healthcare.

I am here today representing all of Delaware's Federally Qualified Health Centers – Westside, La Red Health Center, and Henrietta Johnson Medical Center as well as the Mid-Atlantic Association for Community Health Centers.

Thank you to the House Health & Human Services Committee for the opportunity to provide public comments. Delaware's Federally Qualified Health Centers would greatly appreciate this committee's support for Senate Bill 13.

Collectively, Delaware's three Federally Qualified Health Centers provide primary care for 43,000 Delawareans a year with 41% of our patients benefiting from the Medicaid program. We see firsthand the essential role the Medicaid program plays in providing services that help our patients live the quality of life that they deserve.

In addition to covering the cost of medical, dental, behavioral health, and vision care, Medicaid offers a wide range of services including lifesaving medications, transportation to appointments,

technology to monitor chronic diseases at home, and now for the first time in 2024, community-based doula services.

We're hopeful this list of services could also grow to include coverage for food as medicine initiatives and reimbursement for community health workers, as we hear firsthand from our patients about the need and the value that extra support services provide. Leveraging additional federal investment in Medicaid is vital to ensuring our patients receive the wide range of services they need to thrive.

We are confident that the impact of this bill will be significant. And we are grateful to Delaware's hospitals for being willing to contribute a portion of revenue so Delaware can maximize the federal Medicaid match – which will help build vibrant communities and equitable access to healthcare services across the state.

Thank you!

- END -

Chris Fraser, MBA, FACHE

President and CEO

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Celebrating 36 years of treating you well

Comment on SB300 on behalf of Her Care Clinic

Thank you members of the committee. My name is Lilybeth Otero, the Executive Director of Her Care Clinic, serving western Sussex County. I am testifying in opposition of SB300 because it is unconstitutional and ultimately seeks to discredit pregnancy care centers.

We provide free, **factual** & confidential medical services which include pregnancy tests and limited obstetric ultrasounds that are performed by certified medical personnel, authorized by our licensed physician. Every client we encounter is **accurately informed** on the limitations of our medical services and is provided with information on where she could go for further prenatal care.

Women come to us seeking support on their pregnancy journey and we **freely** offer it, at no cost to her, or the taxpayer. Support in the form of practical needs like a carseat, diapers, wipes, the list of resources we give is long. But, the best support we give is a safe space where women can express every concern they have over bringing life into this world. They know we hear them, and most importantly they know we care.

SB300 singles us out, seeks to silence our voice, and discriminates against what we have every right to stand for- Giving women the facts when they need it most and a commitment to be on the journey with them.

You don't have to take my word for it. Here is a list of words clients regularly use to describe us.

Kind, helpful, factual, knowledgeable, friendly, caring, and professional.

SB300 targets the great and longstanding work that we do in our communities and therefore the women we serve. No matter where you stand on this bill, I believe we can all agree that the need to feel supported in pregnancy, especially when it is unplanned, is imperative to everyone involved. That is what pregnancy centers do, listen, support, inform, and resource.

Vote no on SB300

Sincerely,

Lilybeth Otero

Executive Director, Her Care Clinic

(302) 558-5283

Dear House Committee and House Chamber,

SB301 is intentionally deceptive. The Emergency Contraception pills are already readily available in vending machines on campus. Obviously it confuses the public into equating abortion drugs with Emergency Contraception. EC work on depriving the embryo of nutrients to achieve death. Abortion drugs work to expel a 12 week gestational fetus and older from the uterus in two ways-deprivation of nutrients and uterine contractions to cause expulsion. The drugs can be used offline at later gestational stages and has been the cause of death by uterine rupture.. In fact this is considered labor and as such the mother experiences a myriad of dangerous and painful side effects.

Now, be realistic and picture your daughter in a dorm room or classroom building (used by the general student population) bathroom by herself in full labor without any medical support to assess extreme nausea, bleeding, vomiting, cramping , need for follow up surgery, allergic reactions, sepsis, risk of hysterectomy from complications, and even death.

The dead fetus must remain on the floor, bed, or toilet since it is too large to flush in a drain. The bloody discharge and dead fetus is considered infectious waste and exposes anyone and anything nearby to contamination. Even PP sends fetal remains to Stericycle for incineration for proper disposal.

The girl is traumatized for life at seeing this scene play out.

Oh but the prescriber said just go to the nearest emergency room or call 911. You really think the girl wants to expose her abortion?? You really think this is safe as pro aborts purport? Quite honestly, this is blood on your hands and a serious liability for colleges if you allow abortions on campuses. VOTE NO TO SB301

Bess McAneny RN BSN MS

bmcaneny@aol.com

Good morning,

Please let this email serve as the Delaware Developmental Disabilities Council (DDC) and DDC Policy and Law Committee's written comments for bills SS1 for SB254, SB215 w/ SA1 and SA2, SB78, SS1 for SB82.

If you have any questions regarding comment, I have cc'd Maitri Campbell, Chair, DDC Policy and Law Committee and Kristin Harvey, Executive Director of the DDC.

SS1 for SB254 – AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO FOOD DESERTS.

The council and Policy and Law Committee thank you for addressing food insecurity in our state. For people with disabilities the issue of food insecurities is more complex than the distance to a grocery store. Some issues include accessible transportation to a store and then once they reach the store is it accessible to enter and shop. Another issue is there is a lack of affordable food that meets nutritional needs of all people including people with special dietary needs. Please consider adding representation of people with disabilities that have lived with food insecurity as stakeholders.

SB215 w/ SA1, SA2 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO STATE INSPECTIONS OF LONG-TERM CARE FACILITIES

The council and Policy and Law Committee thank you for ensuring that every long-term care facility will be inspected at least once a year to ensure compliance. Council and Committee would recommend that long term care facilities also be inspected anytime there is a Critical incident report. Critical incident reports occur whenever there is a critical incident or event that poses significant risk of serious harm to someone's health, safety, or wellbeing. This could include abuse, neglect, exploitation, rights violations, serious injury or medical emergency, wandering or elopement, restraint violations, death, or medication errors.

Thank you,

Rachel Engle

Fiscal Advisor II

Delaware Developmental Disabilities Council (DDC)

410 Federal Street, Suite 2, Dover, DE 19901

302-739-3333 (O), 302-739-2232 (direct)

My name is Brittnee Finger, representing NEW DAY Pregnancy Care Center serving the Kent County Community. I am testifying in opposition of Senate Bill 300.

NEW DAY has served our community for 39 years. In just the past 3 years I have been director we have provided thousands of free, factual and confidential medical, educational and support and care services to women, men and their families.

Our center is managed by paid professionals who provide holistic, individualized, and permission based care and support. All of our medical services are performed by certified healthcare professionals, authorized by our licensed medical director.

We uphold standards of excellence and conduct ourselves according to practices that respect and value our clients' right to know. Before receiving services our clients are provided with documents that inform them of the services that are available to them, unavailable to them as well as their rights and choices and our responsibilities while in our care.

Our clients come to us by choice and in need and we exist to meet those needs. Each client who walks through our door is met with respect, compassion and professional care and they leave feeling educated, equipped, and empowered. A former client said it best. "At NEW DAY, I felt safe and comfortable. The center was clean and the staff and volunteers were friendly and professional. They were supportive and understanding and I did not feel judged or pressured. NEW DAY met my needs quickly and I am so grateful for their help."

SB 300 is not just a piece of paper to display, it is discriminatory, seeks to discredit the services we offer and creates an undue burden. Vote no on SB 300.