

TESTIFYING TIPS FOR PEDIATRICIANS



INTRODUCE YOURSELF 01.

I am a pediatrician from....

CLEARLY STATE YOUR POSITION

I am opposed to HB ###....

PROVIDE THE EVIDENCE 03.

Provide several reasons for your position

SHARE YOUR EXPERIENCE

Share a patient story while maintaining confidentiality



USE A VISUAL 05.

Graph, table, figure, etc.

LINK TO THE EVIDENCE

Include hyperlinks to research, policy statements, etc.

ALLOW FOR FOLLOW UP

Include an email (written) or end by saying you would be happy to answer questions (oral)

BE CONCIESE

One page (written) or less than three mins (oral)



From Dr. Kiki Kennedy

Good [Morning/Afternoon/Evening] Members of the [Name] Committee:

My name is [Name] and I am a physician working as a [resident/fellow] in [field, e.g., internal medicine, pediatrics, surgery, psychiatry, Ob/Gyn, etc.] at [Name of Hospital or Institution] and I live in [City/Town]. These opinions are my own, and do not reflect the opinions of my [Name of Hospital or Institution].

I am testifying today [in SUPPORT of / in OPPOSITION to] Bill [Number and Title].

I support/oppose this bill because (offer no more than 3 arguments):

- Argument 1
- Argument 2
- Argument 3

Let me give you a sense of why this bill [is needed/should be stopped.]

(Offer a vignette that is vivid and more evocative than what you provided in your written material or add in a second vignette. If you described clinical material, be sure to disguise it to maintain patient confidentiality.)

To be sure... (Offer a brief rebuttal if you are aware of any commonly used counterarguments.)

Thank you so much for your time. I am asking you to please vote to [support/oppose] this bill. I have also submitted written testimony.

I would be happy to answer any questions.



From Dr. Kiki Kennedy

Testimony in [SUPPORT of / in OPPOSITION] to Bill Number and Bill Title

Dear Members of the [Name] Committee:

State your credentials (e.g., MD, MPH) and the [City/Town] where you reside in CT. Then describe your professional role. If you mention any affiliations, like your employer, offer a disclaimer "these opinions are my own, and do not reflect the opinions of ..."

Offer a brief vignette that illustrates why the bill is needed/may cause harm. If you include any clinical material be sure to disguise it to maintain patient confidentiality.

Offer 3 to 5 arguments using bullets e.g., I support this bill because:

- Argument 1
- Argument 2
- Argument 3

Offer a brief rebuttal if you are aware of any anticipated counterarguments, e.g., "To be sure..."

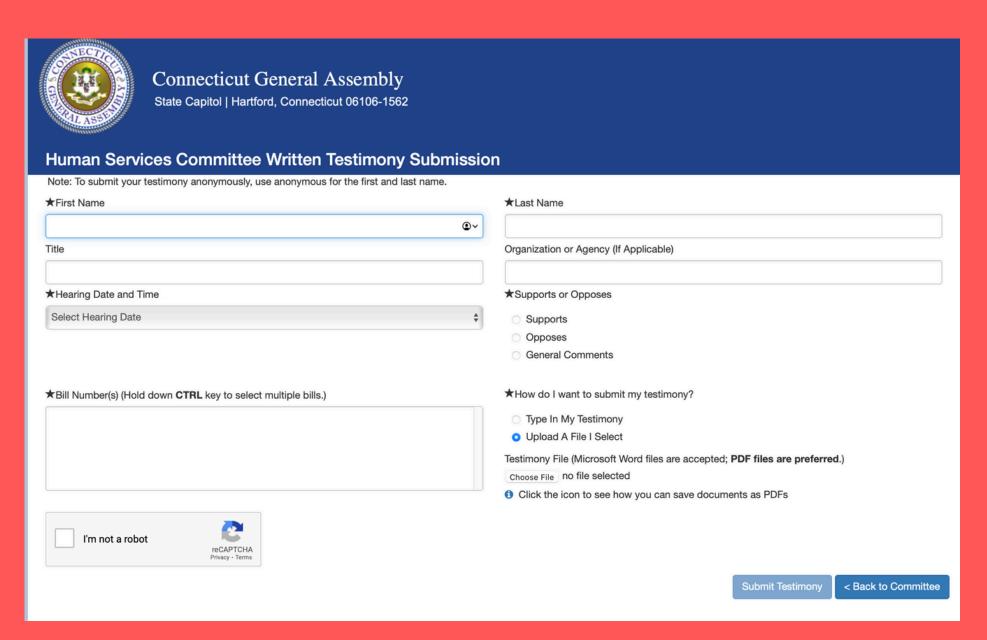
Conclude with a clear ASK for their vote and express a THANK YOU for their time and consideration.

Your Name

Contact info – be aware that this will be public.

List any references here.





Best to submit a PDF!



Know the deadline! In zoom or in person to sign up to testify.



Webinar Registration

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QUESTIONS?

Please reach out: mollymarkowitz12@gmail.com