



TESTIFYING TIPS FOR PEDIATRICIANS



01.

INTRODUCE YOURSELF

I am a pediatrician from....

02.

CLEARLY STATE YOUR POSITION

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

03.

PROVIDE THE EVIDENCE

Provide several reasons for your position

04.

SHARE YOUR EXPERIENCE

Share a patient story while maintaining confidentiality



05.

USE A VISUAL

Graph, table, figure, etc.

06.

LINK TO THE EVIDENCE

Include hyperlinks to research, policy statements, etc.

07.

ALLOW FOR FOLLOW UP

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

08.

BE CONCISE

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!



Connecticut General Assembly
State Capitol | Hartford, Connecticut 06106-1562

Human Services Committee Written Testimony Submission

Note: To submit your testimony anonymously, use anonymous for the first and last name.

★First Name	<input type="text"/>	★Last Name	<input type="text"/>
Title	<input type="text"/>	Organization or Agency (If Applicable)	<input type="text"/>
★Hearing Date and Time	Select Hearing Date		
★Bill Number(s) (Hold down CTRL key to select multiple bills.)	<input type="text"/>		
<input type="checkbox"/> I'm not a robot		 reCAPTCHA Privacy - Terms	

★Supports or Opposes


☐ Supports
☐ Opposes
☐ General Comments

★How do I want to submit my testimony?

☐ Type In My Testimony
☒ Upload A File I Select

Testimony File (Microsoft Word files are accepted; **PDF files are preferred.**)

no file selected

 Click the icon to see how you can save documents as PDFs



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



Webinar Registration

Topic Human Services Committee Public Hearing - 2/14

Description The Human Services Committee will hold a public hearing on February 14, 2023 at 11:00 AM in Room 2C of the LOB and via Zoom. Registration will close on February 13, 2023 at 3:00 P.M. Speaker order of approved registrants will be listed in a randomized order and posted on the Human Services Committee website on February 13, 2023 at 6:00 PM under Public Hearing Testimony. Please submit written testimony using the On-line Testimony Submission Form.



Time Feb 14, 2023 11:00 AM in [Eastern Time \(US and Canada\)](#)

* Required information

First Name *

Molly

Last Name *

Markowitz

Email Address *

molly.markowitz@yale.edu

Confirm Email Address *

molly.markowitz@yale.edu

City *

Zip/Postal Code *



QUESTIONS?

Please reach out:
mollymarkowitz12@gmail.com