Testimony in Opposition to SB 450 and HB 5044

Public Health Committee Hearing

Connecticut General Assembly – Hartford, Connecticut

Submitted by: Amybeth Laroche
Newtown, Connecticut

Dear Senator Lesser, Representative Steinberg, and members of the Public Health Committee:

My name is Amybeth Laroche. I am a Connecticut resident, parent, author, and advocate from Newtown. I respectfully submit this testimony in strong opposition to SB 450 and HB 5044.

While these bills are presented as public health measures, they raise serious concerns regarding constitutional protections, parental rights, medical autonomy, and the importance of evidence-based science in medical decision-making.

The United States Supreme Court has repeatedly affirmed that parents possess a fundamental constitutional right to direct the care, upbringing, and medical decisions of their children. In *Troxel v. Granville*, 530 U.S. 57 (2000), the Court recognized that the liberty interest of parents in the care, custody, and control of their children is one of the oldest fundamental liberty interests protected by the Constitution. Likewise, in *Prince v. Massachusetts*, 321 U.S. 158 (1944), the Court acknowledged that the custody, care, and nurture of the child reside first in the parents.

Connecticut courts have similarly recognized the fundamental nature of parental rights. In *Roth v. Weston*, 259 Conn. 202 (2002), the Connecticut Supreme Court reaffirmed that parents have a constitutionally protected interest in raising their children free from unnecessary state interference. These legal principles reflect a long-standing recognition that parents—not government agencies—are best positioned to make decisions regarding the health and welfare of their children in consultation with trusted medical professionals.

The principle of bodily autonomy is also deeply embedded in American law. In *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261 (1990), the Supreme Court affirmed that individuals possess a constitutionally protected liberty interest in refusing unwanted medical treatment. The doctrine of informed consent is a cornerstone of modern medical ethics and ensures that patients and parents have the right to evaluate risks, benefits, and alternatives before consenting to medical interventions.

Expanding administrative authority to define immunization standards raises concerns about shifting medical decision-making away from the physician-patient relationship and toward government-driven policy. Public health policy must preserve individualized medical evaluation and respect informed consent.

These bills also raise concerns regarding the delegation of legislative authority. Article Second of the Connecticut Constitution establishes the separation of powers and states that the powers of government shall be divided into three distinct departments. When broad authority to determine medical standards is delegated primarily to administrative agencies rather than established

through legislative debate and oversight, it risks weakening democratic accountability and the safeguards that protect the rights of Connecticut residents.

In addition to constitutional concerns, it is essential that public health policy reflect established immunological science. One important concept is the role of antibody titers and immune memory in determining immunity.

Antibody titers are laboratory tests that measure the presence of protective antibodies in the bloodstream following vaccination or natural infection. These tests are commonly used in clinical medicine to confirm immunity to diseases such as measles, mumps, rubella, and varicella. When protective antibody levels are present, they provide evidence that the immune system has previously encountered the pathogen and developed protection.

Modern immunology recognizes that immunity involves not only circulating antibodies but also durable immune memory through B cells and T cells, which allow the body to mount a rapid immune response upon re-exposure to a pathogen. Scientific literature has long recognized that immune protection may persist through immune memory even when circulating antibodies decline, and antibody titers are frequently used in clinical medicine to confirm immunity.

Research published in peer-reviewed journals demonstrates that immune memory can persist for decades following vaccination or natural infection. Amanna, Carlson, and Slifka (2007) published a landmark study in the *New England Journal of Medicine* demonstrating long-term humoral immunity to many viral and vaccine antigens. Plotkin (2010), in *Clinical and Vaccine Immunology*, described how antibody titers serve as important correlates of protection following vaccination. Crotty (2019), writing in *Nature Reviews Immunology*, further explains the role of memory B cells and T cells in maintaining long-term immune protection even when antibody levels decline.

These well-established scientific principles demonstrate that immunity is complex and individualized. Public health policies that do not allow consideration of laboratory-confirmed immunity risk disregarding established immunological science and may lead to unnecessary medical interventions.

Connecticut has historically recognized the importance of balancing public health measures with respect for individual rights and parental authority. For decades, Connecticut maintained vaccine exemption provisions that acknowledged the role of parental judgment and religious freedom in medical decision-making. The removal of flexibility in public health policy has historically generated significant legal challenges and public controversy. When legislation eliminates reasonable accommodations without clear consideration of constitutional protections and individualized medical circumstances, it risks undermining public confidence and creating further legal disputes. Maintaining reasonable flexibility within public health policy has long helped Connecticut balance individual rights with community health.

Connecticut law has historically sought to balance public health with respect for civil liberties. Under Connecticut General Statutes §52-571b, the Connecticut Religious Freedom Restoration Act, the government may not substantially burden a person’s exercise of religion unless it

demonstrates that doing so is the least restrictive means of furthering a compelling governmental interest. Legislation that expands government authority over personal medical decisions must therefore be carefully scrutinized to ensure that it does not unnecessarily infringe upon protected liberties.

Connecticut has always been a state that values both public health and individual liberty. These principles are not in conflict—they are the foundation of responsible governance. Policies that respect parental rights, informed consent, and the physician-patient relationship strengthen trust in public institutions and promote lasting public health outcomes. When government authority expands into areas traditionally reserved for families and medical professionals, it risks eroding that trust. I respectfully urge this Committee to carefully consider whether these bills strike the proper constitutional and scientific balance. For these reasons, I ask that you reject SB 450 and HB 5044 and instead pursue policies that protect both the health and the fundamental rights of Connecticut families.

Thank you for your time and consideration.

Respectfully submitted,

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