

## MLPP Appoints Medical Director

Center for Children's Advocacy's Medical-Legal Partnership has appointed Sarah Schlegel, M.D. as the project's medical director. Dr. Schlegel is an attending physician at Connecticut Children's Medical Center in the Department of Developmental and Behavioral Pediatrics. She recently completed a fellowship in developmental-behavioral pediatrics at Yale University. She received her bachelor's degree in neuroscience and behavior at Wesleyan University, and her medical degree from the University of Connecticut School of Medicine. She also completed a pediatric residency at Stony Brook University Hospital. Dr. Schlegel is board-certified in general pediatrics, and is a member of numerous professional organizations including the American Academy of Pediatrics (AAP) and the Society for Developmental and Behavioral Pediatrics.

A member of the AAP since 2001, Dr. Schlegel currently sits on the Oral Health Initiative steering committee for the Partnership to Reduce Oral Health Disparities in Early Childhood. In 2007, she spearheaded and now co-chairs the Ad Hoc Trainee/Recent Graduate Committee in the Society for Developmental and Behavioral Pediatrics. Her involvement in Reach Out and Read led her to create her own youth literacy non-profit organization; she founded ReBook (Recycling Books for Kids) in 2000.

Dr. Schlegel is an assistant professor of pediatrics with the UConn School of Medicine Department of Pediatrics. Her clinical work includes outpatient services for children with developmental and learning problems, and support for the outpatient and inpatient rehabilitation programs, and the Special Kids Support Center - Medical Home Initiative.

As medical director for the MLPP, Dr. Schlegel will work with MLPP attorneys to develop training curriculum for resident and attending physicians, and will conduct interdisciplinary educational opportunities for the MLPP. Dr. Schlegel will consult with CCA staff on medical-legal issues, including developmental disabilities, educational curriculum, and medical diagnoses. She will take a lead role with the MLPP director to devise systemic advocacy strategies to address the unmet medical needs of children at risk.

Dr. Paul Dworkin, CCMC's Physician-In-Chief and Chair of the Department of Pediatrics at the UCONN School of Medicine, will continue to serve as chief medical advisor to the MLPP.

## MLPP Introduces Important Pediatric Utility Legislation

The MLPP recently introduced legislation to prevent utility shutoffs to Connecticut's most vulnerable children. HB 5216 – An Act Concerning Utility Termination for Households with a Member Less than Twenty-Four Months Old – aims to prevent utility shutoffs to Connecticut households with very young children.

The bill, authored by MLPP senior staff attorney Bonnie Roswig, is designed to protect the health and well-being of the youngest of Connecticut's children – and CCA provided the Committee with medical evidence to support the imminent need for the bill. As Pediatrics, the Journal of the American Academy of Pediatrics has reported, very young



children cannot regulate their body temperatures – they do not shiver when cold or sweat when hot. The result of exposure to temperature extremes leads to a host of very serious health risks. The medical data, which was collected in a study of 10,000 children in six states, found that babies and toddlers who live in households where the utilities have been terminated, or where the household faces utility termination, have higher rates of hospitalization, have higher in-

cidences of health ratings of “fair to poor,” and experience significant developmental issues. Often, in a household with “energy insecurity,” the family is faced with the “heat or eat” crisis – i.e. a family puts its scarce resources toward utility expenses and cuts back on food, leading to significant nutritional issues. Many families who have had their utilities terminated will use alternative sources for light, heat and hot water. They will heat with their stoves, get light from candles and boil tap water if the heat has been shut off and the household needs hot water.

At a legislative hearing on February 23, 2010, members of the legislature's joint Committee on Energy and Technology varied in their response to the bill and to the medical issues raised. Some responded that there are already existing protections for families with medical issues and for those

who are financially challenged during the winter months. Attorney Roswig testified that the Bill 5216 addresses a gap in the existing law. The need for protection for these very young children exists twelve months a year and is an issue of medical need and not financial insecurity. Further, the existing protection from termination of utilities for medical reasons only exists when there is a “life threatening” condition or “seriously illness” present in the household. The ramifications of utility shutoffs for babies and toddlers are increased illness, higher hospitalization admissions, and improper nutrition. These are factors that may have lifelong implications but are not immediately “life threatening” or constitute a “serious illness” and therefore the existing statutory protections do not apply. Some committee members seemed to question whether the argument regarding families using alternative heat sources was valid given existing housing safety laws. Legislators voiced concern that creating this new protection would lead to abuse by people who just weren’t responsible about paying their debts. The new law, they argued, would just lead to higher bills for fiscally responsible customers.

Coincidentally, on the day Bonnie Roswig testified before the legislative committee, she learned that a client – “Amanda” – had suffered serious burns when her family had their gas service terminated, and Amanda had hopped into the tub filled with boiling water heated on the electric stove before her mother could add cold water. As a result, Amanda was hospitalized with serious burns.

Hopefully, lying in a hospital bed with feet swathed in bandages may be one day be a faint memory for Amanda, but it will never leave the thoughts of her mother. The story appears to have a happy ending – Attorney Roswig was able to negotiate with the gas company to have the gas turned on for the short term and to arrange a payment agreement for the future. Attorney Roswig calculated that the family should have been eligible for assistance with their utility bills as well as food stamps, and is helping them with the applications process.

Given her horrendous experience, Amanda is now also eligible for “medical protection,” which protects the household from utility termination during her recovery. Reflecting on matters following the Energy and Technology Committee hearing and Amanda’s accident, Attorney Roswig thought of the skepticism of some of the Committee members.

### **What Can You Do?**

If you are a pediatrician practicing in Connecticut, you can contact the Connecticut Chapter of the American Academy of Pediatrics and indicate that you support HB 5216, the bill which prevents utility shutoffs to households with chil-

dren under two years old. In addition, you can contact your legislator directly and voice your support for this important pediatric safety measure. You can access the legislature’s “find your legislator” website by going to [www.cga.ct.gov/asp/menu/CGAFindLeg.asp](http://www.cga.ct.gov/asp/menu/CGAFindLeg.asp). Please contact Bonnie Roswig directly at [broswig@ccmckids.org](mailto:broswig@ccmckids.org) or call her at her CCMC office at (860) 545-8581.

**Update:** On March 21, 2010, the legislature’s Energy and Technology Committee met and voted to favorably “report out” HB 5216. By a vote of 13-8, the committee agreed to report the bill to the Floor of the House of Representatives with “substitute language.” The MLPP has learned that the committee amended the bill to prevent shutoffs for children under the age of two but only during cold weather months. At press time, the MLPP was working to evaluate how to proceed on getting the bill placed on the House calendar, and assessing ways to re-introduce the critical element of year-long utility shutoff protection for children under two.

### **Call For Questions**

MLPP News invites questions about medical-legal issues such as ethics, confidentiality or medical necessity, and will publish questions and answers in an upcoming issue.

Please address questions to the MLPP Director at [jsicklick@kidscounsel.org](mailto:jsicklick@kidscounsel.org), or call MLPP offices at (860) 714-1412 or (860) 545-8581.

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### **To Refer a Case**

#### **Medical Legal Partnership**

Jay Sicklick: 860-714-1412 [jsicklick@kidscounsel.org](mailto:jsicklick@kidscounsel.org)  
Bonnie Roswig: 860-545-8581 [broswig@ccmckids.org](mailto:broswig@ccmckids.org)

#### **Immigrant or Refugee Matters**

Stacey Violante Cote: 860-570-5327 [sviolant@kidscounsel.org](mailto:sviolant@kidscounsel.org)

**More information** about the Medical-Legal Partnership Project is available at [www.kidscounsel.org](http://www.kidscounsel.org).

MLPP is a joint medical-legal collaboration between the Center for Children’s Advocacy, Connecticut Children’s Medical Center, Charter Oak Health Center, Community Health Services, Saint Francis Hospital & Medical Center, and The Hospital of Central Connecticut.

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