



**Massachusetts General Court
Joint Committee on Financial Services
2009-2010**

HEARING TESTIMONY FORM

*PLEASE COMPLETE ONE SHEET FOR EACH PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.

Hearing Date: 1/27/2010

If you would like to present oral testimony or be recorded on any legislation, please provide the following information:

Testimony on Bill #: H 3897
S _____

ORAL TESTIMONY: In support of () In opposition to ()

TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Robin Snyder-Drummond

ORGANIZATION AND ADDRESS: Birthready 366 Grove St. Melrose MA

TELEPHONE #: 617 435 0693

EMAIL ADDRESS: robin@birthready.com

Please submit this completed form to committee staff prior to hearing.

Thank you,

Senator Stephen J. Buoniconti, Senate Chair
Representative Peter J. Koutoujian, House Chair



**Massachusetts General Court
Joint Committee on Financial Services
2009-2010**

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S _____

She has a fussy baby & asked if she could go soon.

ORAL TESTIMONY:

In support of

In opposition to

TO BE RECORDED ONLY:

In support of

In opposition to

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No

NAME (please print): Stephanie Rand

ORGANIZATION AND ADDRESS: 102 Hyde Park Ave., JP, 02130

TELEPHONE #: 617 388-4257

EMAIL ADDRESS: steph.rand@gmail.com

Please submit this completed form to committee staff prior to hearing.

Thank you,

Senator Stephen J. Buoniconti, Senate Chair
Representative Peter J. Koutoujian, House Chair



Massachusetts General Court
Joint Committee on Financial Services
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S _____

ORAL TESTIMONY:

In support of (✓) In opposition to ()

TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (✓) No ()

NAME (please print): KATHY ABBOTT

ORGANIZATION AND ADDRESS: 132 WATER ST Beverly MA

TELEPHONE #: 978 922 4289

EMAIL ADDRESS: ABBOTT KATHY@COMCAST.NET

Please submit this completed form to committee staff prior to hearing.

Thank you,

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Representative Peter J. Koutoujian, House Chair



**Massachusetts General Court
Joint Committee on Financial Services
2009-2010**

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Hearing Date: 1/26/2010

If you would like to present oral testimony or be recorded on any legislation, please provide the following information:

Testimony on Bill #: H 3897
S _____

ORAL TESTIMONY: In support of () In opposition to ()

TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): LORENZA HOULT

ORGANIZATION AND ADDRESS: Boston Assoc for Childbirth Education

TELEPHONE #: P.O. Box 29, Newtonville, MA 02460 617 953 3606

EMAIL ADDRESS: lorenzahoult@gmail.com

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Thank you,

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Representative Peter J. Koutoujian, House Chair



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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Dr Erin Tracy

ORGANIZATION AND ADDRESS: MA ACOG (Ames College ORB / WYN)

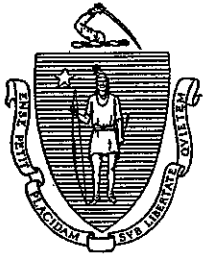
TELEPHONE #: (617) 226-3564

EMAIL ADDRESS: ETracy@partners.org

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Thank you,

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Representative Peter J. Koutoujian, House Chair



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S _____

ORAL TESTIMONY: In support of () In opposition to (X)

TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Sheila Sullivan

ORGANIZATION AND ADDRESS: Post partum Awareness

TELEPHONE #: 617 820 7026

EMAIL ADDRESS: Sheilasullivan1@yahoo.com

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Thank you,

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Representative Peter J. Koutoujian, House Chair



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ORAL TESTIMONY: In support of In opposition to ()

TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No

NAME (please print): Ellen Story

ORGANIZATION AND ADDRESS: House of Representatives, Room 146

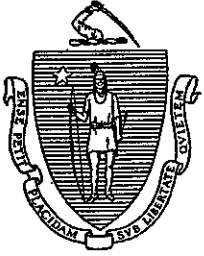
TELEPHONE #: 617-722-2012

EMAIL ADDRESS: rep.ellenstory@hov.state.ma.us

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Thank you,

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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Dr. William Beardslee

ORGANIZATION AND ADDRESS: Children's Hospital Boston

TELEPHONE #: ~~617-552-6087~~ 617-919-4629 1295 Boylston St
Boston, MA 02115

EMAIL ADDRESS: william.beardslee@childrens.harvard.edu

Please submit this completed form to committee staff prior to hearing.

Thank you,

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Representative Peter J. Koutoujian, House Chair



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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Rep. Denise Provost

ORGANIZATION AND ADDRESS: House of Representatives, Room 473

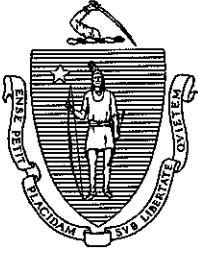
TELEPHONE #: 617-722-2210

EMAIL ADDRESS: rep.deniseprovost@hov.state.ma.us

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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (X) No ()

NAME (please print): Kate Weldon LeBlanc

ORGANIZATION AND ADDRESS: Jewish Children's & Family Service
~~14 Eldora St.~~ 14 Eldora St.; Roxbury Crossing, MA 02120

TELEPHONE #: 781-647-5327

EMAIL ADDRESS: kbleblanc@jfcsboston.org

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Thank you,

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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (X) No ()

NAME (please print): Dr. Daniel Shaw

ORGANIZATION AND ADDRESS: Boston Medical Society
860 Harrison Avenue 9th fl.
Boston, MA 02118

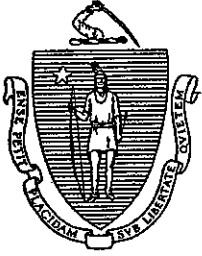
TELEPHONE #: 617-638-8000

EMAIL ADDRESS: dshaw@bu.edu

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Thank you,

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 Representative Peter J. Koutoujian, House Chair



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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Rep. Kay Khan

ORGANIZATION AND ADDRESS: House of Representatives, Room 146

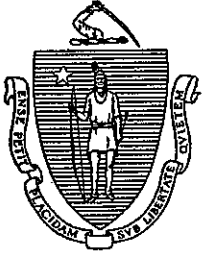
TELEPHONE #: 617-722-2011

EMAIL ADDRESS: rep.kaykhan@hov.state.ma.us

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Lisa Waxman

ORGANIZATION AND ADDRESS: 9 Pontiac Road
Peabody, MA 01960

TELEPHONE #: 617-943-9342

EMAIL ADDRESS: lisa.waxman@yahoo.com

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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Dr. Allison Schonwald

ORGANIZATION AND ADDRESS: Childrens' Hospital Boston
1295 ~~Boylston~~ Boylston St., Boston MA 02115

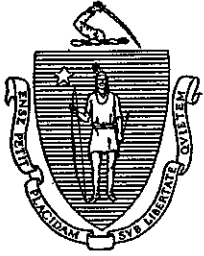
TELEPHONE #: 617-355-4125

EMAIL ADDRESS: allison.schonwald@childrens.harvard.edu

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (X) No ()

NAME (please print): Dr. Shari Nethersole

ORGANIZATION AND ADDRESS: Children's Hospital Boston
1295 Boylston St.
Boston, MA 02115

TELEPHONE #: 617 919 3059

EMAIL ADDRESS: shari.nethersole@childrens.harvard.edu

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Sheila Jewett

ORGANIZATION AND ADDRESS: MGH-Chelsea
57 Market St, Apt 2
Cambridge, MA 02139

TELEPHONE #: 617-491-2693

EMAIL ADDRESS: sjewett@partners.org

Please submit this completed form to committee staff prior to hearing.

Thank you,

Senator Stephen J. Buoniconti, Senate Chair
Representative Peter J. Koutoujian, House Chair



Massachusetts General Court
Joint Committee on Financial Services
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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Liala Buoniconti

ORGANIZATION AND ADDRESS: MGH-Chelsea
48 Cotting St., Medford MA 02155

TELEPHONE #: 617-887-3814

EMAIL ADDRESS: lbuoniconti@partners.org

Please submit this completed form to committee staff prior to hearing.

Thank you,

Senator Stephen J. Buoniconti, Senate Chair
 Representative Peter J. Koutoujian, House Chair



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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Cmsn. Marylou Sudders

ORGANIZATION AND ADDRESS: 16 Sargent St., Cambridge, MA 02140
MA. Society for the Prevention of Cruelty to Children

TELEPHONE #: 617 - 587 - 1506

EMAIL ADDRESS: msudders@mspcc.org

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Thank you,

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 Representative Peter J. Koutoujian, House Chair



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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Dr. Michael Yogman

ORGANIZATION AND ADDRESS: American Association of Pediatricians
575 Mt. Auburn St., Cambridge, MA 02138

TELEPHONE #: 617-864-7071

EMAIL ADDRESS: myogman@massmed.org

Please submit this completed form to committee staff prior to hearing.

Thank you,

Senator Stephen J. Buoniconti, Senate Chair
Representative Peter J. Koutoujian, House Chair



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TO BE RECORDED ONLY: In support of () In opposition to ()

WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()

NAME (please print): Dr. Howard King

ORGANIZATION AND ADDRESS: ~~Newton Research Institute~~
2000 Washington St., Suite 121, Newton, MA 02462

TELEPHONE #: 617-244-0021

EMAIL ADDRESS: howieking@aol.com

Please submit this completed form to committee staff prior to hearing.

Thank you,

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Dr. Edward Z. Tronick

ORGANIZATION AND ADDRESS: Childrens' Hospital Boston, 1295 Boylston St., Boston, 02115

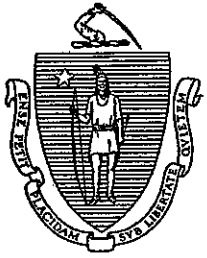
TELEPHONE #: 857-218-4360

EMAIL ADDRESS: ed.tronick@childrens.harvard.edu

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): David Resnick

ORGANIZATION AND ADDRESS: 28 Pleasant St.
Sharon, MA 02067

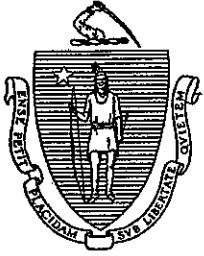
TELEPHONE #: 781-784-8892

EMAIL ADDRESS: dresnick@nixonpeabody.com

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Kathleen A. Montesi

ORGANIZATION AND ADDRESS: 13 Cobbs Mill Lane
Glastonbury, CT 06033

TELEPHONE #: 860-633-4090

EMAIL ADDRESS: mike.montesi@sbcglobal.net

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Dr. Janice Goodman

ORGANIZATION AND ADDRESS: MA General Hospital Institute of Health Professions School of Nursing
69 Mystic Valley Parkway
Winchester, MA 01890

TELEPHONE #: 617-726-0862

EMAIL ADDRESS: jgoodman@mghihp.edu

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Thank you,

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Peggy Kaufman

ORGANIZATION AND ADDRESS: Jewish Children and Family Service, Infant-Parent Training Institute
1430 Main St.
Waltham, MA 02451

TELEPHONE #: 781-647-5327

EMAIL ADDRESS: pkaufman@jfcsboston.org

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WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()

NAME (please print): Jeanne Watson Driscoll

ORGANIZATION AND ADDRESS: ~~JDW~~ JDW Associates; 5 Schirmer Rd.; W. Roxbury MA 02132

TELEPHONE #: 617-325-8940

EMAIL ADDRESS: jwdassociates@aol.com

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Thank you,

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