2013

The State of Abortion in Connecticut - Sixth Annual Report

Connecticut Catholic Conference

134 Farmington Avenue, Hartford, CT

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Executive Summary

The Connecticut Catholic Conference continues to monitor the issue of abortion in Connecticut with the publication of its sixth annual "The State of Abortion in Connecticut" report. Throughout the years, this report has provided a concise overview of abortion trends in Connecticut, along with highlighting other issues related to this contentious topic within our state. The Conference hopes the information presented in this report will not only be informative, but will also shape the public debate within our state.

Trends:

- ***Connecticut continued to experience a decline in the number of abortions for the fifth straight year in 2012*** Abortions performed in Connecticut have declined by 17.7% from the ten year high in 2007. This trend is reflective of a national decline in the number of abortions over the last several years.
- ***Teen abortions in Connecticut have also continued to decline for the fifth straight year in 2012.*** Abortions performed on girls under 18 years of age have declined by 52% since 2007.
- ***The number of abortion clinics declined in Connecticut over the last several years.*** However, Planned Parenthood is planning major renovations and expansions to its abortion facilities.

Significant Concerns:

- **Inspection Concerns – Clinics performing surgical abortions are not licensed and inspected as outpatient surgical centers.**

The Connecticut Department of Public Health is responsible for inspecting and licensing abortion clinics. There are actually two types of abortion clinics in the state; those that offer surgical abortions and those that offer medical (drug-induced) abortions. However, despite the significant difference in the services provided, both types of clinics are only inspected every *four* years as family planning *outpatient clinics*, including those that offer surgical abortions. The surgical abortion clinics are not inspected every *two* years, as are all other *outpatient surgical clinics* in Connecticut, and additionally are not required to meet the stricter staffing and facility requirements. The risks to the patient during and immediately after a surgical abortion, plus the health risks an improperly equipped and maintained facility presents to the patient, should be reason enough to require the surgical abortion clinics to meet the same requirements as all other outpatient surgical clinics in Connecticut. The six centers that offer surgical abortions should be licensed as family planning *outpatient surgical clinics* and not given an exception from regulations designed to protect the health and safety of the patient.

- **Reporting Problems Persist**

Abortion providers continue to submit incomplete documentation as required by state regulation to the Connecticut Department of Public Health (DPH). The problem of incomplete reporting concerns two areas of significance: the age of the woman receiving the abortion, and the gestation age of the child being aborted. Every provider should know this information prior to performing an abortion to ensure that proper medical care is given and that mandatory reporting requirements concerning the sexual assault of minors can be met. The one page reporting document is very simplistic and easy to complete. Hopefully, the neglect by abortion providers to adhere to these reporting requirements does not reflect actions intended to cover–up questionable activities.

➢ Connecticut Lacking Parental Notification/Consent Law

Connecticut remains one of only seven states that have never enacted a parental consent or notification law relating to teen abortions. Lack of such a law fails to protect young women from exploitation within our state by not requiring a parent or guardian to be involved in the decision.

Failure to have such a law allows out-of-state teens to be brought to Connecticut for abortions, without parental knowledge, further fostering an environment that fails to protect minors from sexual predators and exploitation. The bordering states of Rhode Island and Massachusetts have strict parental consent laws. Of the 833 abortions performed on *out-of-state minors* between 2003 and 2012, 90% of the cases came from these two bordering states.

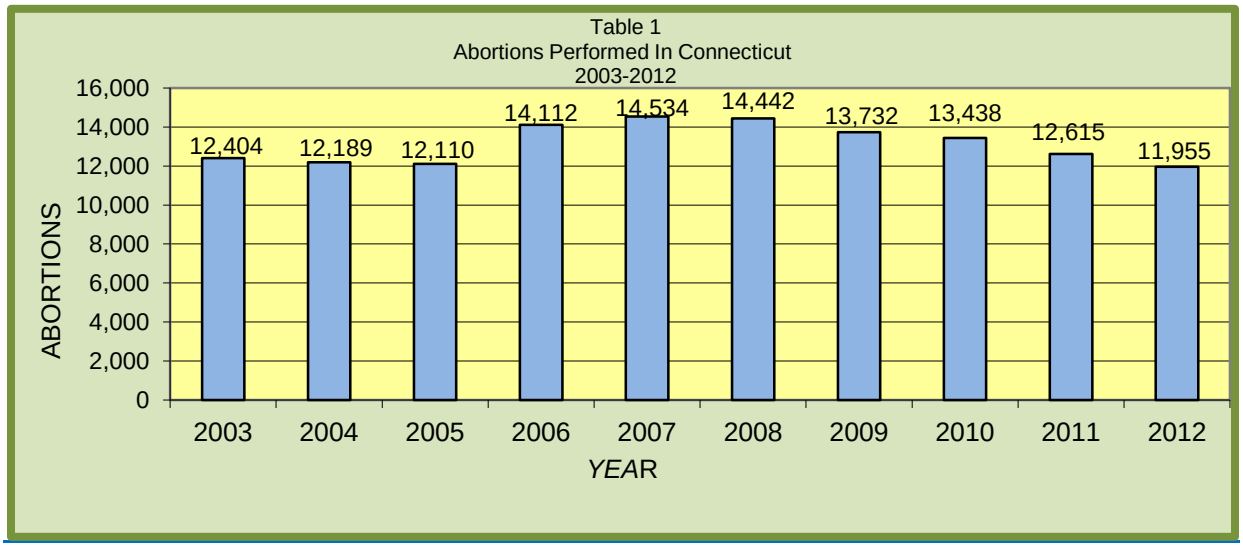
The **recommendations** on the issues addressed in this report can be found on **page 11**.

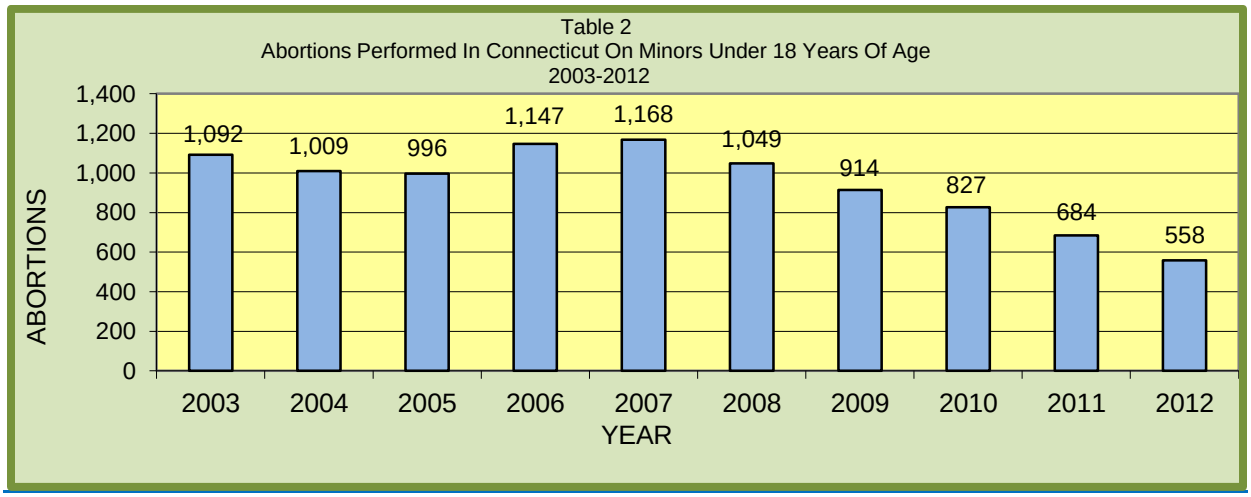
The full report is also available on-line at www.ctcatholic.org.

Abortion Statistics - 2012

Connecticut continued to experience a decline in the number of abortions for the fifth straight year in 2012 (Table 1). Abortions performed in Connecticut have declined by 17.7% from the ten year high in 2007.[1] This trend is reflective of a national decline in the number of abortions over the last several years. The reason for this trend is not clear on a national or state level. The abortion rate, which is the most significant measurement of abortion activity, also continued to decline across all age groups. The overall rate for 2012 was 17.4 abortions per 1,000 women of childbearing age (see Attachment A).

Teen abortions in Connecticut have also continued to decline for the fifth straight year in 2012 (Table 2). Abortions to girls under 18 years of age have declined by 52% since 2007. Due to the substantial decline in teen abortions, the abortion rate for girls 15 – 19 years of age also continued to decline (see Attachment A).



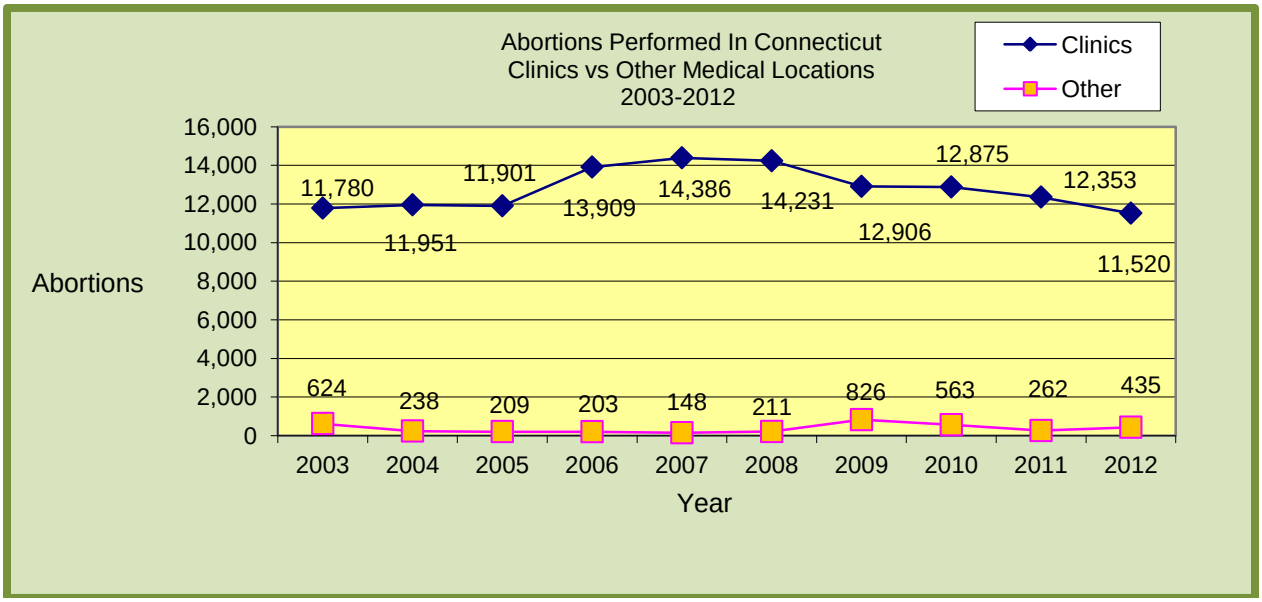


[1] The statistical information presented in this report has been compiled by the Connecticut Catholic Conference using data obtained from various reports of the State of Connecticut Department of Public Health (DPH). Connecticut law requires all abortions (surgical or drug-induced) to be reported to DPH within seven days of the procedure.

Abortion Clinics in Connecticut

The vast majority of abortions in Connecticut are performed in abortion clinics, not in hospitals or doctor's offices. The abortion services provided by these clinics generate a significant amount of their operating income, which is further supplemented by federal and state grants. Abortions generated approximately $7,488,000 of income for Connecticut's abortion clinics in 2012, based on a conservative estimate.[2]

Currently, there are nineteen (19) abortion clinics in Connecticut (see Attachment C); six (6) of these clinics provide surgical abortions. The remaining thirteen (13) clinics provide abortion inducing drugs (medical abortions) or refer patients to one of the six surgical clinics. Planned Parenthood of Southern New England operates seventeen (17) of these clinics. These clinics also offer additional health services, such as testing for sexually transmitted diseases, birth control, HIV testing and cervical exams. They do not provide mammograms, but will make a referral to a medical provider.



SIGNIFICANT FINDINGS

- ***Family planning outpatient clinics are only inspected every four years by the Connecticut Department of Public Health. The six surgical abortion centers are not inspected every two years as are all other outpatient surgical centers in the state.***

- ***The number of abortion clinics declined in Connecticut over the last several years. However, Planned Parenthood is planning major renovations and expansions to its abortion facilities.***

[2] This figure is calculated multiplying the 11,520 clinical abortions reported in Connecticut by an average cost of $650, reflecting the fact that most abortions occur within the first 12 weeks of pregnancy. Pricing information from Planned Parenthood and Summit Women's Center was used in developing this calculation. This estimate includes both surgical and medical abortions.

➢ *Inspection Concerns – Clinics performing surgical abortions are not licensed and inspected as outpatient surgical centers*

There are two classifications of medical clinics in Connecticut that provide outpatient services. These classifications, based on the level of service provided, are:

- *Outpatient Clinic (inspected every four years – CGS 19a-491(e))*
- *Outpatient Surgical Clinic (inspected every two years – CGS 19a-491(c))*

The Department of Public Health determines the classification of each medical facility in the state. This classification determines the frequency of inspection, staffing requirements and the actual physical facility requirements. *Outpatient surgical clinics* have much higher standards then a regular *outpatient clinic* due to the level of services provided, the potential medical risk to the patient, and the space needed to adequately provide the services in a safe and sanitary environment. There are 67 licensed *outpatient surgical clinics* in Connecticut providing services relating to endoscopy, orthopedics, eye care, and fertility. The 304 *outpatient clinics* in Connecticut are comprised largely of school based and community health clinics.

Abortion clinics are licensed as *outpatient clinics* in Connecticut by the state Department of Public Health and referred to as "family planning clinics". This includes the six clinics that offer surgical abortions. Although abortion clinics have several additional regulatory requirements (DPH Reg. 19-13-D45 and 19a-116-1), the regulatory requirements are still far less than those of an *outpatient surgical clinic.* It appears as an irony that fertility centers, which focus on the implantation of human life, are licensed as *outpatient surgical clinics*, while abortion centers offering surgical abortions to end human life are licensed as only *outpatient clinics.* This difference exists despite the fact that during an abortion or fertility implantation the woman is undergoing a similar medical experience, although they are opposite in nature.

There are actually two types of abortion clinics in the state; those that offer surgical abortions and those that offer medical (drug-induced) abortions. However, despite the significant difference in the services provided, both types of clinics are only inspected once every *four* years as *outpatient clinics.* The six surgical abortion clinics are not inspected every *two* years, as are all other *outpatient surgical clinics* in Connecticut. Even though they perform surgical procedures under anesthesia, these clinics are not licensed as *outpatient surgical clinics* and are not required to comply with a stricter level of regulation. This practice appears to conflict with section 19a-493b of the General Statues, adopted in 2003, that defines *outpatient surgical clinics* based on the fact that they provide surgical services, with specific levels of anesthesia.

It is important to note that all *outpatient clinics*, prior to 2003, were required to be inspected every two years. The General Assembly passed legislation during the 2003 Special Session that changed the inspection requirement to every four years. That change failed to distinguish between *outpatient clinics* that perform surgical abortions and those that do not.

The six abortion *outpatient clinics* in Connecticut provide the standard methods of surgical abortions which include manual vacuum aspiration, dilation and curettage (D&C), dilation and evacuation (D&E) and other procedures based on the age of the unborn child. The risks to the patient during and immediately following a surgical abortion (see below), as well as the health risks an improperly equipped and maintained facility presents to the patient, should be reason enough to require that the surgical abortion clinics meet the same requirements as regular *outpatient surgical clinics*.

According to the National Institute of Health, risks of surgical abortion include:[3]

- Damage to the womb or cervix
- Uterine perforation (accidentally putting a hole in the uterus with one of the instruments used)
- Excessive bleeding
- Infection of the uterus or fallopian tubes
- Scarring of the inside of the uterus
- Reaction to the medicines or anesthesia, such as problems breathing
- Not removing all of the tissue, with the need for another procedure

Abortion providers nationally have opposed stricter regulations and more frequent inspections by sighting the rarity of complications. However, an increase in reported problems across the country, including patient deaths, presents a stronger argument in support of an increase in inspections and facility standards (see Attachment D). If the life of even one patient can be saved, then we as a society have an obligation to do so. A woman receiving a surgical abortion should be able to have confidence in the fact that the facility has been properly inspected and is properly equipped to meet an emergency should one arise during the procedure.

[3] Medline Plus, National Institute of Health, http://www.nlm.nih.gov/medlineplus/ency/article/002912.htm

➢ *Planned Parenthood To Benefit Under Health Care Reform/Renovating Facilities*

As the number of abortions has declined in Connecticut, so has the number of abortion clinics in the state. Since 2008, four abortion clinics have closed, one of them operated by Planned Parenthood (see Attachment C). This action is reflective of a national trend as demand for abortions drop and states pass stricter operating requirements.

However, due to changes in the law under the Affordable Care Act (ACA) governing the Family Planning Coverage Limited Benefit Plan offered under Medicaid, Planned Parenthood of Southern New England is anticipating an increase in the number of clients seeking *non-abortion* related reproductive services. This program may significantly increase their cash flow, allowing them to keep clinics open and possibly to expand. Medicaid family planning services are reimbursed at a rate of 90%, versus the regular Medicaid reimbursement rate of 50% to 77%, depending on the per capita income of the state.

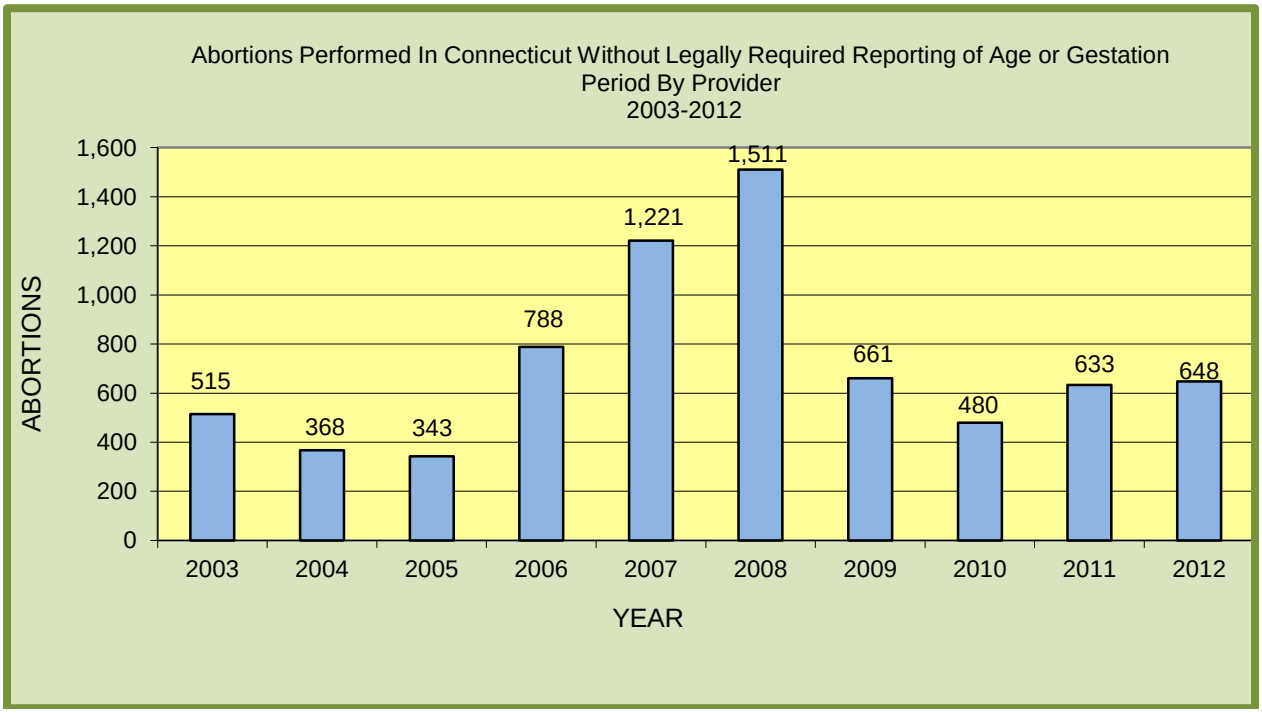
Connecticut enacted an amendment to its Medicaid program under the provisions of the ACA and began offering this coverage in March, 2012. The income levels used under this plan are significantly higher than under the normal Medicaid (HUSKY) program. Planned Parenthood is also allowed to temporarily approve a client for the coverage. They are paid for their services whether or not the Connecticut Department of Social Services eventually approves the client's application. In a presentation before the Connecticut Coordination of Care Committee, in May of 2013, Susan Lane, Director of Grants for Planned Parenthood, stated they were hoping to enroll or renew 125 individuals a week.[4] Minors may apply for family planning services under this program on the basis of their need without parental consent.

This anticipated increase in clients – and the additional federal dollars - may be the main reason Planned Parenthood is planning major renovations to its facilities across the state. It is in the process of opening a new facility in Manchester, and closing the older one, at an originally anticipated cost of $700,000. The renovation of five other facilities in the state is also being considered. Due to its high level of federal and state government funding, in addition to funds received through the State Medicaid program, Planned Parenthood is able to maintain its prominence as the largest abortion provider in Connecticut, as well as in the country.

[4] Minutes of the Connecticut Coordination of Care Committee, Planned Parenthood Presentation, May 22, 2013.

Reporting Problems Persist

Abortion providers continue to submit incomplete documentation as required by state regulation to the Connecticut Department of Public Health (DPH). The problem of incomplete reporting concerns two areas of significance: the age of the woman receiving the abortion, and the gestation age of the child being aborted. Every provider should know this information prior to performing an abortion to ensure that proper medical care is given and that the mandatory reporting requirements concerning the sexual assault of minors can be met. The Connecticut Catholic Conference first raised this issue with the Connecticut Department of Public Health (DPH) in 2008. The problem still persists despite efforts by the DPH to remind providers to supply this basic information.



In 2008, the age of the woman receiving the abortion or the gestation period of the child being aborted were not provided in 1,511 cases. In 2012, the most currently available reporting year, 648 abortions were still performed in Connecticut lacking this basic and vital information. In fact, the failure to report increased by 35% from 2010 to 2012.

Connecticut state law mandates that every abortion be reported to the DPH within seven days. Questions of compliance with other abortion regulations, especially those impacting minors, such as mandatory counseling for minors and mandated reporting of cases of sexual assault, cannot help but be raised. Can providers who fail to complete a *one page report* to the State be trusted to properly counsel minor girls receiving abortions as required by State law, or report instances of the sexual assault of minors as required by the mandatory reporting laws? Hopefully, the neglect by abortion providers to adhere to these reporting requirements does not reflect any unethical behavior intended to cover–up questionable activities.

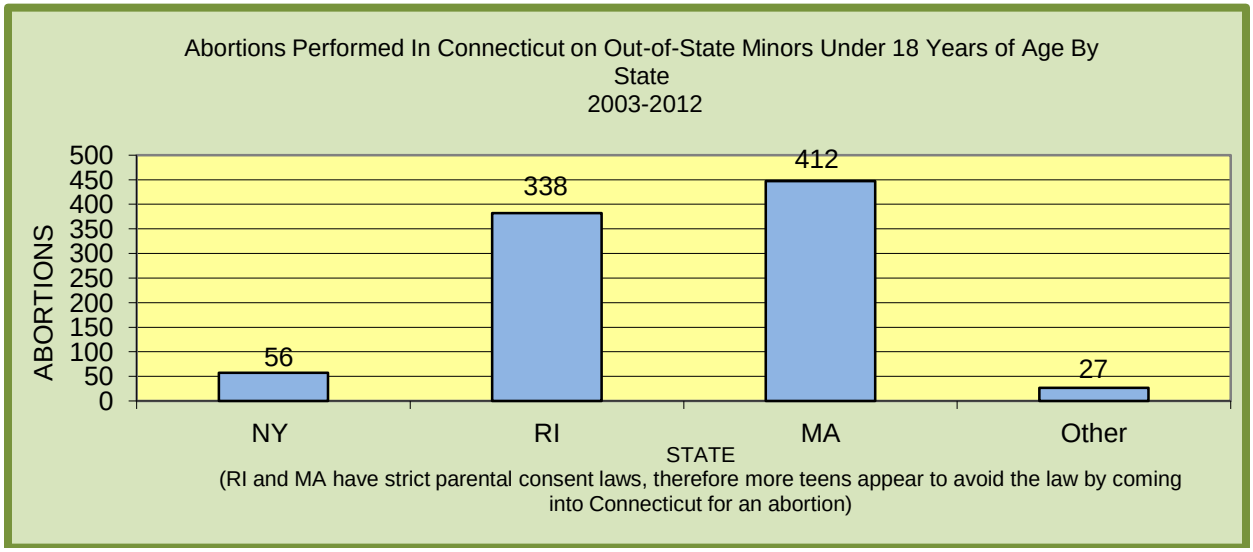
Connecticut Lacking Parental/Adult Notification or Consent Law

Connecticut remains one of only seven states in the country that have never enacted a parental/adult notification or consent law relating to teen abortions. Lack of such a law fails to protect young women from exploitation within our state by requiring the involvement of a parent or guardian. It also allows out-of-state teens to be brought to Connecticut for abortions, without parental knowledge, further fostering an environment that fails to protect minors from sexual predators and exploitation.

Parental/adult notification or consent laws are in effect in thirty-nine states, and pending due to legal action in four states (see Attachment B)**.** In July, the state of Illinois became the thirty-ninth state to enact a parental notification law after an eighteen year battle in the courts. The primary opponent of these laws nationally, and in Connecticut, has been Planned Parenthood, which is the largest abortion provider in the nation. Over the last several years, efforts in the Connecticut General Assembly have consistently failed to generate any serious discussion - even at the committee level - of such a law being enacted in Connecticut. The disturbing irony of this situation is that a Connecticut middle school or high school teenager cannot receive medication in school, get a tattoo, or have a body-piercing without parental consent, but that same teenager can receive an abortion, which is a significantly more serious medical procedure, on her own.

A "notification" law usually requires that the parent or guardian at least be notified of the teen's intention to have an abortion. A "consent" laws requires a parent or guardians actual consent to the procedure. The bordering states of Rhode Island and Massachusetts have strict parental consent laws. The United States Supreme Court has ruled that such laws are constitutional as long as they contain a *judicial by-pass* provision. This provision allows a girl to by-pass her parents or guardians and obtain a court's permission, under certain situations, for her to receive an abortion.

- **Of the 833 abortions performed on *out-of-state minors* between 2003 and 2012, 90% of the cases came from bordering states with parental consent laws**.



Recommendations

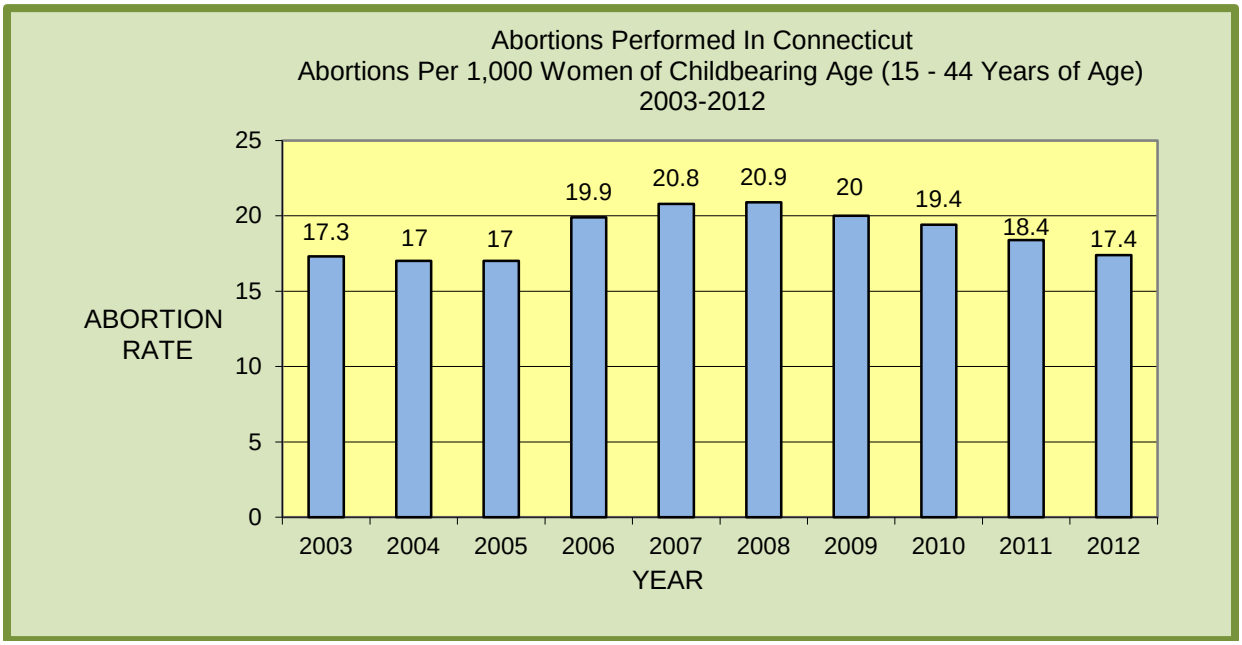
- **The General Assembly should act to ensure that surgical abortions clinics are inspected and licensed every two years as *outpatient surgical clinics*.** The health and welfare of patients, not the desires of the operators of these clinics, should be the highest priority of the Department of Public Health and the Connecticut General Assembly.

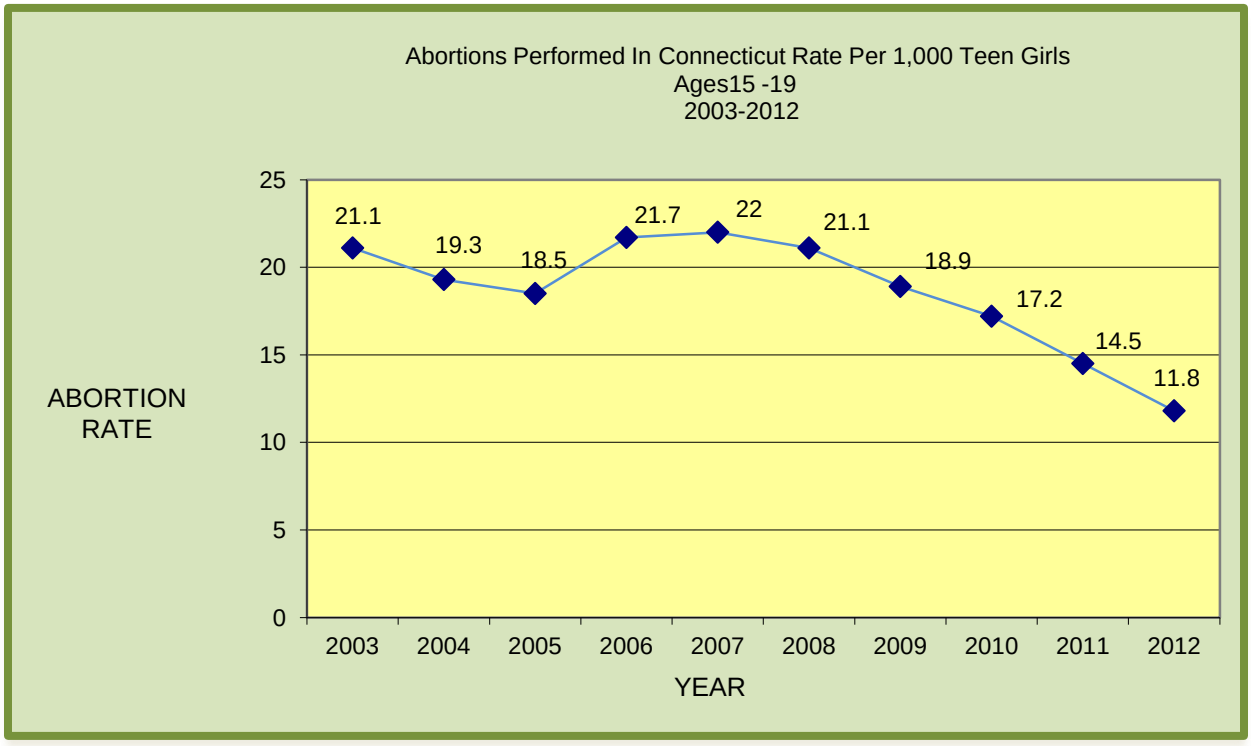
- **The Connecticut Department of Public Health must vigorously enforce reporting requirements to ensure all abortions are accurately reported.** This enforcement will help in determining compliance with various state regulations relating to abortion providers. It will also reflect the commitment that the State Department of Public Health has in enforcing abortion regulations. Lack of enforcement of these regulations may be misinterpreted by the abortion provider that the State of Connecticut is not seriously concerned about monitoring their activities. Such a lack of enforcement has lead to numerous horror stories concerning abortion clinics which have been widely reported across the country.

- **The health and welfare of our teens should not be left to abortion providers who profit directly from the abortion. The Connecticut General Assembly should immediately consider:**
  - The enactment of a parental/adult notification law in Connecticut, modeled after other states, to ensure that the parents or another significant adult in a teenage girl's life is informed of her medical condition, thus insuring that her best interests are protected. The adult would also be more likely to report an incidence of sexual assault.
  - The enactment of a law to prevent out-of-state minors from receiving abortions in Connecticut, especially when their state of residence has a parental/adult notification or consent law. If the resident state of a minor has a parental notification or consent law, that law should be respected in Connecticut.

Attachment A

Abortion Rate Trends





Attachment B

Laws Requiring Parental Notification or Consent for Minors' Abortions

July 2013

Thirty-nine states have some form of parental notification or consent laws in effect or scheduled to take effect. Four states have adopted laws, but have been restrained from being in full effect by legal actions. Seven states and the District of Columbia have no law.

I. Parental Consent and Notification Laws: 39 states.

Consent (26)		Notice (13)
Arkansas	North Dakota	Alaska
Alabama	Pennsylvania	Colorado
Arizona	Ohio	Delaware
Idaho	Oklahoma	Georgia
Indiana	Rhode Island	Iowa
Kentucky	South Carolina	Maryland
Louisiana	Tennessee	Minnesota
Kansas	Texas	New Hampshire
Massachusetts	Utah	South Dakota
Michigan	Virginia	W. Virginia
Mississippi	Wisconsin	Florida
Missouri	Wyoming	Montana
Nebraska		Illinois
North Carolina		

II. Laws not in effect: 4 states.
All laws are enjoined by courts except for New Mexico's, which is not in effect because of an Attorney General's opinion.

Consent (2)	Notice (2)
California	Nevada
New Mexico	New Jersey

III. States with no laws — 7 + Washington D.C.

Connecticut
Hawaii
Maine
New York
Oregon
Vermont
Washington
Washington, D.C.

Attachment C

Connecticut Abortion Clinics
As July 2013

The following clinics (19) are licensed as family planning clinics by the Connecticut Department of Public Health.

Full Abortion Services

Summit Women's Center – Bridgeport
Hartford GYN Center – Hartford
Planned Parenthood – New Haven
Planned Parenthood – Norwich
Planned Parenthood – Stamford
Planned Parenthood – West Hartford

Medical Abortion Services (Abortion Pill) or Referrals Only

Planned Parenthood – New London
Planned Parenthood – Bridgeport
Planned Parenthood – Danielson
Planned Parenthood – Enfield
Planned Parenthood – Manchester
Planned Parenthood – Meriden
Planned Parenthood – Torrington
Planned Parenthood – Waterbury
Planned Parenthood – Danbury
Planned Parenthood – Hartford North End
Planned Parenthood - New Britain
Planned Parenthood - Old Saybrook
Planned Parenthood – Willimantic

Clinics Closed since 2008

Planned Parenthood – Shelton – medical abortion services - 2013
Summit Women's Center – Hartford – full abortion services - 2012
Medical Options – Danbury – full abortion services - 2010
Cornell Scott-Hill Health Services - full abortion services - 2009

Attachment D

ABORTION CLINIC PROBLEMS

July 2013 – Durham, North Carolina – Abortion clinic shut down; "Poses Danger to Women's Health". http://www.lifenews.com/2013/07/08/north-carolina-abortion-clinic-shut-down-poses-danger-to-womens-health/

July 2013 – Albuquerque, New Mexico –Abortionists leave women alone in hotel rooms to deliver babies. http://www.liveaction.org/inhuman/just-sit-on-the-toilet-nm-abortionists-send-women-to-hotel-rooms-alone-to-await-room-service-abortions/

June 2013 - Albuquerque, New Mexico –Planned Parenthood fails to report statutory rape of 14 year old girl during undercover operation. http://www.lifenews.com/2013/06/12/undercover-call-shows-planned-parenthood-not-reporting-statutory-rape/

May 2013 – Charlotte, North Carolina – North Carolina Closes Filthy Abortion Clinic, Busiest in Charlotte http://www.lifenews.com/2013/05/14/north-carolina-closes-filthy-abortion-clinic-after-gosnell-conviction/

May 2013 – Fairfax, Virginia – Nova Women's Healthcare closes doors leaving history of botched abortions and at least one death (3/3/2012). http://www.lifenews.com/2013/06/10/30th-abortion-clinic-closes-in-2013-after-killing-woman-in-abortion/

April 2013 – Wilmington, Delaware – Planned Parenthood experiences five botched abortions in filthy clinic earlier in the year. Staff call it "House of Horrors" and quit. State closes clinic and eventually allows it to reopen. http://prolifeaction.org/hotline/2013/delaware/ http://www.lifenews.com/2013/04/10/planned-parenthood-clinic-so-filthy-women-at-risk-for-aids/

April 2013 – Ohio – Two state abortion clinics were closed for major health code violations, including misuse of drugs and faulty record keeping. http://www.lifenews.com/2013/05/10/dea-bust-shuts-down-ohio-abortion-clinic-stealing-womens-blood/

April 2013 – Pennsylvania – Planned Parenthood Southeast Pennsylvania CEO admits that they knew of problems at Kermit Gosnell's clinic, but never report them. They told clients to report the problems. http://www.lifenews.com/2013/04/21/planned-parenthood-knew-of-kermit-gosnells-abortion-horrors/

March 2013 – Maryland – Three abortion clinics closed for violations. http://www.lifenews.com/2013/03/11/three-maryland-abortion-clinics-have-their-licenses-suspended/

February 2013 – Baltimore, Maryland - Women dies after abortion, staff lacked training. http://www.lifenews.com/2013/05/29/hispanic-woman-dies-after-abortion-clinic-staff-had-no-cpr-training/

July 2012 – Chicago, Illinois – Woman Dies After Having Abortion at Planned Parenthood Clinic. http://www.christianpost.com/news/planned-parenthood-sued-for-chilling-botched-abortion-death-in-chicago-89736/ http://chicago.cbslocal.com/2012/08/27/mother-of-woman-who-died-after-abortion-sues-planned-parenthood-hospital/

Attachment E

Statutes and Regulations Related to Abortion Clinics And Outpatient/Outpatient Surgical Clinics

General Statues

Regulation of Abortion Facilities - (P.A. 79-140)

Sec. 19a-116. (Formerly Sec. 19-66g). Regulation of facilities which offer abortion services. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, establishing standards to control and ensure the quality of medical care provided to any pregnant woman undergoing an induced abortion at any ***outpatient clinic*** regulated under the Public Health Code. Such standards shall include, but are not limited to, provisions concerning: (1) The verification of pregnancy and a determination of the duration of such pregnancy; (2) preoperative instruction and counseling; (3) operative permission and informed consent; (4) postoperative counseling including family planning; and (5) minimum qualifications for counselors.

Definition of Outpatient Surgical Facility - (P.A. 03-274)

Sec. 19a-493b. Definition of outpatient surgical facility. Licensure and exceptions. Compliance with certificate of need requirements. Dental clinics not subject to section. Waiver of certain licensure regulation requirements. (a) As used in this section and subsection (a) of section 19a-490, "***outpatient surgical facility***" means any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiologists, or by such other professional or accrediting entity recognized by the Department of Public Health. An *outpatient surgical facility* shall not include a medical office owned and operated exclusively by a person or persons licensed pursuant to section 20-13, provided such medical office: (1) Has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures. Nothing in this subsection shall be construed to affect any obligation to comply with the provisions of section 19a-691.

Note: 19a-691 refers to proper accreditation for the providing of anesthesia.

Specification of Inspection Frequency - (Sp. Sess. P.A. 03-3, Amended P.A. 11-242)

Sec. 19a-491. (Formerly Sec. 19-577). License and certificate required. Application. Assessment of civil penalties or a consent order. Fees. Minimum service quality standards. Regulations. Prohibition.

(c) Notwithstanding any regulation to the contrary, the Commissioner of Public Health shall charge the following fees for the **biennial** licensing and inspection of the following institutions: (1) Chronic and convalescent nursing homes, per site, four hundred forty dollars; (2) chronic and convalescent nursing homes, per bed, five dollars; (3) rest homes with nursing supervision, per site, four hundred forty dollars; (4) rest homes with nursing supervision, per bed, five dollars; (5) outpatient dialysis units and ***outpatient surgical facilities***, six hundred twenty-five dollars; (6) mental health residential facilities, per site, three hundred seventy-five dollars; (7) mental health residential facilities, per bed, five dollars; (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty cents; (10) nonstate agency educational institutions, per infirmary, one hundred fifty dollars; and (11) nonstate agency educational institutions, per infirmary bed, twenty-five dollars.

(e) The commissioner shall charge one thousand dollars for the ***licensing and inspection every four years of outpatient clinics*** that provide either medical or mental health service, and well-child clinics, except those operated by municipal health departments, health districts or licensed nonprofit nursing or community health agencies.

Department of Public Health Regulations

Sec. 19a-116-1. **Abortion services in outpatient clinics**
(Effective August 1, 1983; amended December 30, 1996)

Outpatient clinics which offer abortion services shall comply with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies and in addition thereto, shall comply with the following provisions:

(a) Facilities, equipment and care shall be consistent with the national standards of the American College of Obstetrics and Gynecology.

(b) Any women seeking an abortion shall be given:

(1) Verification of the diagnosis and duration of pregnancy, including preoperative history and physical examination;

(2) Information and an explanation of the procedure to be followed in accordance with subsection (c) of this section;

(3) Counseling about her decision;

(4) Laboratory tests, including blood grouping and Rh factor;

(5) Preventive therapy if at risk for Rh sensitization;

(6) Examination of tissue by a pathologist;

(7) Consultation as to the need for follow-up care;

(8) Information on family planning;

(9) A written discharge summary which indicates the patient's status and discharge plan, signed by both the patient and a licensed or certified health care provider, a copy of which shall be given to the patient and a copy shall be retained as part of the medical record; and

(10) Information regarding access to her medical record, which shall include a statement of patient confidentiality and the requirement for written consent for release of information to persons not otherwise authorized by law to access the record.

(c) **Informed consent.** Prior to performing an abortion, a counselor shall obtain informed consent from the woman seeking to have the abortion. Informed consent shall exist only when a consent form is completed voluntarily and in accordance with the following provisions:

(1) An individual who obtains informed consent from a woman for an abortion procedure shall:

(A) Offer to answer any questions the patient may have concerning the procedure;

(B) Provide a copy of the informed consent form to the patient as described in subdivision (2) of this subsection;

(C) Provide all of the following information orally to the patient:

(i) A thorough explanation of the procedures to be performed; and

(ii) A full description of the discomforts and risks that may accompany or follow the performance of the procedure; and

(D) Assure the patient that an interpreter is provided to assist the patient if she does not understand the language used on the consent form or the language used by the counselor obtaining consent.

(2) Consent form requirements

(A) A consent form shall clearly spell out in language the patient can understand the nature and consequences of the procedure which shall be used.

(B) The consent form shall be signed and dated by:

(i) the patient;

(ii) the interpreter, if one is provided;

(iii) the counselor who obtains the consent; and

(iv) the physician who will perform the procedure.

(d) **Staff qualifications**

(1) All counselors in an abortion clinic shall have background preparation in social work, psychology, counseling, nursing, or ministry. Such preparation shall have been obtained in formal course work or through in-service staff training.

(2) Those counselors who do not have a graduate degree in any of the above mentioned fields shall be supervised by a person with such a graduate degree. Such supervision shall consist of the direction, inspection, and on-site observation of the activities of the counselors in performance of their duties.
(e) **Quality assurance and risk management.** All abortion clinics shall implement a written quality assurance and risk management program which shall include but not necessarily be limited to the following components:
(1) annual program objectives and evaluation;
(2) quarterly clinical record review;
(3) annual documentation of clinical competence of professional staff; and
(4) annual outcome audits.
(f) **Emergency preparedness.** Each clinic shall formulate and implement when necessary a plan for the safety of the patients in the event of fire, natural and other disasters, and bomb threat.
(1) Fire. A written plan shall include but not necessarily be limited to:
(A) posted fire evacuation plans in prominent areas showing two evacuation routes;
(B) fire drills conducted at unexpected times, at least quarterly on each shift;
(C) a written record of each fire drill including date, time, personnel in attendance and evaluation;
(D) tasks and responsibilities assigned to all personnel; and,
(E) an annual review and acceptance of the plan by the local fire marshal.
(2) Natural and other disasters. A written plan shall include but not necessarily be limited to:
(A) policies for internal and external disasters;
(B) notification of designated persons;
(C) orderly patient removal and relocation if required;
(D) accountability of patients and staff during evacuation; and
(E) patient notification in the event of an interruption in services.
(3) Bomb threat. A written plan shall include but not necessarily be limited to:
(A) collection of all information from the caller by the recipient of the call;
(B) notification of emergency and administrative personnel;
(C) total communication and coordination between emergency and facility personnel;
(D) responsibilities of all staff during bomb threat;
(E) orderly patient removal and relocation if required; and
(f) accountability of patients and staff during evacuation.

Sec. 19-13-D45 through Sec 19-13-D53 **Licensing Outpatient Clinics**
(Effective April 4, 1972: Sec. 19-13-D53 amended December 30, 1996)
These regulations consist of 2 pages of requirements. The regulations can be viewed at http://www.sots.ct.gov/sots/lib/sots/regulations/title_19/013d.pdf

The following section on abortions was added to the Outpatient Clinic section of the regulations in February 1974 and amended in 1996 and 2005.
Sec. 19-13-D54. Abortions
(a) No abortion shall be performed at any stage of pregnancy except by a person licensed to practice medicine and surgery in the State of Connecticut.
(b) All induced abortions will be reported within seven days by the physician performing the procedure to the state commissioner of public health who will maintain such reports in a confidential file and use them only for statistical purposes except in cases involving licensure. Such reports will specify date of abortion, place where performed, age of woman and town and state of residence, approximate duration of pregnancy, method of abortion, and explanation of any complications. The name of the woman will not be given. These records will be destroyed within two years after date of receipt. In addition, a fetal death certificate shall be filed for each fetus born dead which is the result of gestation of not less than twenty weeks, or a live birth certificate shall be filed for each fetus born alive regardless of gestational age, as provided in sections 7-48 and 7-60 of the Connecticut General Statutes. If a live born fetus subsequently dies, a death certificate shall be filed as

provided in section 7-62b of the Connecticut General Statutes.
(c) All induced abortions after the second trimester as verified by ultrasound, last menstrual period and pelvic exam, shall be done only in a licensed hospital with a department of obstetrics and gynecology and a department of anesthesiology.
(d) All ***outpatient clinics*** operated by corporations or municipalities where abortions are performed shall develop standards to control the quality of medical care provided to women having abortions. These standards shall include but not necessarily be limited to:
(1) verification of pregnancy and determination of duration of pregnancy;
(2) pre-operative instruction and counseling;
(3) operative permission and informed consent;
(4) pre-operative history and physical examination;
(5) pre-operative laboratory procedure for blood Rh factor;
(6) prevention of Rh sensitization;
(7) examination of the tissue by a pathologist;
(8) receiving and recovery room facilities;
(9) a standard operating room;
(10) post-operative counseling including family planning; and
(11) a permanent record.
(e) There shall be a mechanism for continuing review to evaluate the quality of records and the quality of clinical work. This review shall include all deaths, complications, infections and such other cases as shall be determined by the chief of the department of obstetrics and gynecology of the hospital or the clinic medical director.
(f) No person shall be required to participate in any phase of an abortion that violates his or her judgment, philosophical, moral or religious beliefs.
(g) If the newborn shows signs of life following an abortion, those measures used to support life in a premature infant shall be employed.
(h) During the third trimester of pregnancy, abortions may be performed only when necessary to preserve the life or health of the expectant mother.

Sec. 19-13-D56 **Licensing of Outpatient Surgical Facilities**
(Effective April 22, 1977)
These regulations consist of 13 pages of requirements. The regulations can be viewed at http://www.sots.ct.gov/sots/lib/sots/regulations/title_19/013d.pdf

Connecticut Catholic Conference

Representing the Archdiocese of Hartford ,Diocese of Bridgeport, Diocese of Norwich and Ukrainian Catholic Diocese of Stamford

This report, and the data contained within, was compiled solely by the Connecticut Catholic Conference

Michael C. Culhane, Executive Director
Deacon David Reynolds, Legislative Liaison

134 Farmington Avenue, Hartford, CT 06105
Phone: 860-524-7882
Email: ccc@ctcatholic.org
Fax: 860-525-0750