

# 2014

## The State of Abortion in Connecticut - Seventh Annual Report

*- Including a review of abortion coverage in  
the Connecticut Health Insurance Exchange*



**Connecticut Catholic Conference**

134 Farmington Avenue, Hartford, CT

December 2014

## Table of Contents

	<b><u>Page</u></b>
Executive Summary	2
Abortion Trends - 2013	3
Abortion Coverage in CT Health Insurance Exchange	
> <i>Abortion coverage in exchange policies</i>	6
> <i>Payment into separate abortion account</i>	7
> <i>Lack of Transparency for abortion coverage</i>	8
Attachment A – Laws by State for Parental Notification/Consent	9
Attachment B – Listing of Connecticut Abortion Clinics	10
Contact Information	11

## Executive Summary

The Connecticut Catholic Conference continues to monitor the issue of abortion in Connecticut with the publication of its seventh 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 regards this report as informative and helpful in shaping public debate within our state.

### Trends:

- **Connecticut continued to experience a decline in the number of abortions for the sixth straight year in 2013.** Abortions performed in Connecticut have declined by 27% 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 sixth straight year in 2013.** This group of abortions has declined by 63% since 2007.

### Abortion Coverage in the Connecticut Health Insurance Exchange Raises Transparency and Compliance

#### Issues:

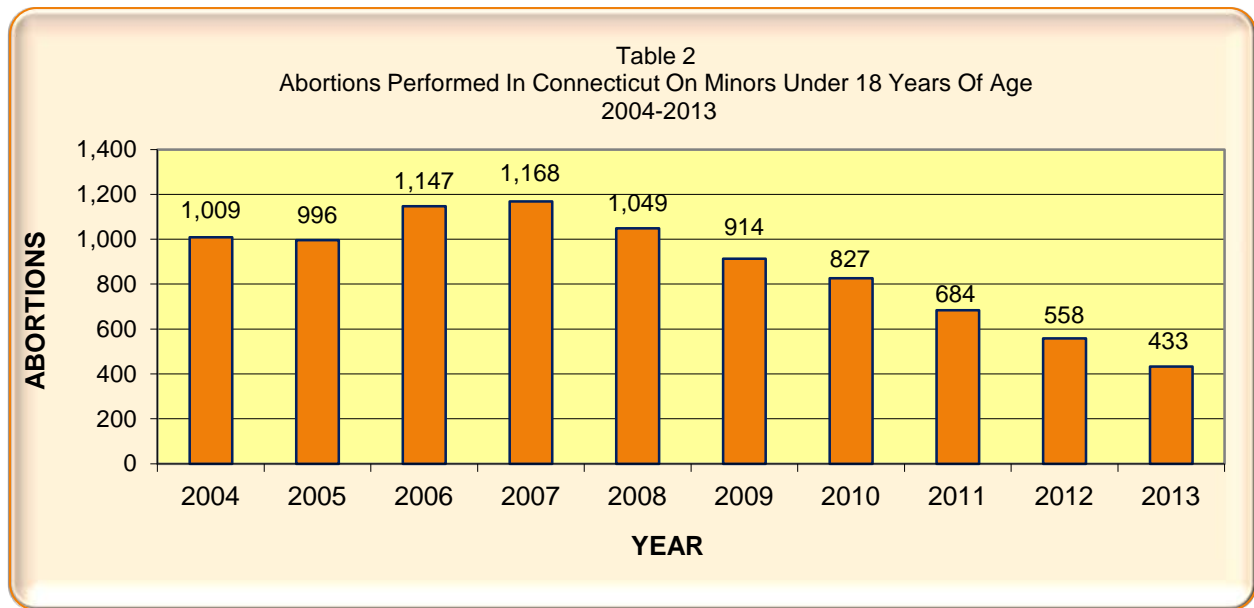
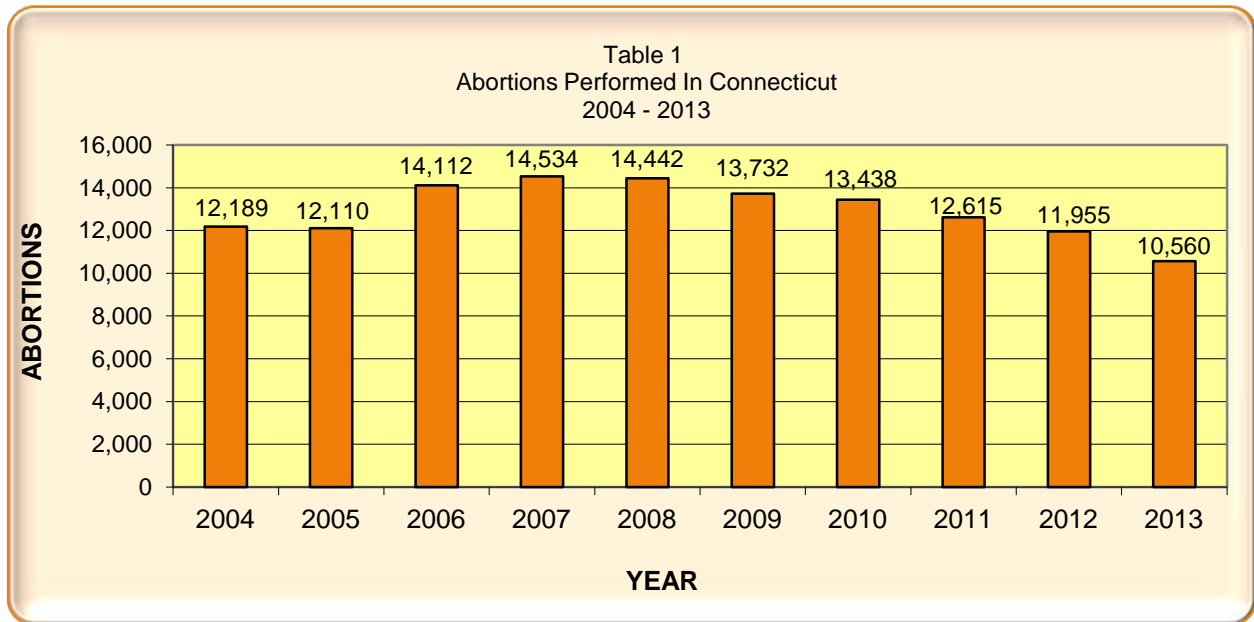
- **All policies sold through *Access Health CT* for 2014 covered the full range of abortion services.** Every person purchasing health insurance coverage through *Access Health CT* in 2014 had to buy a plan that covered the full range of abortion services. There were no plans that respected the beliefs of people who oppose abortion. This will be changing for 2015 when several plans will not cover elective abortions. Only abortions in cases of rape, incest or when the mother’s life is in danger will be covered in these new plans. There will not be a plan that completely excludes all abortion coverage.
- **Every person who purchased health insurance coverage through *Access Health CT* for 2014 had to pay into a separate account, maintained by each insurance company, that funds only abortions.** This charge is included in the premium and must be paid even by those who oppose abortion on moral and religious grounds. In 2015, this charge will not have to be paid by those who purchase a plan that excludes elective abortions.
- **This abortion fee is also not separately billed, as required by the Patient Protection and Affordable Care Act (PPACA), or shown as an itemized item on the bill.** This situation leaves most consumers completely unaware that they are paying directly into a fund used only for providing abortions. The Connecticut Insurance Department is responsible for overseeing the methods by which the insurance companies collect and maintain these separate funds as required by the PPACA. The Conference filed a Freedom of Information complaint against the Insurance Department when the Department denied the information requested by the Conference. This complaint was subsequently withdrawn when the requested information was finally provided.
- **There also exists a lack of transparency to the consumer related to the abortion coverage contained in each health plan offered through *Access Health CT*.** Although the PPACA requires that consumers be made aware of the abortion coverage at the time of purchase, this is not clearly done in Connecticut. Adequate documentation appears to be lacking in the policies offered on the exchange.

## Abortion Trends - 2013



➤ **Connecticut continued to experience a decline in the number of abortions for the sixth straight year in 2013 (Table 1).** Abortions performed in Connecticut have declined by 27% from the ten year high in 2007.<sup>1</sup> 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.

➤ **Teen abortions in Connecticut have also continued to decline for the sixth straight year in 2013 (Table 2).** Abortions performed on teen girls under 18 years of age have declined by 63% since 2007.

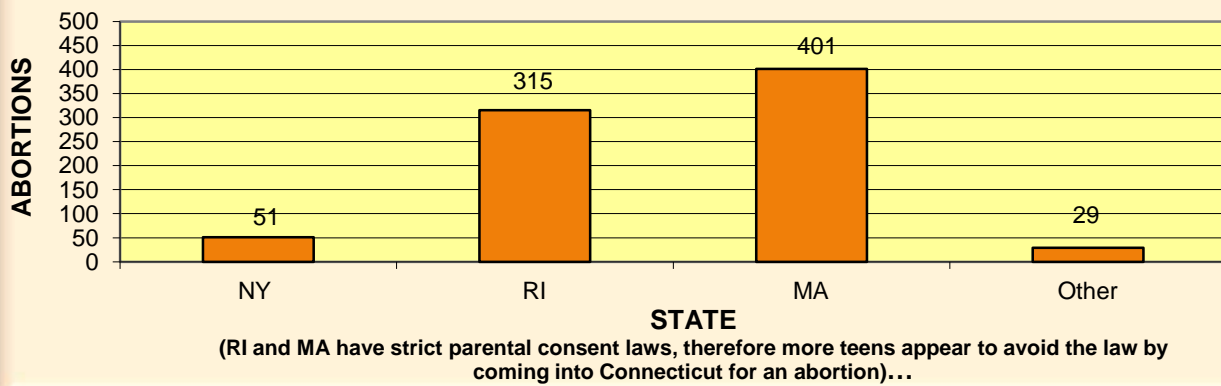


<sup>1</sup> The statistical information presented in this report has been compiled by the Connecticut Catholic Conference using data obtained from various reports of the State of Connecticut Department of Public Health (DPH). Connecticut law requires all abortions (surgical or drug-induced) to be reported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

- *Of the 796 abortions performed in Connecticut on out-of-state minors between 2004 and 2013, 90% of the cases came from bordering states with parental consent laws (Table 3). The actual annual numbers of teens coming into Connecticut to receive abortions has been declining over the last several years.* This coincides with the decline in state and national teen abortions. However, Connecticut remains one of only seven states in the country (see Attachment A) 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.

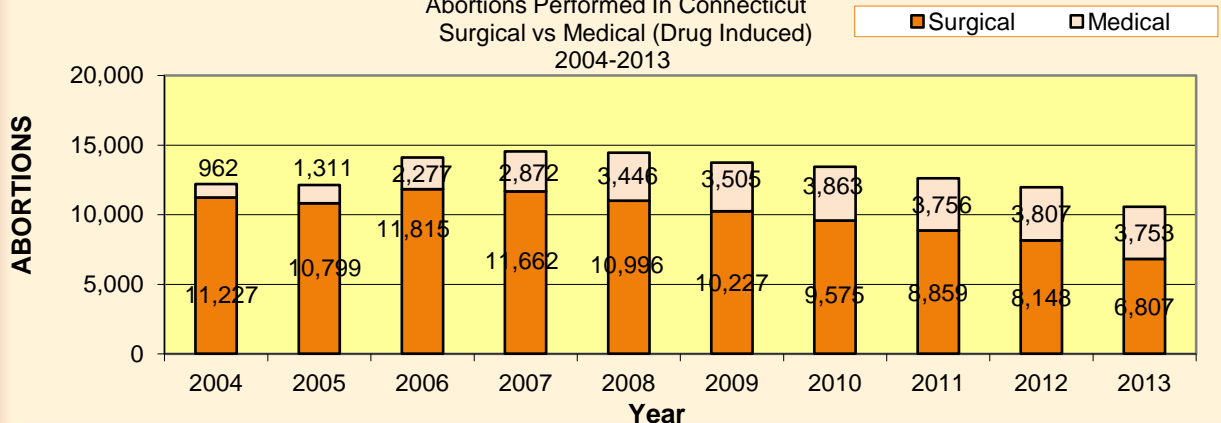


Table 3  
Abortions Performed In Connecticut on Out-of-State Minors Under 18 Years of Age By State  
2004-2013

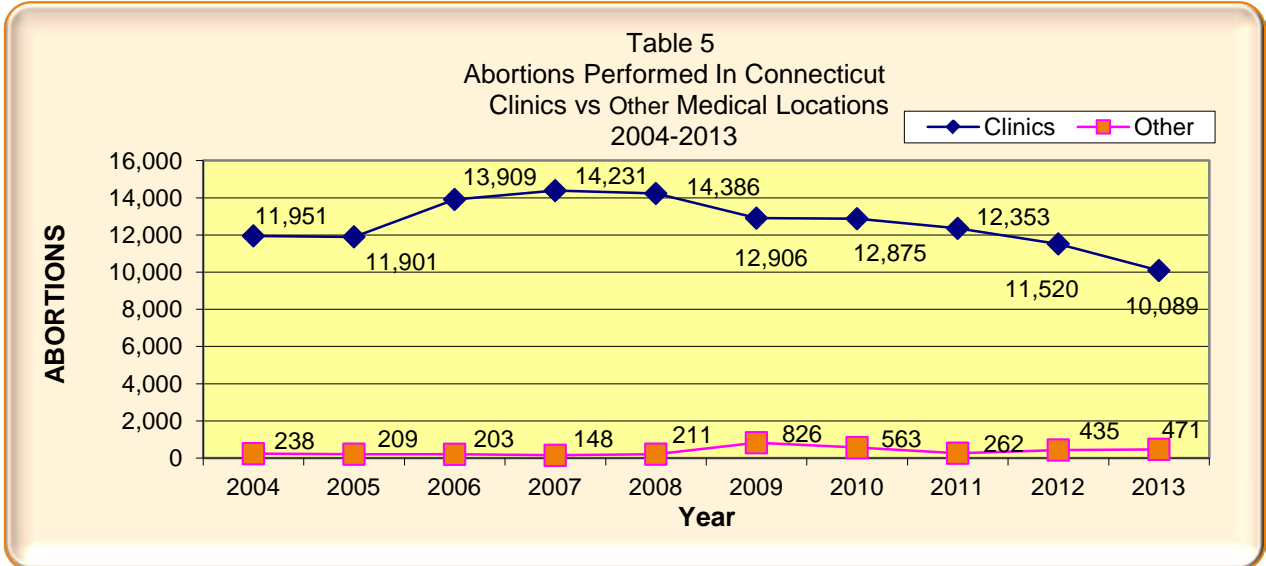


- **How are abortions performed in Connecticut?** Over the last ten years, the number of surgical abortions has decreased by 39%; while medically (drug) induced abortions have increased by 34% (Table 4).

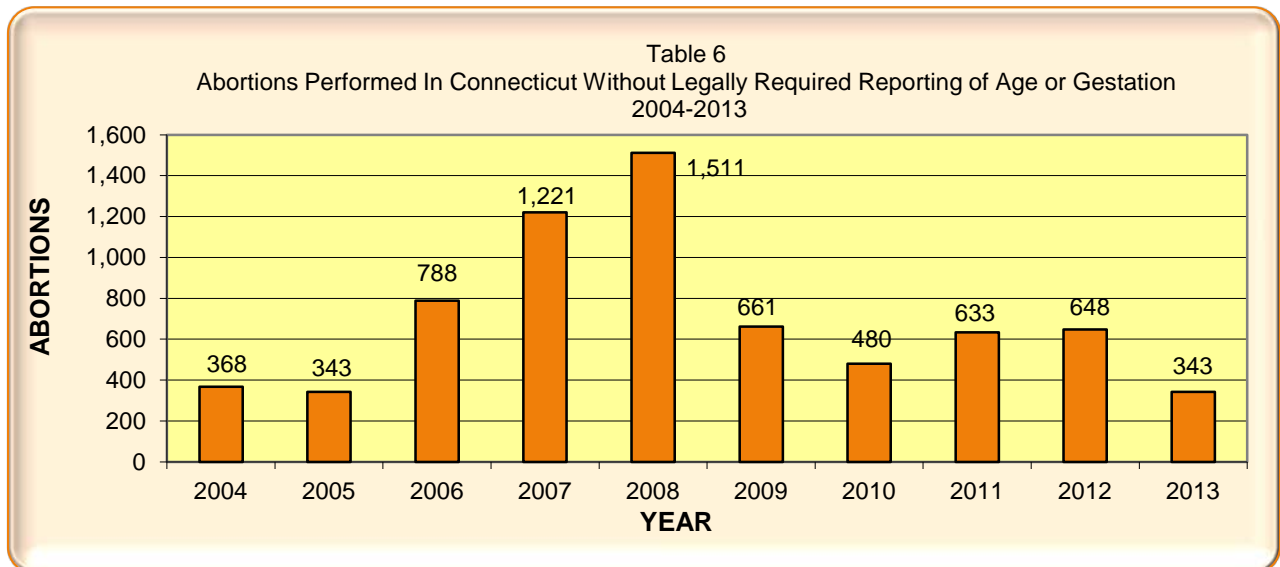
Table 4  
Abortions Performed In Connecticut  
Surgical vs Medical (Drug Induced)  
2004-2013



- **Where are abortions performed in Connecticut?** Most reported abortions are performed in abortion clinics, not in hospitals or doctor's offices (Table 5). Currently, there are nineteen (19) abortion clinics in Connecticut (see Attachment B); six (6) of these clinics provide surgical abortions. The remaining thirteen (13) clinics provide medically (drug) induced abortions or refer patients to one of the six surgical clinics. Planned Parenthood of Southern New England operates seventeen (17) of these clinics. *The clinics, including surgical clinics, are only inspected once every four years by the State Department of Health.*



- **Abortion providers continue to submit incomplete documentation, failing to fully comply with state regulation.** Although there has been significant improvement since this problem was first reported in 2008, some abortion providers continue to submit incomplete documentation to the Connecticut Department of Public Health. The Conference has two main areas of concern: the age of the patient receiving the abortion, and the gestation period of the unborn child being aborted. Every provider should know this information prior to performing an abortion to ensure that issues of statutory rape/assault may be investigated and that proper medical procedures are followed as per state regulations.



When the Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2010, the federal government established the ability for individuals to purchase health insurance through either federal or state insurance exchanges. The Connecticut General Assembly quickly passed legislation creating the Connecticut Insurance Exchange, now known as *Access Health CT*.

The PPACA contained detailed language about abortion coverage and how it was to be funded under the new law. Most of this language was the result of debate and compromise in the Senate to secure the necessary votes for passage. Over concerns that federal subsidy funds would be used to fund abortions, the Nelson Amendment was passed by the Senate giving leadership the 60 votes needed for passage. This amendment would only allow federal funds to be used for abortions in cases of rape, incest or if the mother's life was in jeopardy. These limits reflected current federal restrictions on abortion funding commonly known as the Hyde Amendment provisions. The Nelson Amendment also required a separate abortion premium to be paid by the insured to help ensure that no federal funds were used to fund elective abortions.

The sections of the PPACA relating to the funding of abortion were unchanged in the final adopted federal regulation (Sec. 156.280 – Segregation of Funds for Abortion Services) required to enact the law. Additionally, this regulation contains provisions relating to when enrollees are to be made aware that their policy covers abortions and that they are paying a separate abortion coverage premium.

### **The insurance policies offered through *Access Health CT* raise transparency and compliance issues.**

- **All policies sold through *Access Health CT* for 2014 covered the full range of abortion services.** Every person purchasing health insurance coverage through *Access Health CT* in 2014 had to buy a health care plan (hereafter referred to as the “plan”) that covers the full range of abortion services. There were no plans that respected the beliefs of people who oppose abortion. This will be changing in 2015 when several plans offered on the exchange will exclude elective abortions. Only abortions in cases of rape, incest or when the mother's life is in danger will be covered in these new plans. All other abortions are commonly referred to as elective abortions.

However, despite the addition of these new plans that will exclude elective abortions, there will not be a plan that completely excludes all abortion coverage. Those seeking insurance coverage through *Access Health CT* who oppose abortion under any circumstance will still have to buy a plan that provides for some abortions. The only two options for these policy seekers would be (1) to pay a higher premium for a plan outside of the insurance exchange or (2) be fined by the federal government for not having health insurance coverage.

The PPACA does not require that abortion be covered in every insurance policy offered on the exchange. In fact, it prohibits state exchanges from mandating it as part of the basic health benefits that every policy must offer. *Access Health CT* is free to offer plans with or without abortion coverage. Eventually all states that offer abortion coverage on their exchanges will have to offer plans

that exclude elective abortions. These exchanges, including *Access Health CT*, must offer at least two multi-state policies by 2017. Multi-state policies are specially designed to be offered across state lines. At least one of these plans must exclude elective abortions.

In addition to its proposal to add several policies that do not cover elective abortions, which include two multi-state policies, *Access Health CT* should add at least one policy that does not cover any abortions.

- **Every person who purchased health insurance coverage through *Access Health CT* in 2014 had to pay into a separate account that funds only elective abortions.** Each insurance company is required to maintain such an account. The surcharge to cover abortion costs was included in the premium and had to be paid even by those who oppose abortion on moral and religious grounds. In 2015, this surcharge will not have to be paid by those who purchase a plan that excludes elective abortions.
- **In Connecticut, and many other states, the abortion premium is not separately billed, as required by the PPACA and in information provided by the Centers for Medicare & Medicaid Services (CMS) to the health insurance exchanges during technical assistance calls. The abortion premium is not even itemized on the bill.<sup>2</sup> The reason for this is unclear and appears to contradict the requirements of the PPACA.** This situation leaves most consumers completely unaware that they are paying directly into a fund used only for providing elective abortions. The Connecticut Insurance Department is responsible for overseeing the “segregation plans” by which the insurance companies collect and maintain these separate funds as required by the PPACA. The current “segregation plans” submitted by the insurance companies offering policies through *Access Health CT* highlight the procedures they will use to separate the abortion premium from the overall premium the consumer is charged. The companies do this through internal accounting procedures, after the premium is paid, therefore the consumer is completely unaware of the charge. The PPACA requires that each insurance company estimate what the abortion charge should be, but it can be no lower than \$1 per month.

When the PPACA was signed by President Obama in 2010 many pro-choice and pro-life groups recognized the legislative requirement that two separate premium amounts be paid by the insured. This position was reflective of the Senate floor debate when the Nelson Amendment was adopted. The *National Institute for Reproductive Health* clearly laid out the requirements of the PPACA relating to abortion:

“If insurance plans do cover abortion beyond the restrictions allowed by the Hyde Amendment (rape, incest, or life endangerment), a potentially complicated system of segregating funds must be followed to ensure that no federal funds in the form of subsidies are used to cover the abortion premiums:

- The individual holding the policy **must make two separate payments** (emphasis added) to the insurer, one for their general policy and one for their abortion coverage.
- The insurer must establish two separate accounts for the individual, one for their general policy and one for their abortion coverage.
- The cost of the abortion policy must be based on the actuarial value of the policy but may not take into account any cost-savings from avoiding costs associated with pregnancy-related care. The monthly cost may not be less than \$1 per enrollee per month, regardless of the actual cost.”<sup>3</sup>

---

<sup>2</sup> “Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans”, U.S. Government Accountability Office, 09/15/2014, p.7.

<sup>3</sup> “Quick Sheet: Health Care Reform and Abortion”, National Institute for Reproductive Health, September 2012.



Similar comments were also expressed in bill summary documents by *Planned Parenthood Action*<sup>4</sup> and *NARAL Pro-Choice America*.<sup>5</sup> A recent report by the U.S. Government Accountability Office (GAO)<sup>6</sup> has produced new questions regarding the enforcement of this provision.

The Connecticut Insurance Department should require insurers to at least itemize the charge for abortion services on the insured's bill to meet the intent of the PPACA and address the concern raised in the GAO report.

- **There exists a lack of transparency to the consumer related to the abortion coverage contained in each health plan offered through *Access Health CT* on the Exchange and the abortion premium that is paid.** Although the PPACA requires that consumers be made aware of the abortion coverage at the time of purchase, this is not clearly done in Connecticut. Adequate documentation appears to be lacking in the policies offered on the exchange.

*Access Health CT* relies on the detailed plan description provided by the insurance company to meet this provision of the PPACA. However, this is not an easy and quick task for the consumer. With the addition of plans in 2015, that will not provide elective abortion coverage, it will become even more difficult to identify the level of abortion coverage each plan offers. In some policy documents the word abortion does not appear. It may be referred to as termination of pregnancy or some other euphemism. A sampling of plan documents on *Access Health CT* revealed just how difficult the search can be:

- Anthem Silver Direct Access-cdne: Reference on page 56 of a 109 page document.
- ConnecticutCare POS HD 3000: Reference on page 42 of 90 page document under "termination of pregnancy".
- HealthyCT Healthy Partnet Max: Reference on page 25 of 150 page document.

*Access Health CT* should make it more transparent to the person seeking insurance as to whether or not the plan covers abortion, and to what degree.

---

<sup>4</sup> "Abortion Provisions in the Patient Protection and Affordable Care Act", [http://www.ppaction.org/site/DocServer/Fact\\_Sheet\\_-\\_Abortion\\_and\\_ACA.pdf?docID=641](http://www.ppaction.org/site/DocServer/Fact_Sheet_-_Abortion_and_ACA.pdf?docID=641)

<sup>5</sup> "Nelson Provisions in Affordable Care Act Could Jeopardize, Stigmatize Women's Access to Abortion Services", NARAL Pro-Choice America, January 2014.

<sup>6</sup> "Health Insurance Exchanges: Coverage of Non-expected Abortion Services by Qualified Health Plans", U.S. Government Accountability Office, 09/15/2014.

## Attachment A

### Laws Requiring Parental Consent or Notification for Minors' Abortions – September 2014

Thirty-eight states have some form of parental notification or consent laws in effect. Five 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 laws regarding parental consent or notification.

#### I. Thirty-eight states have Parental Consent and Notification laws.

<u>Consent (26)</u>		<u>Notification (12)</u>
Arkansas	North Dakota	Alaska
Alabama	Pennsylvania	Colorado
Arizona	Ohio	Delaware
Idaho	Oklahoma	Florida
Indiana	Rhode Island	Georgia
Kentucky	South Carolina	Illinois
Louisiana	Tennessee	Iowa
Kansas	Texas	Maryland
Massachusetts	Utah	Minnesota
Michigan	Virginia	New Hampshire
Mississippi	Wisconsin	South Dakota
Missouri	Wyoming	W. Virginia
Nebraska		
North Carolina		

#### II. Five states have laws that are not in effect.

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

<u>Consent (3)</u>	<u>Notice (2)</u>
California	Nevada
New Mexico	New Jersey
Montana	

#### III. Seven states and Washington, D.C. have no laws regarding parental consent or notification.

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

## **Attachment B**

### **Connecticut Abortion Clinics** **As July 2014**

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



*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  
Fax: 860-525-0750  
Email: [ccc@ctcatholic.org](mailto:ccc@ctcatholic.org)**