

Connecticut Catholic Conference

*The State of Abortion in Connecticut
2019*

TWELFTH ANNUAL REPORT



*Connecticut Taxpayers
Pay for 75% of
Abortions in the State*

*The Facts about the
Impact of the
Federal Title X
Changes!*

*What do Abortion Clinics Really Contribute to the
Health Care System in Connecticut?*

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Executive Summary

The Connecticut Catholic Conference continues to monitor the issue of abortion in Connecticut with the publication of its twelfth annual *The State of Abortion in Connecticut* report. Throughout the years, this report has provided a concise overview of abortion trends in the state. The Conference hopes the information presented in this report will be informative and shape the public debate on this issue within Connecticut.

Trends:

- ◆ **Over the last ten years, Connecticut has experienced a 32.3% decline in the number of abortions.** This trend is reflective of a national decline in the number of abortions.
- ◆ **The significant decline in teen abortions continued into 2018.** Abortions performed on girls younger than 18 years of age has declined by 67% since 2009.
- ◆ **Abortion rates across all age groups have seen a significant decline over the last ten years.** This figure adjusts for population changes over the years and is an even better indicator of abortion activity. The abortion rates in Connecticut fell from 20 abortions per thousand women of childbearing age in 2009 to 13.5 in 2018.
- ◆ **Medically drug-induced abortions are on the rise, while surgical abortions decline.**
- ◆ **The vast majority of abortions in Connecticut are provided at abortion clinics, while very few are performed in hospitals or doctors' offices.**
- ◆ **In 2017, the number of abortions reported to the state lacking critical information increased from 2.5% of all abortions reported to 4.3%. In 2018, that number again increased to 4.6%.** This increase is a reversal of an eight year trend of improved reporting following complaints from the Connecticut Catholic Conference in 2008.

CT Taxpayers Pay for 75% of Abortions in the State!

In 2018, the state HUSKY program paid for 6,995 abortions totaling \$4.2 million. This comes to 75% of the 9,294 abortions performed in the state during 2018. This determination is based on information provided through a Freedom of Information request to the Department of Social Services. Federal funds cannot be used for abortions, so Connecticut is one of 15 states (see Attachment B) that use taxpayer money to pay for abortions.

The Facts About the Federal Title X Changes!

STATEMENT: Family planning services would have to be eliminated, or severely curtailed, because Planned Parenthood clinics need Title X funding to provide these services to low-income clients.

CONCLUSION: *This statement is false.*

Planned Parenthood of Southern New England is in a strong financial position. PPSNE does not need state assistance to make up for the \$2.1 million in Title X funding that they have chosen not to accept.

What do Abortion Clinics Really Contribute to the Health Care System in Connecticut?

STATEMENT: Planned Parenthood centers are vital to low-income women and the healthcare services they receive. Government funding to these centers, such as Title X, must be preserved.

CONCLUSION: *This statement is false.*

Planned Parenthood of Southern New England offers a very limited number of services at their centers. The most distinctive service is the provision of abortions.

Abortion Trends - 2018

- ◆ **Over the last ten years, Connecticut has experienced a 32.3% decline in the number of abortions (Table 1).** This trend is reflective of a continuing national decline in the number of abortions.
- ◆ **The significant decline in teen abortions continued into 2018 (Table 2).** Abortions performed on girls younger than 18 years of age has declined by 67% since 2009.

Table 1
Abortions Performed In Connecticut
2009-2018

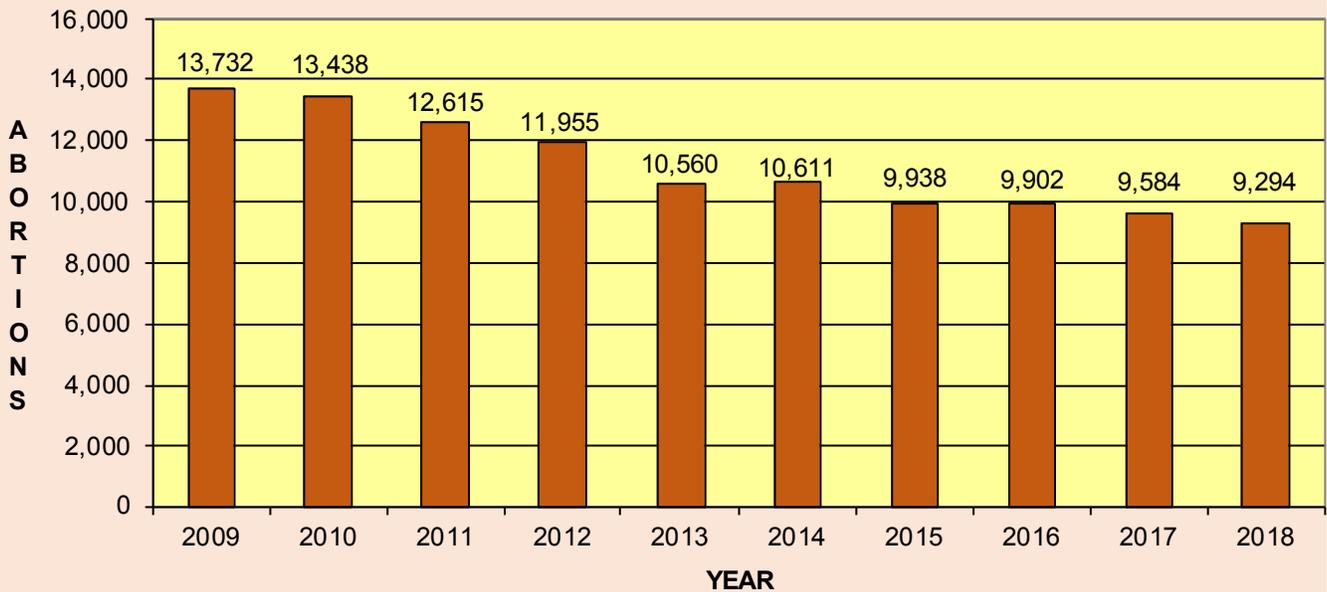
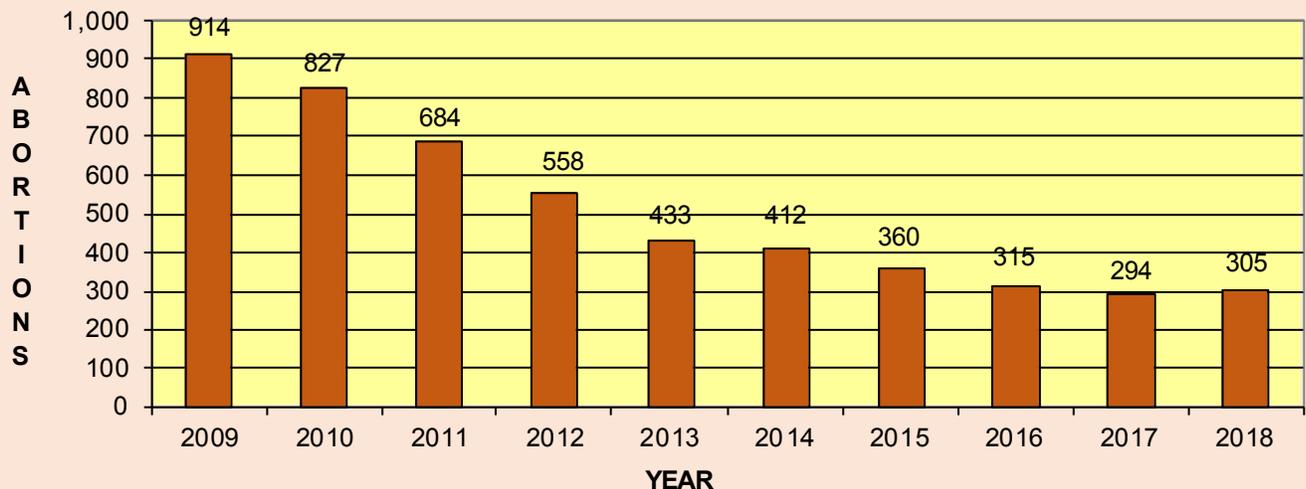


Table 2
Abortions Performed In Connecticut On Minors Under 18 Years Of Age
2009-2018

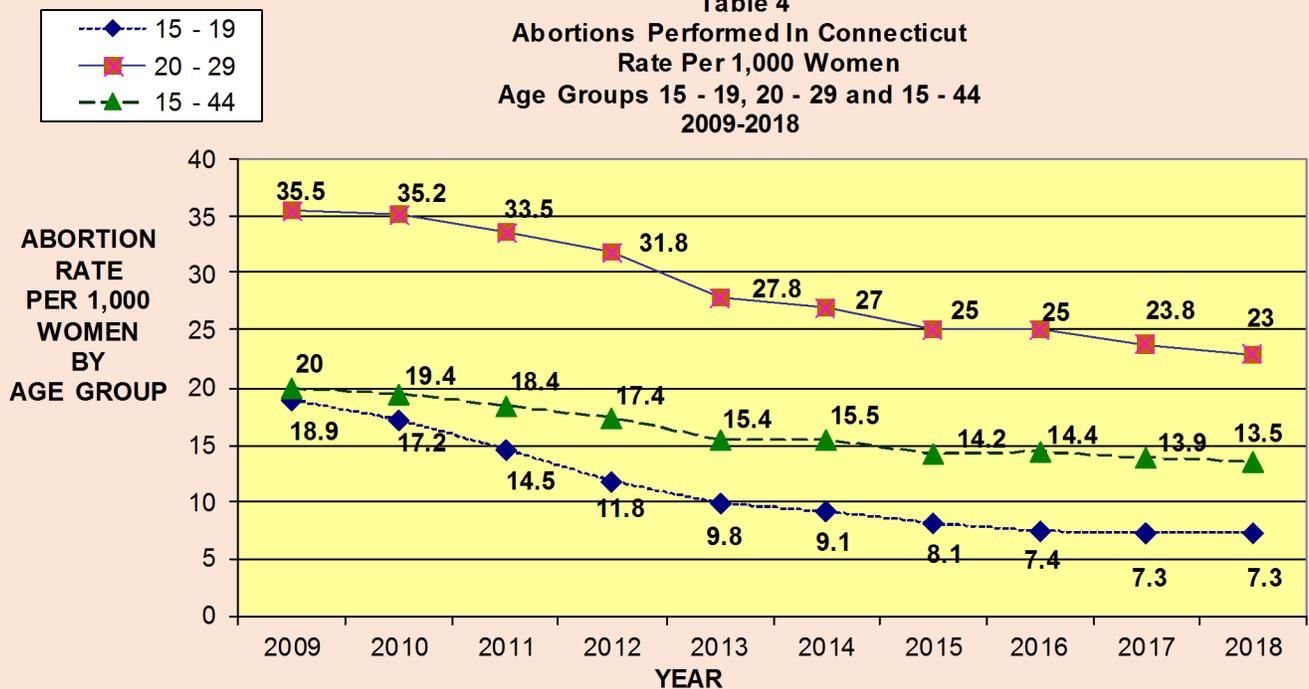


◆ **Abortion rates across all age groups continue to significantly decline. (Tables 3 and 4).** The abortion rates in Connecticut fell from 20 abortions per thousand women of childbearing age in 2009 to 13.5 in 2018. This statistic takes into consideration yearly population changes in relation to the number of abortions.

Table 3
Abortions Performed In Connecticut
Abortions Per 1,000 Women of Childbearing Age (15 - 44 Years of Age)
2009-2018



Table 4
Abortions Performed In Connecticut
Rate Per 1,000 Women
Age Groups 15 - 19, 20 - 29 and 15 - 44
2009-2018



- ◆ **The number of out-of-state minors seeking abortions in Connecticut experienced a 39% increase between 2017 and 2018. However, since 2009 the number has declined by 45%(Table 5).** The ten year decline in overall numbers reflects the national decline in the number of abortions. However, these numbers clearly show that minor girls (under 18 years of age) from Massachusetts and Rhode Island, which have strict parental consent laws, are coming to Connecticut to bypass those laws (Table 6). Both of these states have abortion providers and quality medical centers within their own borders, leaving avoidance of the consent laws as the primary factor for crossing state lines.

Table 5
Abortions Performed In Connecticut on Out-of-State Minors
Under 18 Years of Age
By Year
2009-2018

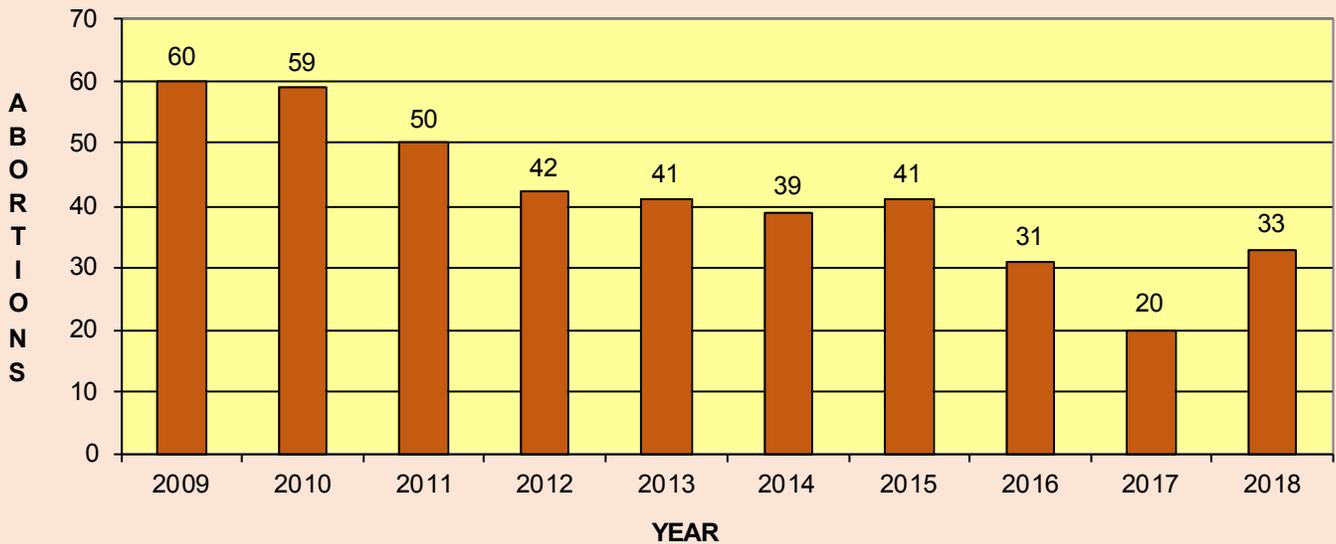
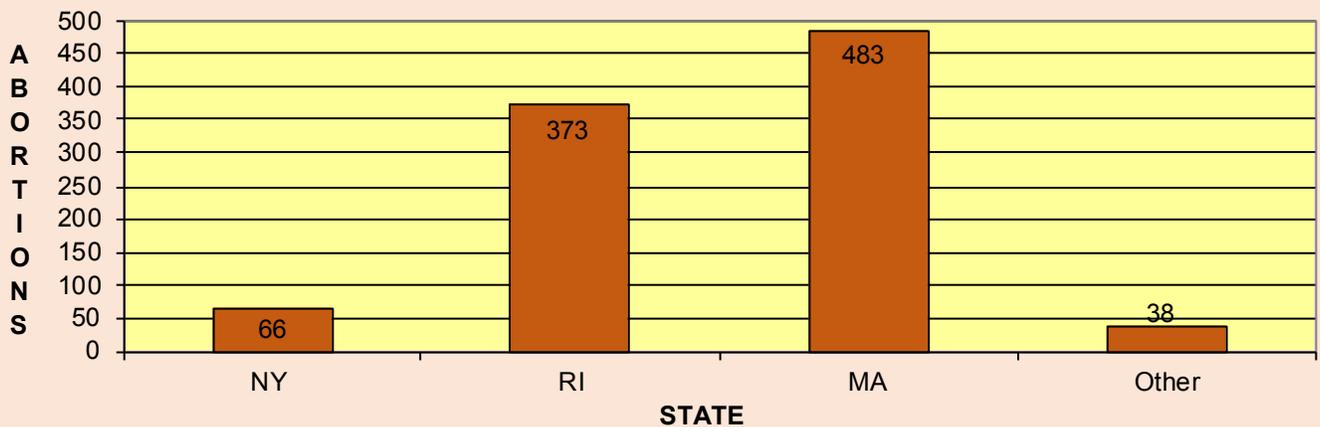
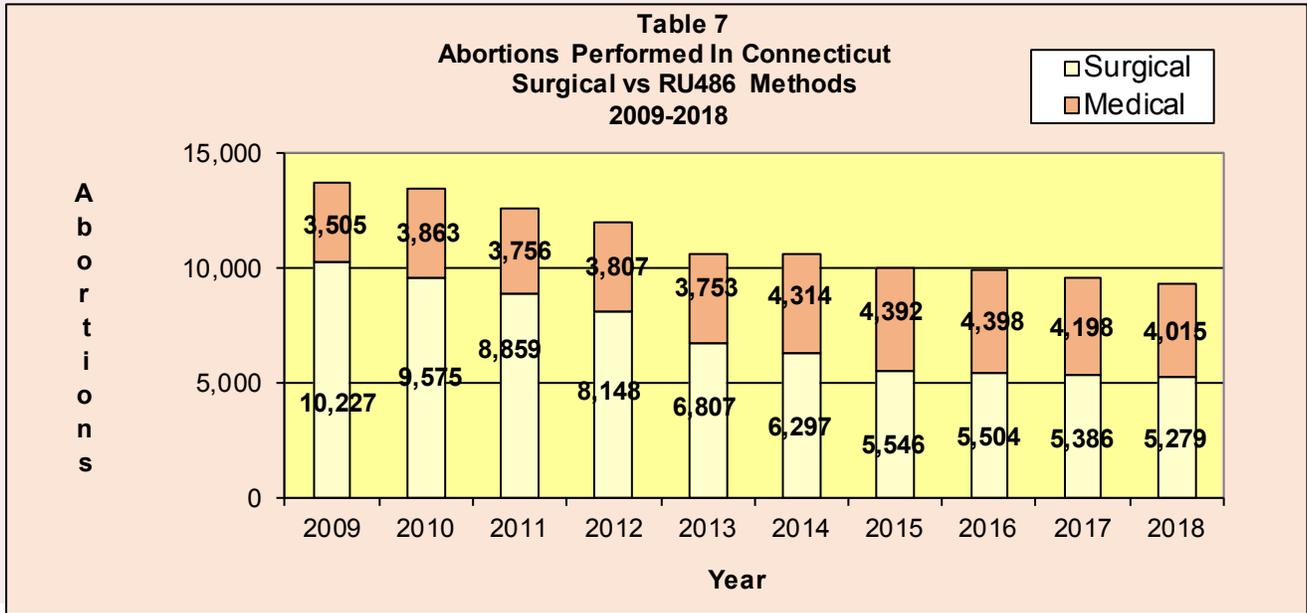


Table 6
Abortions Performed In Connecticut on Out-of-State Minors Under 18 Years of Age
By State
2004-2018

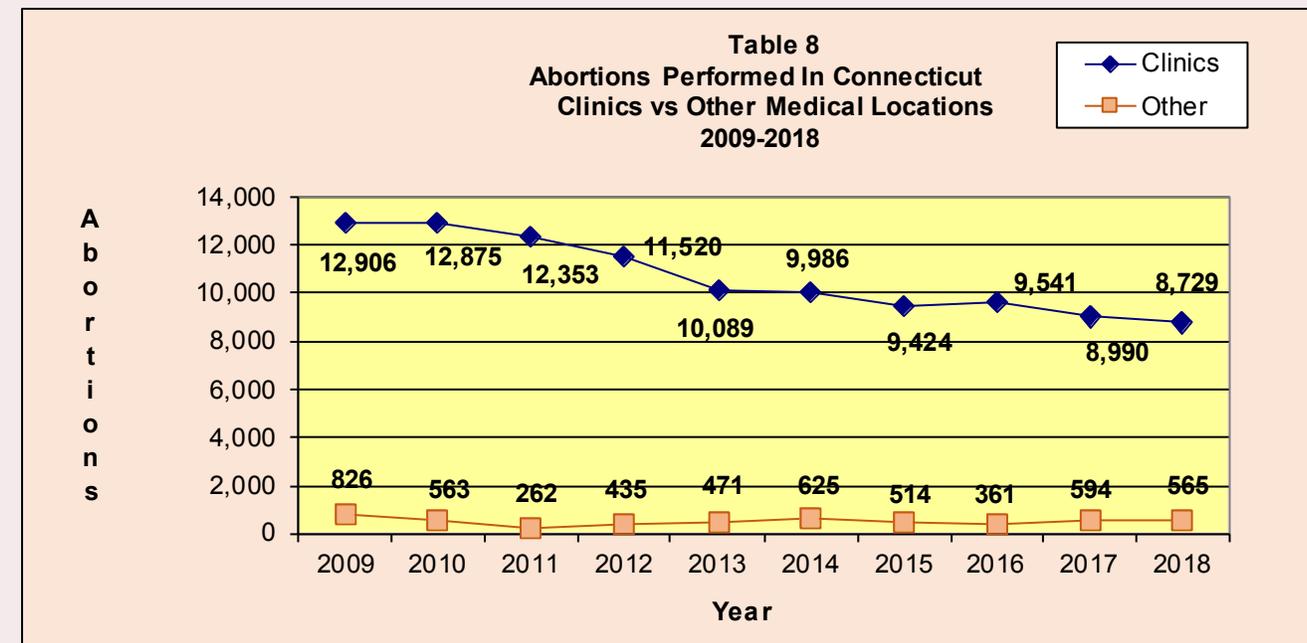


(RI and MA have strict parental consent laws, therefore more teens appear to avoid the law by coming into Connecticut for an abortion)

◆ **How are abortions performed in Connecticut?** Over the last ten years, the number of surgical abortions have significantly decreased when compared to the number of medical abortions (Table 7). In 2009, medical abortions accounted for 25.5% of all abortions performed. By 2018, medical abortions constituted 43% of all abortions performed. Medical abortions are non-surgical, drug-induced abortions, using the drug combination commonly referred to as RU486.



◆ **Where are abortions performed in Connecticut?** Most reported abortions are performed in abortion clinics, not in hospitals or doctors' offices (Table 8). Currently, there are eighteen abortion clinics in Connecticut (see Attachment A); five of these clinics provide surgical abortions. The remaining thirteen clinics provide medical abortions or refer patients to one of the five surgical clinics. Planned Parenthood of Southern New England operates seventeen of these clinics.



◆ **In 2017, the number of abortions reported to the state lacking critical information increased from 2.5% of all abortions reported to 4.3%. In 2018, that number again increased to 4.6%.** This increase is a reversal of an eight year trend of improved reporting following complaints from the Connecticut Catholic Conference in 2008. (Table 9 and 10). However, some abortion providers continue to submit incomplete documentation, failing to fully comply with the state regulation. The Conference has two main areas of concern:

- 1) failure to report the *age* of the patient receiving the abortion.
- 2) failure to report the *gestational 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. Connecticut state law mandates that every abortion be 1) reported to the DPH within seven days and 2) contain the age of the woman and gestation period of the unborn child.

The lack of compliance to questions related to basic patient information raises concern over compliance with other abortion regulations, such as mandatory counseling for minors and mandated reporting of cases of sexual assault.

Table 9
Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2009-2018

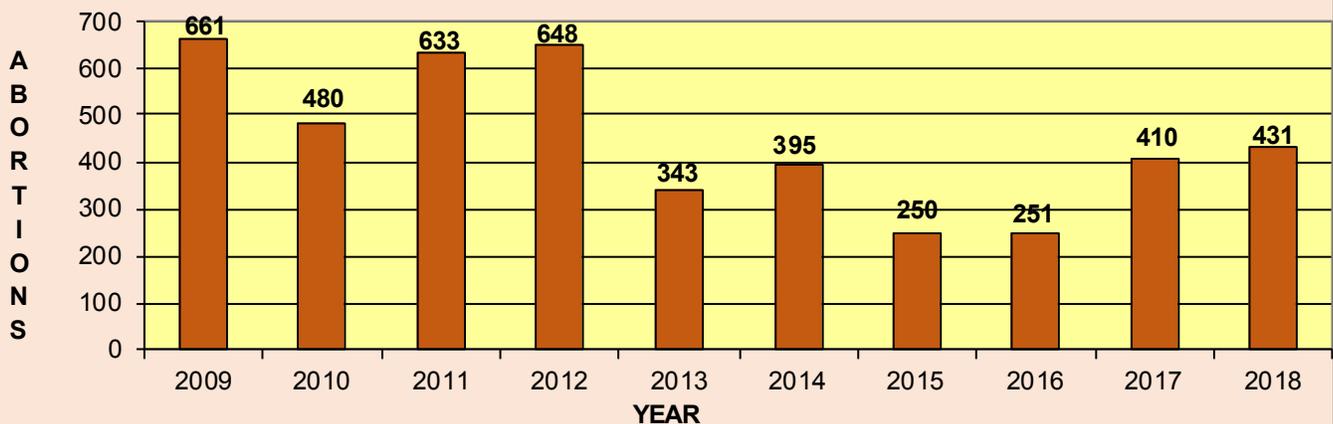
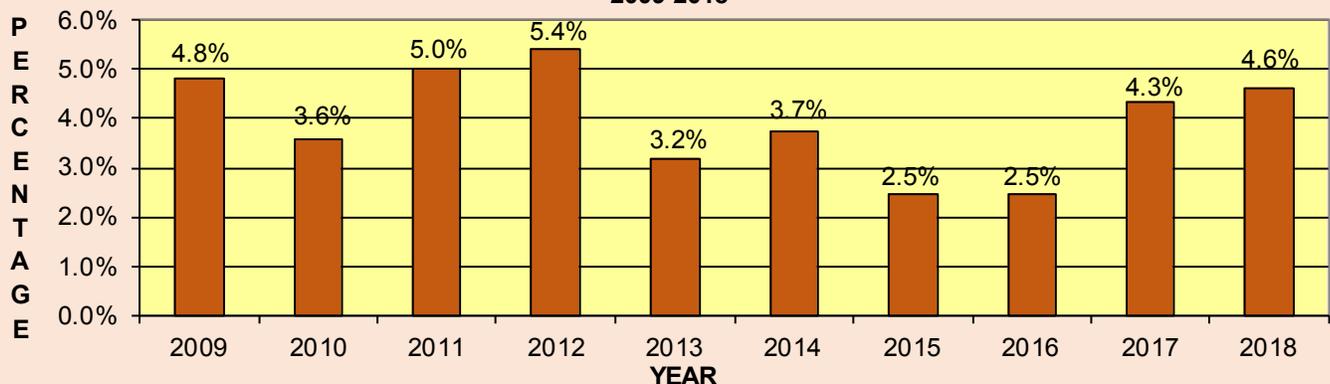


Table 10
Percentage of Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2009-2018



CT Taxpayers Pay for 75% of Abortions in the State!

In 2018, the state HUSKY program paid for 6,995 abortions totaling \$4.2 million. This comes to 75% of the 9,294 abortions performed in the state during 2018. This determination is based on information provided through a Freedom of Information request to the Department of Social Services. Federal funds cannot be used for abortions, so Connecticut is one of 15 states (see Attachment B) that use taxpayer money to pay for abortions.

Based on the 2018 information provided by the CT Department of Social Services, it can be reasonably extrapolated that in the last 20 years Connecticut taxpayers have paid approximately \$84 million to fund the provision of approximately 140,000 abortions. This is a conservative estimate, since annual abortion numbers were higher in years prior to 2018.

Abortion rights advocates have long stated that pro-life pregnancy centers target vulnerable low-income women in Connecticut and around the nation. These new facts on abortions funded through state taxpayer dollars make it appear as if the abortion clinics in Connecticut, most of them operated by Planned Parenthood and located in urban areas, are actually targeting low-income women for financial gain. As the number of abortions drop nationally, and within Connecticut, these centers become more financially dependent on state taxpayer money and other federal grants.



The ethical question surrounding this issue is whether or not those state taxpayers who are strongly opposed to abortion, due to moral and ethical concerns, should be forced to pay for these elective procedures. Another concern is whether or not abortion clinics in Connecticut are providing a woman with a full list of options, when the clinics so desperately need the revenue from the abortion procedures to keep their doors open. Are these low-income and vulnerable women being urged to obtain an abortion by the clinics?

Background:

The federal Hyde amendment, adopted in 1976, bans the use of federal funds for abortions, except in the case of rape, incest or potential physical health damage to the woman. In other words, elective abortions could not be funded using federal funds. Since the HUSKY programs receive federal funding, the Hyde amendment prevented the State from funding abortions.

Then, in a 1986 court case, *Doe v Maher*, a Connecticut Superior Court ruled that the State had to cover abortion services, even if the federal government did not. This ruling meant that the taxpayers of Connecticut would have to pay 100% of the cost of the abortions. ***The ruling was not appealed to a higher court.*** In 1998, then Attorney General Richard Blumenthal issued an opinion addressing the HUSKY B program. The Attorney General ruled that the *Doe v Maher* decision applied equally to the HUSKY B program which covers children. The issue was that teenage girls covered by HUSKY B may not be able to receive funding for an abortion.

Planned Parenthood of Southern New England Claims it Needs Title X Funds to Serve Its Clients.

The Facts Say Otherwise.

Nationally, Planned Parenthood and other abortion rights organizations have been condemning recent changes made to federal Title X regulations. Their main complaints are :

COMPLIANCE WITH STATUTORY PROGRAM
INTEGRITY REQUIREMENTS FINAL RULE:
Title X Family Planning Program Guidance



1) Family planning services would have to be reduced or eliminated to low-income women.

2) That low-income women would be denied access to numerous vital health care services.

Both of these statements are extremely misleading.

Title X History

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies, and information to all who want and need them. Use of funding for abortion services is prohibited. By law, priority is given to persons from low-income families.

Background:

Following, and prior to, the release of new regulations concerning the allocation of federal Title X family planning funds there was an uproar focused on how this would impact Planned Parenthood facilities in Connecticut and their financial ability to meet the needs of the low-income women they service.

The intent of the new federal regulations was to insure that Title X funds were not used to perform or support abortion services. This has been a requirement since the Title X program was instituted by Congress in 1970. Currently, only Planned Parenthood of Southern New England (PPSNE) clinics receive direct Title X funding in Connecticut. This funding even goes to clinics that provide surgical abortions on site. Direct referrals are made to the four PPSNE surgical clinics from the PPSNE clinics that do not provide the service.

The new regulations required that recipients of Title X funds physically separate abortion services from other family planning services. It also prohibits direct referrals, which PPSNE's business model requires. The new regulations **do not** prohibit the discussion of various abortion options with a client. The new regulations ensure the law is not being circumvented by Planned Parenthood clinics nationwide and other Title X recipients.

Funding to Planned Parenthood clinics was not cut. The clinics had to make changes concerning how they operate to help insure legal compliance. Planned Parenthood made a business/

political decision not to comply with the new regulations. *They choose **not** to receive federal Title X funds to serve women in need.*

Statement #1 and the Facts

STATEMENT: Family planning services would have to be eliminated, or severely curtailed, because Planned Parenthood clinics need Title X funding to provide these services to low-income clients.

FACT: Planned Parenthood of Southern New England, just like the national organization, is in strong financial shape. If they truly care about their clients, they have enough financial assets to provide the services they state low-income clients will no longer be able to access.

Financial Review:

General PPSNE Budget Overview: *

Planned Parenthood of Southern New England (PPSNE), which operates 17 clinics in Connecticut and one in Rhode Island, will lose over \$2.1 million in Title X funding. PPSNE has already stated that they will not comply with the new regulations.

However, the cut is a small portion of their operating revenue. Based on its most current IRS 990 filing for its fiscal year ending March 2018, PPSNE took in almost \$39 million in revenue. Over the last two fiscal years, PPSNE had a total operating surplus of approximately \$11 million. They also reported having \$12.7 million in publicly traded securities, which earned them \$408,305. Additionally, PPSNE reported expending \$1.3 million dollars in miscellaneous expenses and spending \$543,000 for conventions and meetings. These numbers and others show a very financially strong organization in Connecticut. It does not appear that Planned Parenthood really needs assistance from others, *including the state*, to make up the Title X funding. Nor, does it appear they need to reduce services to low-income women.



Special Medicaid Provisions that Benefit Planned Parenthood

Higher Medicaid (HUSKY) Benefits for Planned Parenthood Services:

- ◆ The reimbursement rate under Medicaid is set by Federal Law at an enhanced rate of 90% for family planning services. This is far above the standard reimbursement rate for other medical services. This means PPSNE clinics not only receive Title X funds to assist in providing family planning services, but also receive a higher rate from Medicaid for those same services.

State Taxpayers pay 100% of the cost of an abortion for a Medicaid (HUSKY) Patient in Connecticut.

- ◆ The federal Medicaid program does not allow federal funds to be used for abortions, except in very specific instances.
- ◆ Based on a 1986 Superior Court ruling, the Connecticut Department of Social Services (DSS) must pay for all abortion services under the various HUSKY Programs.
- ◆ The abortion provider is reimbursed 100% of the cost.

Statement #1 and the Facts (con't)

Additional Federal and State Grants:

PPSNE's sources of state and federal funding:

State Budget:

- ◆ **State taxpayer funding**
- ◆ **Federal funds are received by the state and then passed through to PPSNE. This funding is comprised primarily of Title V and Title XX funds.**

Direct Federal Funds:

- ◆ **Title X funds. These funds specifically support family planning and reproductive health care programs.**

Other Sources of Income:

Insurance Payments:

- ◆ **The Medicaid Husky Program**
- ◆ **Insurance plans held by clients.**
- ◆ **Self-pay**

The federal funds in the state budget are "pass-through" monies primarily from the Title V and Title XX programs. Funds from these grants are provided to Planned Parenthood for family planning services at the sole discretion of the General Assembly and the Governor.

However, Title V and Title XX funds can be used for a vast array of social services, in addition to family planning services, such as: (1) increasing the availability of child care, (2) child abuse prevention programs, (3) community-based care for the elderly and disabled, and (4) programs to meet the nutritional and developmental needs of mothers, children and families.

Although the state contracts list specific family planning services that the funding is intended to support, in reality the funds are used to support the general operations of the PPSNE clinics. As an example, the funding helps cover the salary of the clinic director and clinicians, office supplies, telephone expenses and other general overhead expenditures. Therefore, these funds do assist in covering the operations of abortion clinics within our state.

PPSNE major revenue sources for fiscal year ending March 2018:

- ◆ Patient Revenue (includes Medicaid, insurance and client payments):
\$23,171,202
- ◆ Contributions:
\$7,153,638
- ◆ Government grants (state and federal):
\$5,412,841
- ◆ Miscellaneous Income:
\$1,942,615
- ◆ Fundraising:
\$858,901
- ◆ Investment Income:
\$408,305

PPSNE cash and investments for fiscal year ending March 2018:

- ◆ Revenue exceeded expenses by
\$ 3,847,529
- ◆ Cash Balance at end of fiscal year:
\$ 6,245,841
- ◆ Value of publicly traded securities held by PPSNE increased by \$2,635,226 for a total market value of \$12,713,015

Statement #1 and the Facts (con't)

STATEMENT: Family planning services would have to be eliminated, or severely curtailed, because Planned Parenthood clinics need Title X funding to provide these services to low-income clients.

CONCLUSION: *This statement is false.*

Planned Parenthood of Southern New England is in a strong financial position. PPSNE does not need state assistance to make up for the \$2.1 million in Title X funding that they have chosen not to accept. They should instead:

- 1) Draw upon their currently existing available cash and investment securities, which far exceed the \$2.1 million reduction in Title X funds.
- 2) Institute an internal budget review to evaluate expense reductions, such as \$542,110 in convention expenses and \$1.3 million in miscellaneous expenses.

Statement #2 and the Facts

STATEMENT: Planned Parenthood centers are vital to low-income women and the healthcare services they receive. Government funding to these centers, such as Title X, must be preserved.

FACT: Planned Parenthood of Southern New England offers a very limited number of services at their centers. The most distinctive service is the provision of abortions. Low-income women can easily receive medical care at more comprehensive health centers, especially if they are on Medicaid.

Services Review:

Only four Planned Parenthood centers in Connecticut, Hartford, New London, Meriden, and Stamford offer health care services related only to general health, such as flu, cold, allergies, muscle sprains, and diabetes. According to a CT Post Article, Planned Parenthood is “*growing primary care as part of its very broad mission despite — maybe because of — the siege [on abortion rights].*” ** Perhaps it is a way to boost business in a declining abortion market, but also to lure non-abortion minded women into becoming abortion minded in the event of pregnancy.

General PPSNE Services Overview.:

When a woman is evaluating whether or not to assess medical services at a Planned Parenthood clinic in Connecticut, outside of abortion or birth control services, she may find herself very disappointed. Most PPSNE clinics offer a very limited amount of medical services. In 2018, the national Planned Parenthood organization began an effort to expand the number of common medical services offered by their clinics. Seeing a dramatic lack of basic health services at the clinics, Dr. Lena Wen, the new President of Planned Parenthood at that time, undertook a direction to expand medical care services. Some clinics in Connecticut did

begin to add several services, but most did not. Whether this effort will continue or not remains to be seen following the removal of Dr. Wen. The national Planned Parenthood board was not supportive of her focus on basic health care services and away from the branding they are most famous for, abortion.

** Haar, Dan. “Dan Haar: Timely Planned Parenthood Move in Stamford Sends a Message.” *Connecticut Post*, Connecticut Post, 22 Sept. 2018, www.ctpost.com/business/article/Dan-Haar-Timely-Planned-Parenthood-move-in-13248773.php.

Statement #2 and the Facts (con't)

What Services do PPSNE Centers Actually Offer?

The claim is constantly made that PPSNE centers in Connecticut offer women and men vital healthcare services, including “reproductive healthcare” services.



The question arises as to why PPSNE centers are so important to healthcare delivery in our state. What unique services do they offer that other healthcare centers do not? The answer is surgical and medical (drug-induced) abortion services.

The following tables highlight the services offered by PPSNE centers across the state. Most of these services are available at other healthcare providers, including community health clinics. Under the current PPSNE business model, clinics that do not provide abortions make direct referrals to the PPSNE clinics that provide the service. Their current business model helps them control abortion services in our state. The new Title X regulations requires them to change this model, which they refuse to do. All of the sixteen centers offer birth control, the morning-after pill, and medical (drug-induced) abortion medication. Only four centers offer limited primary care services.

<u>Unique PPSNE Services Offered</u>	<u>Number of PPSNE Centers</u>
Abortions—surgical	4
Abortion—medical (drug-induced)	16

<u>Medical Services Offered By PPSNE and Other Providers</u>	<u>Number of PPSNE Centers</u>
Emergency Contraception (morning after pill)	16
Birth Control	16
STD testing and treatment	16
HIV testing	16
LGBTQ services (Referrals, education, resources only)	16
Women’s Health Care (pap smear, breast exam, etc.)	16
Primary Care Health Services (colds, allergies, non-std infections, etc.)	4

Statement #2 and the Facts (con't)

In terms of abortion services, PPSNE has a monopoly on the market.

There is only one non-PPSNE abortion center in Connecticut, located in Hartford, that performs surgical abortions. So of the 5,279 surgical abortions performed in Connecticut in 2018, most were performed in the four PPSNE surgical centers.

Over the last decade several independent abortion surgical centers have closed their doors as PPSNE began to monopolize the market.

Alternatives to PPSNE Centers for Health Care.

The services offered by PPSNE centers are very limited and not unique to the centers, with the exception of abortion services. Low-income women in Connecticut have several options for receiving health care services. The Connecticut HUSKY program has an extensive list of providers. There are also 17 Federally Qualified Community Health Centers in the state that provide service on a sliding scale. (See Attachment C for a list of Community Health Centers.)

STATEMENT: Planned Parenthood centers are vital to low-income women and the healthcare services they receive. Government funding to these centers, such as Title X, must be preserved.

CONCLUSION: *This statement is false.*

Planned Parenthood of Southern New England offers a very limited number of services at their centers. The most distinctive service is the provision of abortions. Low-income women can easily receive medical care at more comprehensive health centers, especially if they are on Husky.

Attachment A
States Covering Abortion
As October 2019

The following 15 states cover abortion costs in low-income medical insurance programs.

**Funds All or Most Medically Necessary Abortions,
Exceeding Federal Requirements**

Alaska
California
Connecticut
Hawaii
Illinois
Maryland
Massachusetts
Minnesota
Montana
New Jersey
New Mexico
New York
Oregon
Vermont
Washington

Source: Kaiser Family Foundation analysis of Guttmacher Institute, State Policies in Brief, "[State Funding of Abortion Under Medicaid] (http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf)," as of June 21, 2019 and state laws.

Attachment B

Connecticut Abortion Clinics

As October 2019

The following clinics (17) are licensed as family planning *outpatient clinics* by the Connecticut Department of Public Health.

Full Surgical Abortion Services

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

Attachment C

(Centers may have more than one location)



Torrington, Community Health and Wellness Center

Charter Oak Health Center

Website: www.thecharteroak.org/

CIFC Greater Danbury Community Health Center

Website: www.ct-institute.org/greater-danbury-community-health-center

Community Health & Wellness Center of Greater Torrington

Website: www.chwctorr.org/

Community Health Center, Inc.

Website: www.chc1.com/

Community Health Services

Website: www.chshartford.org/

Cornell Scott – Hill Health Center

Website: www.cornellscott.org/

Fair Haven Community Health Care

Website: www.fhchc.org/

Family Centers

Website: www.familycenters.org/FamilyCentersHealthCare

First Choice Health Centers

Website: www.firstchc.org/

Generations Family Health Center

Website: www.genhealth.org/

InterCommunity

Website: www.intercommunityct.org/

United Community and Family Services

Website: www.ucfs.org/

Norwalk Community Health Center

Website: norwalkchc.org/

Optimus Health Care

Website: optimushealthcare.org/opthc/

Southwest Community Health Center

Website: www.swchc.org/

StayWell Health Center

Website: staywellhealth.org/

Wheeler Clinic

Website: www.wheelerclinic.org/



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

The statistical information presented in this report has been compiled by the Connecticut Catholic Conference using data obtained solely from various reports of the Connecticut Department of Public Health (DPH).

Christopher Healy, Executive Director