

Connecticut Catholic Conference

*The State of Abortion in
Connecticut 2021*

THIRTEENTH ANNUAL REPORT

*Connecticut Abortion Numbers—the Decline
Continues*



*Connecticut Remains a
Strong
Abortion Rights State*

*How has Connecticut's New Law Affected Prolife
Pregnancy Resource Centers?*

Table of Contents

	<u>Page</u>
Executive Summary	3
Abortion Trends—2019	4
Connecticut Abortion Laws	8
Impact of Pregnancy Resource Center Law	11
<u>Attachments:</u>	
Parental Notification Laws by State	12
Abortion Clinics in Connecticut	13

Executive Summary

The Connecticut Catholic Conference continues to monitor the issue of abortion in Connecticut with the publication of its thirteenth 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.

Due to the pandemic, the most recent numbers available are for 2019.

Trends 2010—2019:

- ◆ ***Over the last ten years, Connecticut has experienced a 32% decline in the number of reported abortions.*** This trend is reflective of a national decline in the number of abortions. Total reported abortions have declined by **37%**, since the high of 14,534 in 2007.
- ◆ ***The significant decline in reported teen abortions continued into 2019.*** Abortions performed on girls younger than 18 years of age has declined by **64%** since 2010. Since 2000, reported teen abortions declined **75%**.
- ◆ ***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 19.4 abortions per thousand women of childbearing age in 2010 to 13.4 in 2019.
- ◆ ***Half of the abortions performed in Connecticut are medical (drug induced) abortions.*** Over the last ten years, the number of surgical abortions have significantly decreased when compared to the number of medical abortions. In 2010, medical abortions accounted for 29% of all abortions performed. By 2019, medical abortions constituted 50% of all abortions performed.

- ◆ ***In 2019, the number of abortions reported to the state lacking critical information increased from a low of 2.5% (2015) of all abortions reported to 5.6%.*** This increase is a reversal of a four year trend of improved reporting started in 2013. Unfortunately, some abortion providers continue to submit incomplete documentation, failing to fully comply with the state regulation.

Connecticut Remains an Abortion Rights State

Some abortion advocates view 2021 as becoming the most restrictive year for abortion access, as many states continue to pass laws restricting abortion rights and increasing protections for the unborn child.

Despite all this national activity, Connecticut remains one of the most liberal states in the nation when it comes to a woman's right to an abortion. This standing does not appear to be changing anytime soon.

See page eight for more information.

How has the New Pregnancy Resource Center Law Impacted Pro-Life Centers?

During the 2021 legislative session, the General Assembly gave a victory to abortion advocates by passing S.B 835 "An Act Concerning Deceptive Advertising Practices by Limited Services Pregnancy Centers". This bill controls advertising by pregnancy resource centers and is viewed by them as a threat to their first amendment rights.

In October 2021, the Care Net Pregnancy resource Center of Southeastern Connecticut filed a federal lawsuit against the state.

See page 11 for more information.

Abortion Trends - 2019

- ◆ **Over the last ten years, Connecticut has experienced a 32% decline in the number of reported abortions.** This trend is reflective of a national decline in the number of abortions. Total reported abortions have declined by **37%**, since the high of 14,534 in 2007.
- ◆ **The significant decline in reported teen abortions continued into 2019.** Abortions performed on girls younger than 18 years of age has declined by **64%** since 2010. Since 2000, reported teen abortions declined **75%**.

Table 1
Abortions Performed In Connecticut
2010-2019

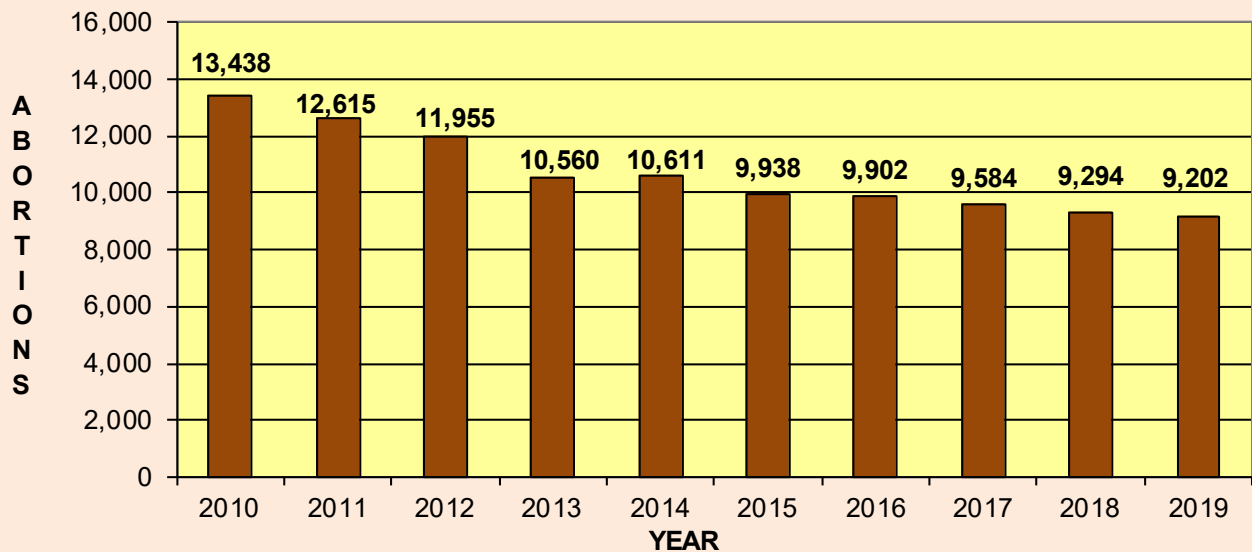
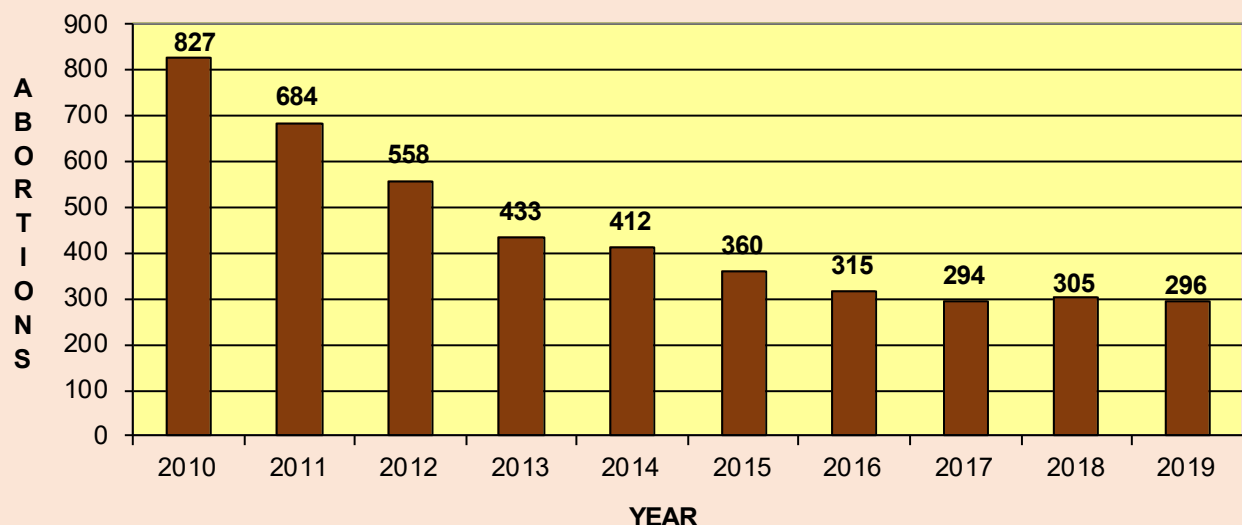


Table 2
Abortions Performed In Connecticut On Minors Under 18 Years Of Age
2010-2019



♦ **Abortion rates across all age groups continue to significantly decline. (Tables 3 and 4).** The abortion rates in Connecticut fell from 19.4 abortions per thousand women of childbearing age in 2010 to 13.4 in 2019. 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)
2010 - 2019

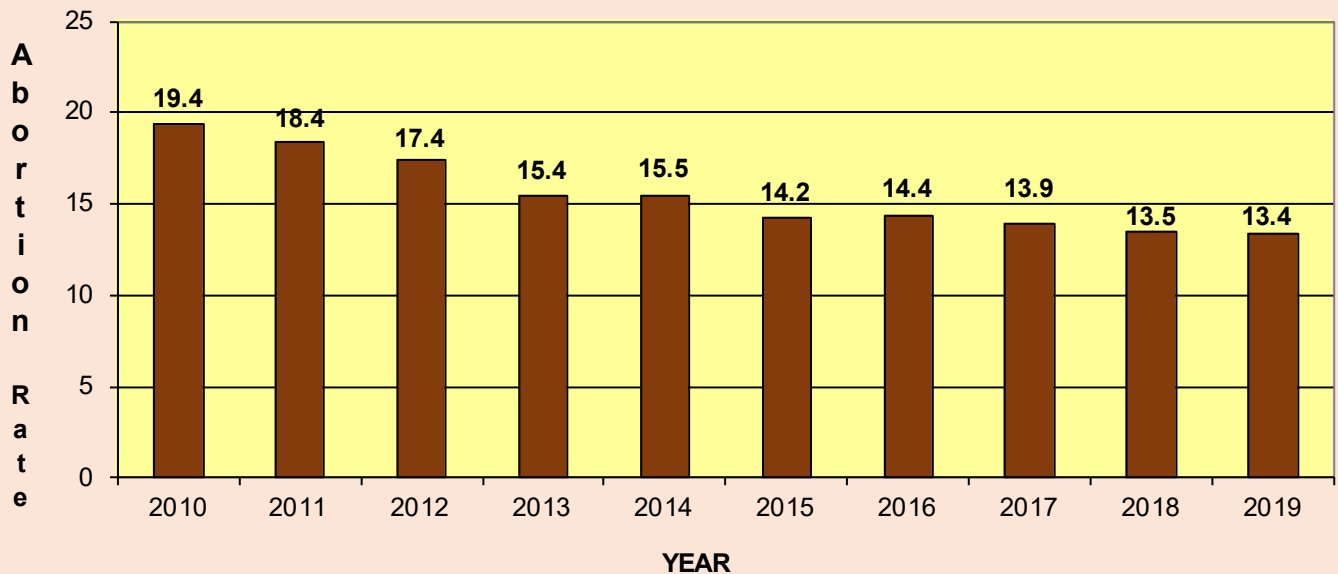
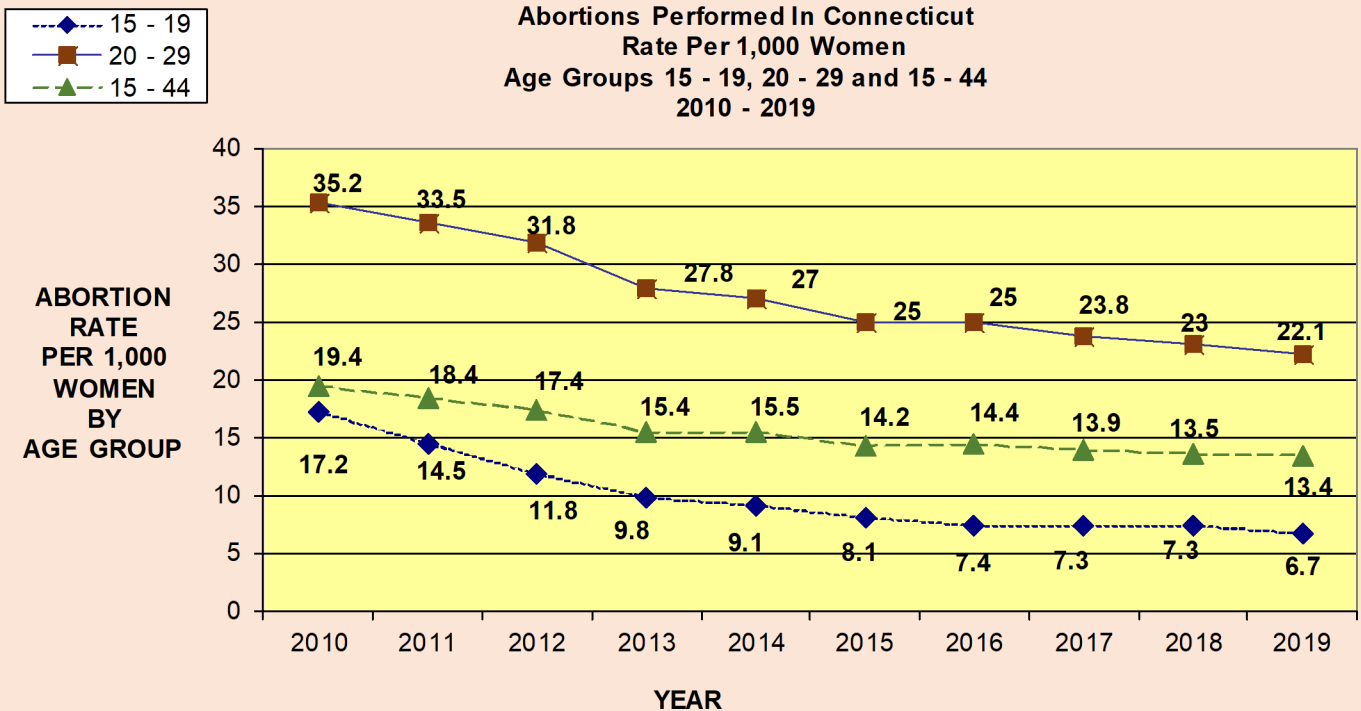
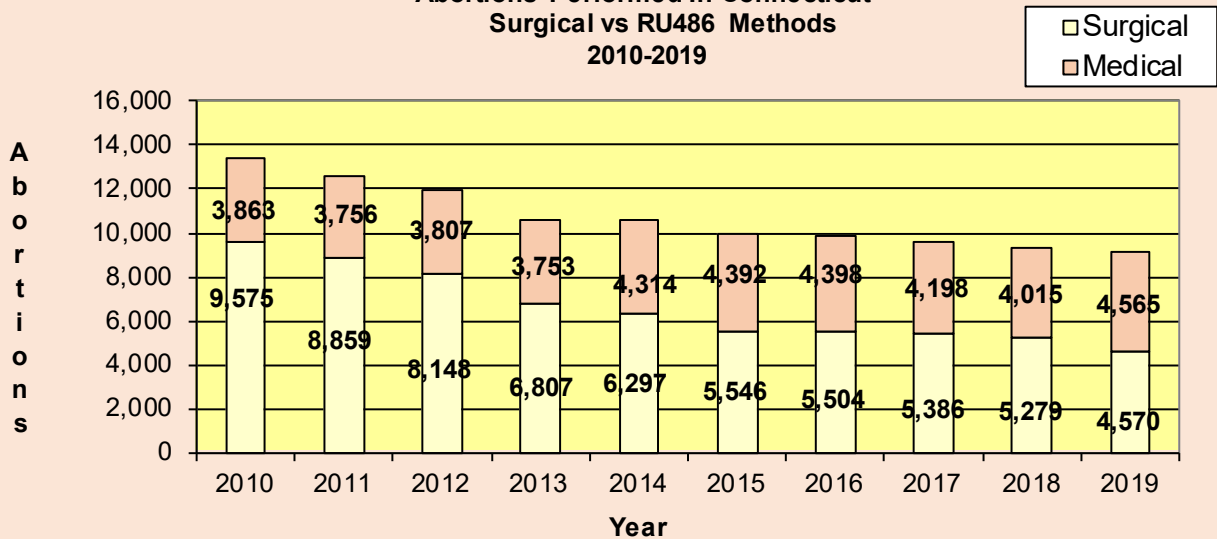


Table 4
Abortions Performed In Connecticut
Rate Per 1,000 Women
Age Groups 15 - 19, 20 - 29 and 15 - 44
2010 - 2019



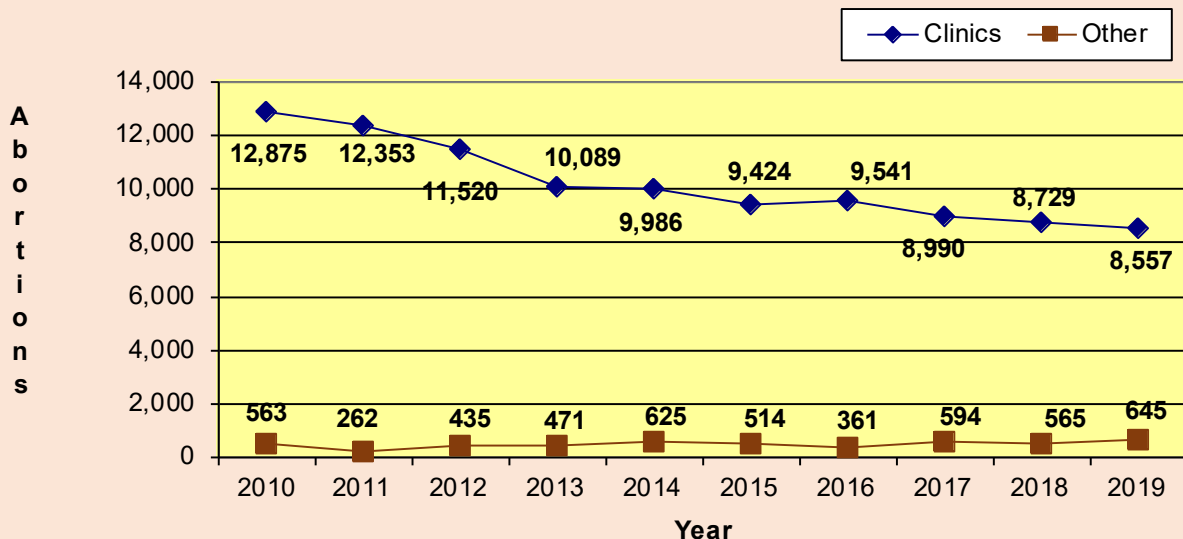
♦ **How are abortions performed in Connecticut?** Over the last ten years, the number of surgical abortions have significantly decreased when compared to the number of medical abortions (Table 5). In 2010, medical abortions accounted for 29% of all abortions performed. By 2019, medical abortions constituted 50% of all abortions performed. Medical abortions are non-surgical, drug-induced abortions, using the drug combination commonly referred to as RU486.

Table 5
Abortions Performed In Connecticut
Surgical vs RU486 Methods
2010-2019



♦ **Where are abortions performed in Connecticut?** Most reported abortions are performed in abortion clinics, not in hospitals or doctors' offices (Table 6). Currently, there are 15 abortion clinics in Connecticut (see Attachment B); five of these clinics provide surgical abortions. The remaining ten clinics provide medical abortions or refer patients to one of the five surgical clinics. Planned Parenthood of Southern New England operates fourteen of the 15 clinics.

Table 6
Abortions Performed In Connecticut
Clinics vs Other Medical Locations
2010-2019



- ♦ ***In 2019, the number of abortions reported to the state lacking critical information increased from a low of 2.5% (2015) of all abortions reported to 5.6%.*** This increase is a reversal of a four year trend of improved reporting starting in 2013 (Tables 7 and 8). 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 7
Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2010-2019

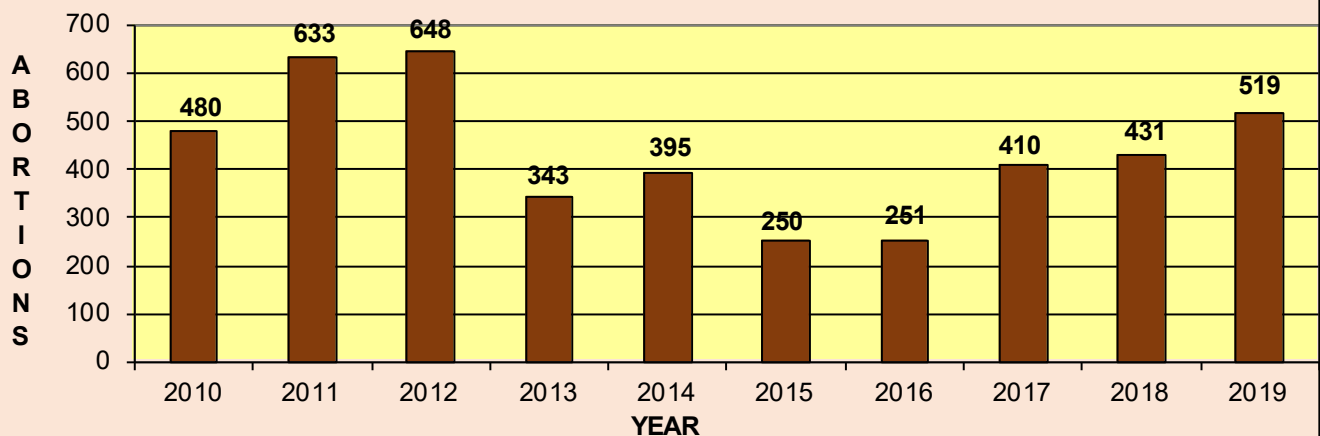
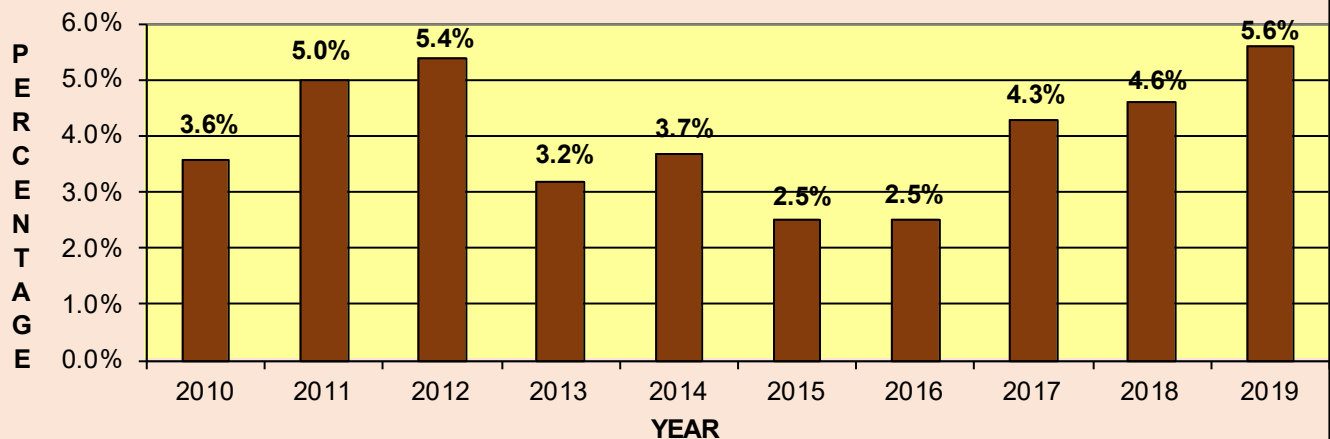


Table 10
Percentage of Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2010-2019



Connecticut Remains a Strong Abortion Rights State

National Activity

The passage of the “Heartbeat” law in Texas has brought the debate concerning restrictive abortion laws to the forefront of the national abortion debate. The Texas law prohibits an abortion after the baby’s heartbeat can be detected. This law, and a law adopted by Mississippi in 2018 which prohibits abortions after 15 weeks of gestation, are currently before the U.S. Supreme Court. Many view these laws as specifically designed to force the Supreme Court to reevaluate the Roe v Wade decision.

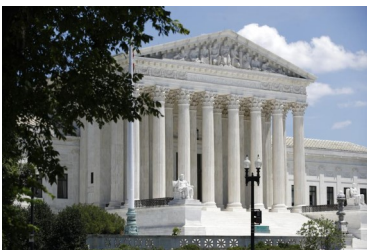
Some abortion advocates view 2021 as becoming the most restrictive year for abortion access, as many states continue to pass laws restricting abortion rights and increasing protections for the unborn child. Some of these states are Alabama, Arizona, Arkansas, Idaho, Indiana, New Hampshire, Montana and several others. These laws vary in the restrictions they place on abortion access and some are already facing court challenges.

Nationally, Connecticut ranks as one of the most liberal states in the nation when it comes to a woman’s right to an abortion. The list of the facts below support this position.

Connecticut: State law incorporates the rights provided under the Roe v. Wade Supreme Court decision.

- ◆ State law incorporates the rights provided under the Roe v. Wade Supreme Court ruling.
- ◆ Abortion facilities are not overly regulated.
- ◆ There are no “roadblocks” to abortion access in state law.
- ◆ There are no parental notification laws for minors.
- ◆ Connecticut funds abortions under the HUSKY insurance program for low-income women.

The Connecticut legislature enshrined the Roe v Wade abortion decision into state law in 1990, and has remained very protective of a women’s right to choose since that time. Under state law (CGS 19a-602) the right of a woman to have an abortion is guaranteed. However, it also incorporates language that prohibits an abortion after the viability of the fetus (around 23 –26 weeks), unless the mother’s life or health were at risk. The U.S. Supreme Court has historically upheld that states have a right to prohibit abortions after fetal viability, as long as there is an exemption for the mother’s health.*



The health exemption does not automatically include mental health situations as some people believe. The U.S. Supreme Court has never ruled that “mental health” is included in its rulings concerning health exemptions.* The exemption in Connecticut law is considered to be a “physical” health exemption.

* Michael J. Tierney, *Post-Viability Abortion Bans and the Limits of the Health Exception*, 80 Notre Dame L. Rev. 465 (2004).

Sec. 19a-602. Termination of pregnancy prior to viability. Abortion after viability prohibited; exception.

(a) The decision to terminate a pregnancy prior to the viability of the fetus shall be solely that of the pregnant woman in consultation with her physician. (b) No abortion may be performed upon a pregnant woman after viability of the fetus except when necessary to preserve the life or health of the pregnant woman.

Connecticut: Abortion facilities are not overly regulated.

None of Connecticut's regulations can reasonably be considered as an impediment to a woman seeking an abortion. Again, reflecting the state's strong support of abortion rights for women. However, abortion advocates feel that some regulations, which most people view as common sense requirements, are unnecessary restrictions.

The Connecticut Department of Public Health (DPH) developed regulations concerning abortion services beginning in 1974. These regulations cover who can perform an abortion, various facility requirements and informed consent procedures. The regulations were written to protect a women seeking an abortion.

Despite the concern for women's health reflected in these regulations, surgical abortion facilities are not inspected as regularly as other outpatient surgical facilities. Additionally, these abortion facilities do not have to meet the physical requirements of a regular outpatient surgical facility. These differences exist for the convenience of the abortion providers, making it easier for them to operate.

Planned Parenthood operates four of the five surgical abortion clinics in Connecticut to which these regulations apply.



Surgical abortion clinics are only inspected once every three years, while regular outpatient surgical centers are inspected every two years.

Regulation Highlights:

1. Surgical abortions can only be performed by a person licensed to practice medicine and surgery in Connecticut (CR 19-13-D54(a). ***Abortion advocates have been trying to expand this definition to address a shortage of willing licensed medical providers that meet this requirement.*****
2. Abortions performed after the second trimester must be done in a hospital. Abortion facilities are prohibited from performing surgical abortions after the 26th week (CR 19-13-D54(c). These abortions would be considered post-viability abortions, which are only allowed to preserve the life and health of the mother. How strongly the state DPH enforces this provisions remains to be seen. ***Abortion advocates consider this a medically unnecessary restriction.*****
3. Abortion facilities providing surgical abortions must have a standard operating room (CR 19-13-D54(d) (9)). ***Abortion advocates consider this regulation as an unnecessary restriction. However, this regulation and their opposition are deceptive.***** Surgical abortion facilities actual get a break under state regulations, since they do not have to meet the same surgical facility and operating room requirements as outlined in DPH regulation CR-19-13-D56 for all other outpatient surgical facilities.
4. State DPH regulations (CR 19a-116-1(d)(1)) requires counselors at abortion clinics to be trained. Counselors that do not have a graduate degree must be supervised by a person with a graduate degree in defined areas of study. This is to insure that women receive support from trained professionals. ***Abortion advocates consider this a medically unnecessary restriction.*****

**** <https://www.prochoicect.org/laws-policy/connecticutabortionlaw/>**

Connecticut: *There are no “roadblocks” to abortion access in state law.*

Abortion providers and clinics do not face any undo restrictions, commonly referred to as TRAP laws by abortion advocates. TRAP stands for *Targeted Regulation of Abortion Providers* and most commonly

refers to regulations requiring abortionists to have admitting privileges at a local hospital and physical building requirements for the abortion clinic.



Unlike 23 other states in the nation, Connecticut has no TRAP laws according to the Guttmacher Institute, which is pro-abortion research organization.*** The previous section in this report highlighted the fact that abortion clinics do not have to be in compliance with the stricter facility requirements placed on regular surgical out-patient clinics.

Connecticut also has no requirements that a physician performing abortions at a clinic must have admitting privileges at a local hospital. The lack of this provision makes it easier for Connecticut surgical abortion facilities to find physicians for their clinics.

Connecticut: *There are no parental notification laws for minors.*

Minor girls under 16 years of age in Connecticut can receive an abortion without their parents or guardian having any knowledge of it (CGS 19a-601). Over recent years, the Connecticut legislator has recognized that juvenile minds are not fully developed in terms of being held accountable for criminal activity and have modified existing laws to reflect that belief. However, the legislature refuses to apply that same view of juvenile mental development to the state’s abortion laws. Unfortunately, the legislature still believes that young 13 to 15 year old girls can handle an unplanned pregnancy on their own.

Connecticut is one of seven states that have no parental notification or consent laws. Currently, 43 states have passed parental notification or consent laws. These laws are still active in 38 of these states, some since the 1980’s (See attachment A). Legal challenges have made these laws inactive in six states. Current Connecticut statute only directs an abortion provider to discuss possibly involving a girl’s parents. Connecticut’s neighboring states have different laws concerning parental notification. New York, like Connecticut, requires no parental notification. Massachusetts and Rhode Island have strict parental consent laws.

Connecticut law appears conflicted when it comes to a minor procuring an abortion versus other health sensitive activities. A thirteen year old girl in Connecticut can receive an abortion without any parental involvement, but cannot have a body piercing or be given an aspirin at school without written parental consent. The current situation in Connecticut makes it much easier for the sexual abuse of a young girl, by an older male, to be hidden through the procurement of an abortion.



Connecticut: Connecticut funds abortions under the HUSKY insurance program for low-income women.

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 from state funds. The State Attorney General at the time, Richard Blumenthal, a long time abortion rights supporter, never challenged the ruling.
- ◆ In 2018, based on information from a Freedom of Information request, Connecticut taxpayers paid for 75% of the abortions reported in the state.
- ◆ The abortion provider is reimbursed 100% of the cost.

How has Connecticut's New Law Affected Prolife Pregnancy Resource Centers?

After years of legislative conflict between Connecticut's pro-life pregnancy resource centers (PRCs) and various abortion advocacy groups, the General Assembly gave the victory to the abortion advocates by



passing S.B 835 "An Act Concerning Deceptive Advertising Practices by Limited Services Pregnancy Centers". The stated purpose of the legislation was to stop the deceptive advertising pregnancy resource centers were using to mislead women seeking an abortion. The only problem was that here was no evidence presented, over years of public hearings, that the centers were practicing deceptive advertising. The effort by NARAL (National Abortion Rights Action League), the lead advocate for the legislation, was part of a national campaign to discredit and eventually

shutdown pregnancy resource centers.

The movement in Connecticut was very similar to efforts in other states where NARAL and Planned Parenthood have attempted to get local ordinances and state statutes passed which negatively impact the mission of the PRCs. The legislation does not define deceptive advertising and leaves its interpretation up to the State Attorney General. The Attorney General can bring a claim against a center without a client actually filing a complaint. The problem is that legal expenses could severely impact a centers ability to operate and harm their public reputation. The impact could force centers to close, which is the real intent of the abortion advocacy groups.

The new law went into effect on July 1, 2021. What has its impact been on the PRCs in Connecticut and the way they advertise? Since the premise behind the legislation was based on false claims of deceptive advertising, the PRCs have not changed any of their advertisements. In reality, most centers receive new clients based on word of month by former clients, reflecting the good job they are doing.

In October 2021, Care Net Pregnancy resource Center of Southeastern Connecticut filed a federal lawsuit against the state with the assistance of Alliance Defending Freedom, a legal organization dealing primarily with religious based free speech issues.

Attachment A

Laws Requiring Parental Consent or Notification for Minors' Abortions – November 2021

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

<u>Consent (27)</u>		<u>Notification (11)</u>
Alabama	North Dakota	Alaska
Arizona	Pennsylvania	Colorado
Arkansas	Ohio	Delaware
Florida	Oklahoma	Georgia
Idaho	Rhode Island	Illinois
Indiana	South Carolina	Iowa
Kentucky	Tennessee	Maryland
Louisiana	Texas	Minnesota
Kansas	Utah	New Hampshire
Massachusetts	Virginia	South Dakota
Michigan	Wisconsin	West Virginia
Mississippi	Wyoming	
Missouri		
Nebraska		

II. Six states have laws that are not in effect.

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

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

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

Connecticut Abortion Clinics

As of November 2021

The following clinics (15) are licensed as family planning *outpatient clinics* by the Connecticut Department of Public Health.

Full Surgical Abortion Services

Hartford GYN Center – Bloomfield (moved from 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 – 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 – Willimantic

Clinics Closed since 2008

Planned Parenthood	Danielson	medical abortions	2020
Planned Parenthood	Old Saybrook	medical abortions	2020
Summit Women's Center	Bridgeport	surgical abortions	2015
Planned Parenthood	Shelton	medical abortions	2013
Summit Women's Center	Hartford	surgical abortions	2012
Medical Options	Danbury	surgical abortions	2010
Cornell Scott-Hill Health Services	New Haven	surgical abortions	2009



***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