

The State of Abortion in Connecticut 2024

Connecticut Abortion Numbers Continue to Increase



Abortion Tourism a Flop

The facts show that the number of women coming to Connecticut in 2023 for abortions was significantly overstated by the advocates.



DPH Ignores It's Own Regulations

The Connecticut Department of Public Health ignores it's own abortion reporting requirements and moved stealthily to change abortion regulations.

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**DPH REOPENS PUBLIC
COMMENTS AFTER STEALTH
ABORTION REGULATION
CHANGES**

Planned Parenthood Gets a Gift from the Taxpayers

Freedom of Information request reveals Governor and Legislature gave \$3 million - no strings attached—to Planned Parenthood of Southern New England.



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Message from the Executive Director *Christopher Healy*

Despite frantic efforts to encourage and subsidize the taking of innocent life, Connecticut showed a minimal increase in out-of-state abortions from abortion restrictive states since the historic Supreme Court *Dobbs* decision, which returned the issue back to state lawmakers.

Connecticut's extremely permissive abortions laws were not affected by the Supreme Court ruling, yet Governor Ned Lamont, Attorney General William Tong and Democrat lawmakers reacted by attempting to offer free abortion services, including travel expenses, to any woman from across the country. This effort was not adopted due to the complexity of the process, both politically and logistically.

In August of 2022, immediately following the *Dobb's* decision, the Lamont administration authorized a consumer website and hotline for women seeking abortions services who were confused or unaware of their rights. The hotline was closed for lack of interest. The website is still active.

This November, immediately after the Presidential election, Attorney General Tong, flanked by abortion advocates, indicated they would restart the call-in line to field concerns from women seeking abortions in Connecticut and offer them free legal advice. This appears to be another shallow effort to address a crisis that does not exist.

The actual numbers for 2023 show that the flood of women seeking abortions in Connecticut never occurred. The frantic cries of panic by abortion advocates and the politicians that support them were not based in reality.

This is just one of the significant findings and conclusions contained in the 15th Annual *State of Abortion in Connecticut* report issued by the Connecticut Catholic Conference.

The abortion data in this report is based on the annual "Statistical Summary of Legal Induced Abortions" from the Connecticut Department of Public Health. All historical trends and comparisons are calculated by the Connecticut Catholic Conference.

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.

Connecticut Abortions by the Numbers:

Since the low of 9,115 abortions in 2020, there has been a 36.5 percent increase. The number of abortions in Connecticut have continued to increase over the last three years following years of decline. This trend is reflective of a national increase in the number of abortions. The total number of abortions for 2023 of 12,445 is still significantly below the high of 14,534 abortions in 2007. (see page 5)

State-licensed clinics perform most abortions. Most of the facilities that reported surgical and drug induced abortions are associated with abortion clinics, not hospitals or doctors' offices. Currently, there are 15 abortion clinics in Connecticut; five of these clinics provide surgical and medical abortions. The remaining ten clinics provide medical abortions or refer patients to one of the five surgical clinics. Planned Parenthood of Southern New England (PPSNE) operates 14 of the 15 clinics. (see page 5)



Medical abortions on the rise. Based on statistics provide by the Connecticut Department of Public Health 2023 showed a 70% increase in medical abortions. The number of surgical abortions has significantly decreased when compared to the number of medical abortions. In 2014, medical abortions accounted for 41% of all abortions performed. By 2023, medical abortions constituted 70% of all abortions performed in

Connecticut. Medical abortions are non-surgical, drug-induced abortions, using a combination of self-administered medications. (see page 6)

Other Connecticut Abortion Stories:

Abortion tourism to Connecticut never materialized to the high levels advocates claim. Ever since *Roe v Wade* was reversed by the U.S. Supreme Court in July of 2022 and states started enacting stricter laws regulating abortions, pro-choice advocates started claiming that vast numbers of women would be seeking abortions in less restricted states like Connecticut. Abortion advocates, and politicians that support them, began declaring that women coming into Connecticut for abortions had gone up as much as 60 % to 150%. The actual numerical increase in women *possibly* coming from abortion restricted states in 2023 was only 51. Some of these women may have come to Connecticut from non-restricted states. Yet abortion proponents only spoke in terms of percentages to make this insignificant increase seem monumental to the press and legislators. It also helps them build a better argument for obtaining taxpayer funding and political support. (see pages 7-8)

Connecticut DPH violates existing abortion reporting requirements without legislative approval. In March 2023, *without the adoption of revised regulations* by the Legislature's Regulations Review Committee, the Department of Public Health issued a new reporting form for abortion providers to use missing seven of the nine items previously required for compliance with existing state regulations. Some of these items were critical to help insure compliance with existing state statutes concerning abortions performed on minors, third trimester abortions, and restrictions on abortions various providers can perform based on their medical licensure. Requirements to report data related to state laws would make providers less likely to violate those laws and regulations. (see pages 9-10)

Abortion proponents and DPH staff caught abusing regulatory process. Despite pocketing millions and enjoying the most progressive abortion laws in the nation, abortion proponents tried to further expand their power through the regulatory process - until the intervention of the Connecticut Catholic Conference (CCC) and its allies.

In July of 2024, the CCC uncovered an illegally proposed change by the Connecticut Department of Public Health (DPH) to the state's abortion regulations supported by abortion proponents. The proposals would have removed limitations for performing abortions during the third trimester, eliminated required medical assistance for infants who survive abortion attempts, and removed the religious exemption for health care workers who object to performing abortion procedures.

Following extensive public outcry, the DPH backed down and held a public hearing on September 4, 2024 to hear from thousands of Connecticut residents who objected. The regulation was then withdrawn, but the Conference is closely monitoring the situation. (see page 11)

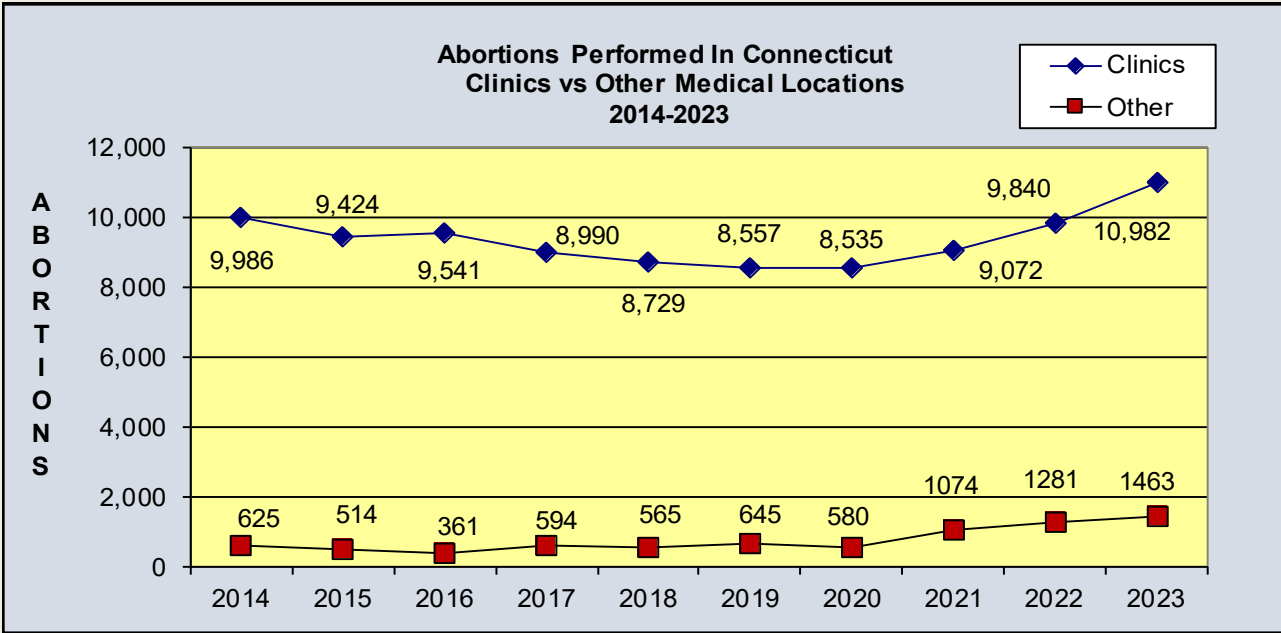
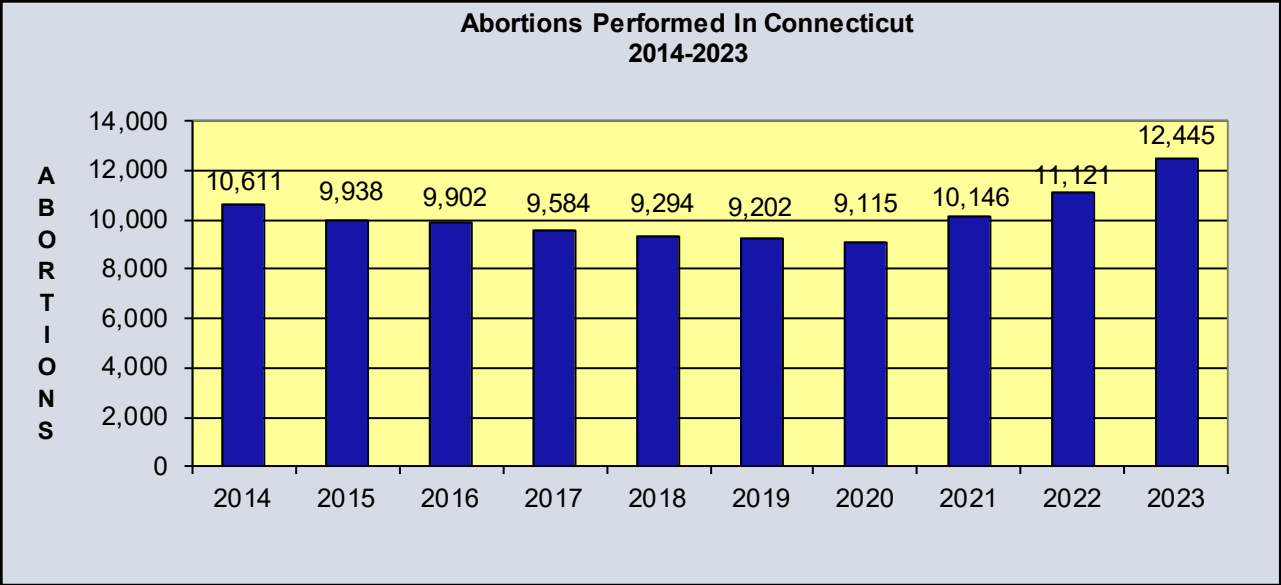
Planned Parenthood of Southern New England (PPSNE) gets a taxpayer gift. A gift they did not need. PPSNE received a late gift from the legislature without public debate or public inspection. Although a request for \$3 million in the state budget was denied, lawmakers later approved a transfer from leftover federal funds from the American Rescue Plan Act in the same amount. The transfer occurred during the last days of the session in a large budget implementation bill. Based on a Freedom of Information request the Connecticut Catholic Conference learned that the funds are to be used for general operating expenses, without any restrictions.

In other words, the state gave federal funds to PPSNE as quickly as possible without any accountability for their use. Representative Gillian Gilchrest (D- West Hartford), as Co-Chairman of the legislature's Reproductive Rights Caucus, led the drive for the funding. ***Meanwhile, PPSNE has vast resources, including an endowment fund of \$47 million.*** (see pages 12-13)

Abortion Trends 2023

◆ **36.5 % Increase** *The number of abortions in Connecticut have continued to increase over the last three years following years of decline. Since the low of 9,115 abortions in 2020, there has been a 36.5 percent increase.* This trend is reflective of a national increase in the number of abortions. The total number of abortions for 2023 of 12,445 is still significantly below the high of 14,534 abortions in 2007.

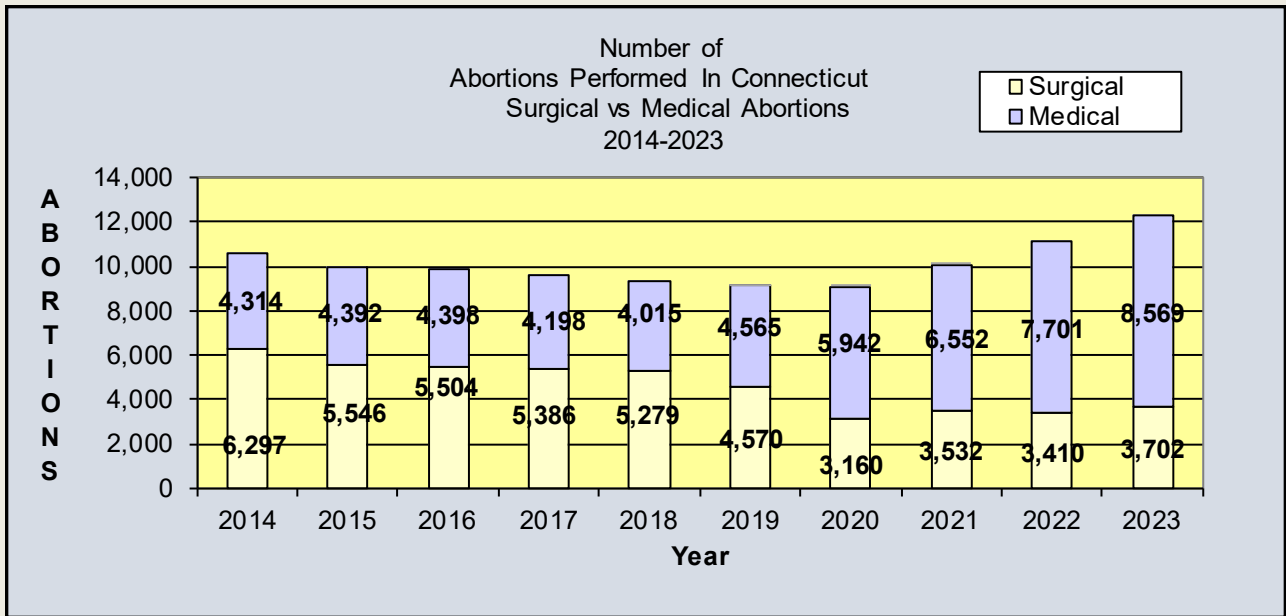
◆ **Clinics Perform Most Abortions** **Most reported surgical and drug induced (medical) abortions are associated with abortion clinics, not hospitals or doctors' offices.** Currently, there are 15 abortion clinics in Connecticut (see Attachment A); five of these clinics provide surgical and medical 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.



Abortion Trends 2023

Medical Abortions are on the Rise in Connecticut

Based on numbers provide by the Connecticut Department of Public Health over the last ten years, the number of surgical abortions have significantly decreased when compared to the number of medical abortions. In 2014, medical abortions accounted for 41% of all abortions performed. By 2023, medical abortions constituted 70% of all abortions performed.



What is a medical abortion? Medical abortions are non-surgical, drug-induced abortions which can be self-administered up to the tenth week of pregnancy. The medical abortion regimen involves the use of two different medications: mifepristone and misoprostol.

- ◆ Mifepristone, also known as the abortion pill, or RU-486, works by blocking progesterone, causing the baby to detach from the uterus. The baby then suffocates to death due to lack of oxygen, **thereby terminating the life of an the unborn child.**
- ◆ Misoprostol, taken 24–48 hours after mifepristone, works to empty the uterus by causing cramping and bleeding, similar to an early miscarriage. **This medication expels the dead unborn child,** commonly into a toilet to be flushed down the drain.

The FDA, under pressure from abortion advocates, eliminated regulations that required an in-person doctor visit and allowed Mifepristone to be mail ordered. This has made the abortion pill available over the internet to women, **including teens**, without even a doctors visit to confirm a pregnancy. By default, this eliminates any required follow-up visit to a medical professional to evaluate the patients health and experience with the medication.

Abortion providers, advocates and the FDA state that medical abortions are safe and basically harmless to women. However, there are several serious risks , such as infection and hemorrhaging, that every woman should be fully informed about before taking the abortion pill. Many woman do not realize they may have to miss work, school or put off other activities due to the cramping and bleeding.

Women Coming to Connecticut for Abortions

Despite the Alarms Sounded By Abortion Supporters Only a Small Number of Women Come to Connecticut for Abortions

Based on DPH data, approximately 50 women from abortion restricted states came to Connecticut seeking an abortion in 2023.

Ever since *Roe v Wade* was reversed by the U.S. Supreme Court in July of 2022 and states started enacting stricter laws regulating abortions, pro-choice advocates started claiming that vast numbers of women would be seeking abortions in less restricted states like Connecticut. Abortion advocates, and politicians that support them, began declaring that women coming into Connecticut for abortions had gone up as much as 60 % to 150%.*

Of course, many people assume the abortion providers are correct. They should know the real numbers, since they provide the abortions. They do know the real numbers, which are not impressive. Using percentages can make even a small change in actual numbers look alarming. It also helps them build a better argument for obtaining taxpayer funding.

Abortion Providers Lobby for More Taxpayer Funding. Overstating the Need Helps.

In 2023, abortion providers lobbied for \$2 million to help service the large influx of women coming to Connecticut for abortions. Using misleading percentages they tried to raise concern in the legislature. Based on the actual numbers we now know that the \$2 million allocation, if granted, would have amounted to \$38,461 per woman.

Overstating the demand on their services in the 2024 legislative session, Planned Parenthood of Southern New England (PPSNE) was finally able to secure an additional \$3 million in taxpayer funding. The overstated need generated by out-of-state women coming to Connecticut for abortions played into that decision. No one asked about the over \$40 million in endowment funds PPSNE has in cash and investments.

What is the reality? The numbers show a much less dramatic story when abortion state of residency numbers are compared between 2022 and 2023.

Total out-of-state increase: 358

**Less increase in Rhode Island,
New York and Massachusetts**

(abortion friendly) : 255

**Less increase in women
from unknown states: 52**

Possible number of women from abortion restricted states in 2023: 51

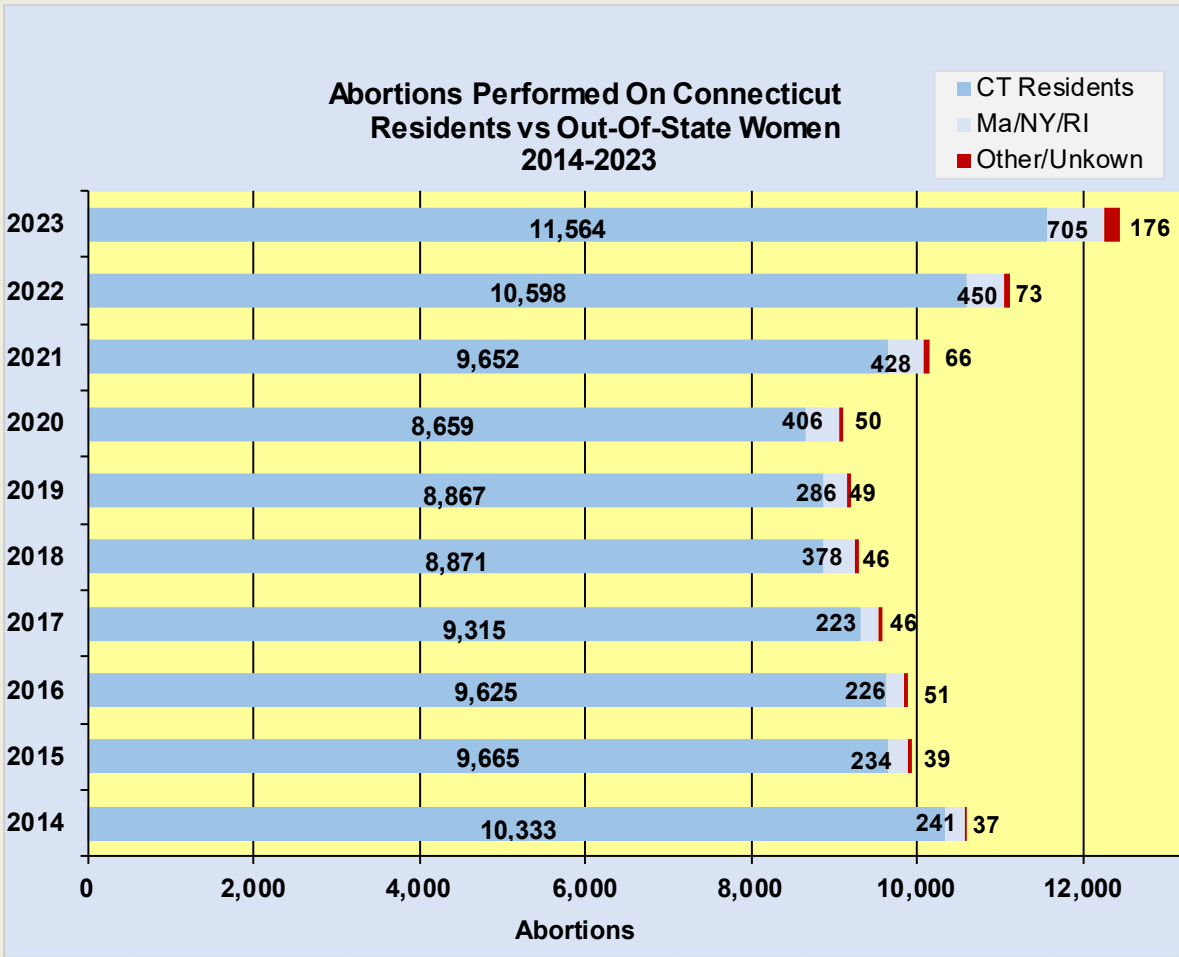
Note: There may be more women from abortion restrictive states within the “state unknown category” category. However, even if the estimated number doubled it would still have an extremely small impact on the ability of abortion providers to meet the demand for abortions.

* CTInsider, July 2, 2024, “CT sees 150% increase in people coming from out of state for abortion care, officials say”

Women Coming to Connecticut for Abortions

Despite the Alarms Sounded By Abortion Supporters Only a Small Number of Women Come to Connecticut for Abortions

Over the last 10 years, women coming from other states to have an abortion in Connecticut comprised a very small portion of abortions performed in the state. Over the last three years, the number of abortions provided to out-of-state residents has grown as the total number of abortions has increased. This increase reflects a national trend. The increase in out-of-state women coming to Connecticut began in 2021, which preceded the *Dobb's* decision.



DPH Violates Reporting Regulation

Connecticut Department of Public Health Violates Existing Abortion Reporting Regulations without Legislative Approval



Arbitrary Action by DPH Reduces Abortion Providers Reporting Requirements. Critical Data No Longer Collected

In March 2023, without the adoption of revised regulations by the Legislature’s Regulations Review Committee, the Department of Public Health issued a new reporting form for abortion providers to use missing seven of the nine items previously required for compliance with state regulations. Some of these items were critical to helping ensure compliance with existing state statutes concerning abortions performed on minors, third trimester abortions, and restrictions on abortions various providers can perform based on their medical licensure. Requirements to report data related to state laws would make providers less likely to violate those laws and regulations.

The revised form did require new information on the type of license held by the provider performing the abortion (Physician, APRN , Nurse-Midwife, PA, Other). This question was added to reflect changes in state law defining who can perform aspiration abortions.

Abortion providers across the country have been pushing to reduce, if not totally eliminated, abortion reporting. The vast majority of states still have abortion reporting requirements. Just like with the lack of transparency by the DPH in its effort to eliminate key provisions of Connecticut’s abortion regulations, they also made a decision to completely ignore the existing reporting requirements.

Items Removed Directly Related to State Laws	State Law
Age of patient	<ul style="list-style-type: none"> - Minors are required to receive special counseling under state statute. - Reporting of sexual abuse of minors
Gestation Period	<ul style="list-style-type: none"> - State regulations require third trimester abortion to be performed in a hospital or out-patient surgical center - State law and regulations restricting third trimester abortions
Method of Abortion	<ul style="list-style-type: none"> - State law restricts the type of abortion certain providers may perform. The form requests the licensure of the provider, but not the type of abortion performed to insure compliance.

DPH Violates Reporting Regulation

Items Reported on Form In Years Prior to 2023	Items Reported On New 2023 Form *	Items Required by Regulation Section 19-13-D54	Commonly Reported Items By States***
Date of Induced Abortion	R	X	X
Place Where Performed	NR	X	X
Address of Place Performed	NR	X	X
Patient's Age	NR	X	X
Patient's State of Residence	R	X	X
Patient's Town of Residence	NR	X	
Clinical Estimate of Gestation	NR	X	X
Method of Abortion (listed five possible surgical procedures or medication abortion)	Only two general categories listed (Surgical or Medication)	X	X
Explanation of Complications	NR	X	
Type of Facility Where Performed (clinic, hospital in-patient, hospital out-patient, MD office)	Combined hospital in-patient and out-patient into one category		
Education Level	NR		
Race	NR		X
Hispanic Origin	NR		X
Marital Status	NR		X
Previous Pregnancies Live Births/ Other Terminations	NR		X
Date Last Menses Began	NR		
	New category for licensed type of provider		

R - Reported **NR – Not Reported**

* New DPH reporting requirements were instituted in March 2023 without any regulatory changes.

** Guttmacher institute, <https://www.guttmacher.org/state-policy/explore/abortion-reporting-requirements>

Stealth Attack on Abortion Regulations

Connecticut Department of Public Health quietly moves to eliminate critical abortion regulations and gets caught. Complete lack of transparency.

Public Outcry Stalls the Process

In July of 2024, the Connecticut Catholic Conference uncovered a proposed change by the Connecticut Department of Public Health (DPH) to the state's abortion regulations. The DPH was extremely misleading in their statements about the regulatory changes. They left out any mention of their intent to delete three very critical sections. The changes were scheduled to be adopted by the Legislative Regulations Review Committee later that month, without even the committee members being aware of the extent of the changes. The efforts of the Conference, its allies, and legislators, action on the regulation was postponed.



Following extensive public outcry the DPH held a public hearing on September 4th. Opponents of the regulatory changes far outnumbered those in support. Since September 4th the DPH has taken no further action on the proposed regulatory changes. **The process for revising the abortion regulations is still active and the Conference will closely monitor the situation.**

Background: The proposed regulations go beyond the originally purposes stated by the Department of Public Health by including the elimination of significant sections of the regulations that have existed for decades. These sections reflect the moral and ethical aspects of medicine and not the practical side of delivering medical care. They are equally important in developing a quality healthcare system. The sections scheduled for elimination are:

19-13-D54(f) – medical personnel's religious and conscientious exemption

(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.

19-13-D54(g) – support for infant showing signs of life after abortion

(g) If the newborn shows signs of life following an abortion, those measures used to support life in a premature infant shall be employed.

19-13-D54(h) – restrictions on abortions in third trimester

(h) During the third trimester of pregnancy, abortions may be performed only when necessary to preserve the life or health of the expectant mother.

State Taxpayer Funding of Planned Parenthood

Freedom of Information request reveals Governor and Legislature gave \$3 million - no strings attached—to Planned Parenthood of Southern New England.



During the 2023 legislative session, Planned Parenthood of Southern New England (PPSNE) supported legislation to provide \$2 million of taxpayer money to help women from states that have abortion restrictions to obtain an abortion in Connecticut. These funds would have covered transportation and hotel accommodation expenses in addition to the actual abortion. The legislature removed the funding due to worries about the complexities of running such a program. This report shows that the number of women coming to Connecticut in 2023

from abortion restricted states may be as high as 51 and as low as zero. Abortion advocates tend to use percentages, which give the appearance of an increasing and almost unbearable burden on their services. The numbers do not reflect an additional burden on abortion providers in Connecticut due to the repeal of *Rowe v Wade*.

PPSNE Gets a Taxpayer Gift in 2024 from the General Assembly and Governor

PPSNE finally got their taxpayer money during the 2024 legislative session. The legislature and Governor Lamont provided \$3 million to PPSNE from remaining federal American Rescue Plan funds. This allocation appeared in the final day of the session as part of House Bill 5523.

Since the budget bill did not specify a use for the funds the Connecticut Catholic Conference filed a Freedom of Information request to obtain records on the decision to place the funds in HB 5523. The results of the request revealed that the \$3 million was for general operating expenses and not for a particular program. In other words, the state will just pass-thru the federal funds to PPSNE as quickly as possible without any accountability for their use. Representative Gillian Gilchrest (D– West Hartford), as Co-Chair of the legislature's Reproductive Rights Caucus, lead the drive for the funding.

PPSNE always looking for a government handout—even though they are flush with millions in cash.

The \$3 million PPSNE received in 2024 could have been better spent on truly needy nonprofits who assist the poor, care for the mentally ill, and house the homeless. Unlike many other nonprofits, PPSNE has millions in endowments and a strong cash flow. PPSNE has declared themselves financially challenged because of a increase in women seeking abortions from out-of-state. Many other nonprofits are seeing an even greater increase in the demand on their services. The big difference is that these nonprofits are not sitting on top on tens of millions of dollars in invested endowments. The numbers show the \$3 million was just a political gift to PPSNE. If the gift was not provided, PPSNE could have easily continued their business as usual.

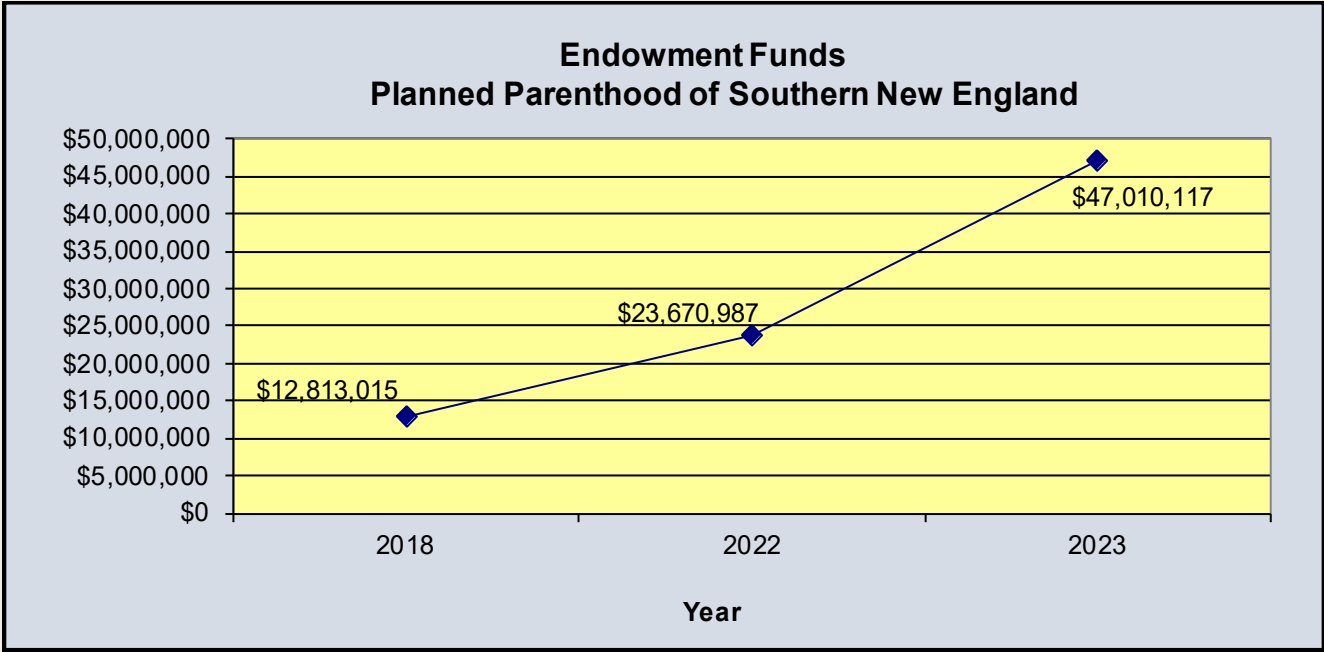
State Taxpayer Funding of Planned Parenthood

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PPSNE's Finances—the reality

PPSNE always has their hands open for a handout at the state capitol, despite their healthy financial condition. The numbers below show their real financial condition. The numbers were taken from the IRS 990 filings for the fiscal years 2017-2018, 2021-2022 and 2022-2023. The 2018 filing is used because that is the year the Connecticut Catholic Conference first reported on the finances of PPSNE and provides a historical perspective.

Just seven months prior to the 2024 legislative session, where they received the \$3 million gift, PPSNE had endowment funds worth \$47 million, with cash on hand of \$11 million. The chart below shows how the wealth of PPSNE has grown through the years. Again, the \$3 million PPSNE received in 2024 could have been better spent on truly needy nonprofits and the people they serve.





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