



OLR RESEARCH REPORT

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ABORTION CLINICS IN CONNECTICUT

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You asked several questions pertaining to the regulation of abortion clinics in Connecticut. We answer these questions individually below.

ABORTION CLINICS

Does the State License Abortion Clinics? How Many Clinics Currently Exist?

The Department of Public Health (DPH) licenses abortion clinics as family planning outpatient clinics and requires them to comply with all outpatient clinic regulations. According to DPH, there are currently 20 family planning outpatient clinics, of which four provide abortion services.

Are There State Sanitation Requirements For Abortion Clinics?

DPH outpatient clinic regulations require that a clinic's management, operation, personnel, equipment, facilities, sanitation, and maintenance assures patients' health, comfort, and safety at all times. In addition, DPH regulations require an abortion clinic's facilities, equipment, and care to be consistent with American College of Obstetrics and Gynecology standards (Conn. Agency Regs. §§ 19a-116-1(a) & 19a-13-D52).

Does the State Inspect Abortion Clinics? Are Clinics Notified of the Inspection in Advance?

By law, DPH inspects abortion clinics (1) once every four years as part of the clinic's re-licensure and (2) when it receives a complaint or is monitoring a clinic's compliance with a corrective action plan (see below). All inspections are unannounced and conducted by a registered nurse consultant who ensures the clinic is in compliance with all applicable laws and regulations (CGS § [19a-491](#) and Conn. Agency Regs. § 19a-13-D53).

If DPH Finds a Violation During an Inspection of an Abortion Clinic, What Steps Must the Clinic Take To Correct the Violation?

If DPH finds a violation during an inspection, it sends the abortion clinic a violation letter, which requires the clinic to respond with a written corrective action plan within two weeks. Once DPH receives the corrective action plan, it then conducts an unannounced, on-site inspection to verify the clinic's compliance with the plan.

Are Abortion Clinics Held to the Same Inspection and Physical Plant Requirements as Hospital Operating Rooms or Independent Ambulatory Surgical Centers?

DPH uses the same inspection procedures for all its licensed health care facilities, including (1) a facility tour, (2) review of patient records, (3) staff and patient interviews, and (4) observations of care practices. Physical plant standards vary based on the facility type, but all must comply with basic healthcare, fire safety, sanitation, and utility standards. Abortion clinics must maintain a "standard operating room," which requires utilization of the same types of equipment and facilities as hospital operating rooms or surgical centers (Conn. Agency Regs. § 19a-13-D54).

Are Abortion Clinics Subject to Federal Regulations or Inspections?

No. DPH is unaware of any federal regulations or inspections that abortion clinics are subject to.

Have There Been Any Cases of Deaths or Serious Complications Attributable to Abortion Clinics in Connecticut Since the State Began Regulating These Clinics?

DPH began regulating abortion clinics in 1974 and is unaware of any related death or serious complication. If they were ever notified of such a case, staff would immediately conduct an on-site investigation of the clinic.

Have Any Abortion Clinics In Connecticut Been Closed, Either Temporarily or Permanently, Due to a Violation of State Regulations?

According to DPH, no abortion clinic has ever had its license revoked. However, as of May 2013, two clinics voluntarily closed: (1) Medical Options in Danbury in 2008 and (2) Cornell Scott-Hill Health in New Haven in 2009.

What Records Are Abortion Clinics Required to Maintain?

Abortion clinics must maintain confidential patient records for at least five years after a patient's discharge. In addition, the DPH commissioner maintains confidential records of abortions for statistical purposes only. These reports do not contain patient-identifiable information and include only (1) the date and location of the abortion, (2) the woman's age and town and state of residence, (3) the pregnancy's approximate duration, (4) the abortion method and an explanation of any complications, and (5) the physician's name and address. These records are destroyed within two years after date of receipt. A fetal death certificate or a fetal birth certificate may also be filed (Conn. Agency Reg. §§ 19-13-D49 & 19-13-D54).

ABORTION PROCEDURES

What Term of Pregnancy Qualifies for an Abortion in Connecticut?

Under Connecticut law, an abortion can only be performed on a pregnant woman before the fetus attains viability (i.e., can live outside the mother's womb), unless it is necessary to preserve the mother's life or health (CGS § [19a-602](#) and Conn. Agencies Regs. § 19-13-54(h)).

Are Late-Term Abortions Treated Differently?

Yes. DPH regulations allow first and second trimester abortions to take place in licensed family planning outpatient clinics. However, third trimester abortions can only be performed in a licensed hospital with anesthesiology and obstetrics and gynecology departments (Conn. Agencies Regs. § 19-13-54(c)).

What are the Licensure Requirements to Perform or Assist in an Abortion Procedure?

An abortion can only be performed by a physician licensed to practice medicine and surgery in the state (Conn. Agency Reg. § 19-13-D54). In Connecticut, a certified registered nurse anesthetist (CRNA) is also present during every procedure. (A CRNA is a DPH-licensed advanced practice registered nurse who is board certified to prescribe and administer anesthetics during surgery under a physician's direct supervision.)

According to DPH, while additional support staff may assist the physician, under his or her supervision, generally only the physician and CRNA are necessary to complete the procedure.

What Are the Licensure Requirements For Staff Employees?

Staff employees must complete formal coursework or in-service training in social work, psychology, counseling, nursing, or ministry. Employees who do not have a graduate degree in any of these fields must be supervised by a person with such a degree (Conn. Agency Reg. § 19a-116-1(d)).

What Anesthesia Policies are Required for the Mother and Fetus Being Aborted?

According to DPH, administering anesthesia is a standard operating procedure. CRNAs administer “conscious sedation,” (also known as “twilight sleep”) which is the same type of anesthesia administered during colonoscopy procedures.

Are There Patient Follow-Up Procedures and if so, Are They Practiced?

Patient follow-up procedures include consulting on follow-up care, providing information on family planning, furnishing a written discharge summary with a discharge plan (signed by the patient and a licensed or certified health care provider), and providing information regarding access to her medical record (Conn. Agency Reg. § 19a-116-1).

According to DPH, all follow-up procedures are practiced.

Are Patients Advised Before the Abortion About the Risks and Alternatives?

Yes. Any woman seeking an abortion (1) receives verification of the diagnosis and duration of the pregnancy, including preoperative history and physical examination; (2) information on and an explanation of the procedure; (3) counseling about her decision; (4) lab tests; (5) preventative therapy if she is at risk for Rh sensitization; and (6) examination of tissue by a pathologist.

After receiving consent for an abortion, the counselor must offer to answer any questions the patient may have concerning the procedure. The counselor or physician must also provide a thorough explanation of the procedures to be performed along with a full description of the discomforts and risks that may accompany or follow the procedure (Conn. Agency Reg. § 19a-116-1).

Are There Emergency Procedures in Place in Case There Are Complications During Surgery?

Yes. All DPH-licensed health care facilities must have an emergency plan which includes procedures for clinical, weather, fire, and other types of events. It also includes a transfer agreement with a local hospital in case emergency medical care is required.

What Connecticut Regulations Address an Abortion Procedure Where the Baby is “Born Alive”? What is the Abortion Clinic’s Responsibility in This Situation?

If a newborn shows signs of life following an abortion, DPH regulations require the abortion clinic to employ the same life-supporting measures used for premature infants (Conn. Agency Reg. § 19a-13-D54(g)).

Are There Any “Born-Alive” Statutes in Connecticut Similar to the 2002 Federal Born-Alive Infants Protection Act?

The 2002 federal Born-Alive Infants Protection Act extends legal protection to an infant born alive after a failed abortion procedure. We were unable to find any similar Connecticut statutes.

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