ABORTION CLINICS IN CONNECTICUT—UPDATE

By: Alexander Reger, Legislative Analyst II

QUESTION

This report answers several questions pertaining to the licensing, inspection, facilities, and procedures of family planning clinics in Connecticut. It updates OLR Report 2013-R-0238 and provides additional information. Questions and answers are listed individually below.

ABORTION CLINICS

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

According to the Department of Public Health (DPH), there are currently 19 licensed family planning clinics in Connecticut. Although DPH states that no clinic has had its license revoked, the number of clinics fluctuates as clinics voluntary close or open.

What Level of Service Do the Clinics Provide?

Of the 19 family planning clinics, one only offers abortion referral services, 18 offer medication abortion services (an abortion pill), and six offer both medication and in-clinic surgical abortion services. Table 1 shows the 19 clinics in the state and the services they provide.
Table 1: Family Planning Clinics in Connecticut and the Services they Provide, Organized by Location

<table>
<thead>
<tr>
<th>Facility</th>
<th>City</th>
<th>Abortion Referral</th>
<th>Medical Abortion</th>
<th>In-Clinic Abortion</th>
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<tr>
<td>Summit Women's Center</td>
<td>Bridgeport</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Planned Parenthood</td>
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<td>✓</td>
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<td>Planned Parenthood</td>
<td>Willimantic</td>
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</tr>
</tbody>
</table>


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 assure 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).
According to a 2012 DPH report, all family planning clinics are considered “outpatient clinics” and are inspected every four years. There is no difference in inspection rate based on services provided (Department of Health, Statewide Health Care Facilities and Services Plan).

According to Susan Yolen, vice president of public policy and advocacy at Planned Parenthood of Southern New England, there is a difference in the content of inspections based on the level of service provided. Inspections at facilities providing surgical abortion are more in-depth and cover a wider range of criteria than at other facilities.

Additionally, there is a separate inspection procedure required to open a new facility.

**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. § 19-13-D54).

Although the procedures are the same, hospitals and some other facilities are inspected every two years (CGS §19a-491).

**Are Abortion Clinics Subject to Federal Health Regulations or Inspections?**

According to DPH, family planning clinics are not subject to federal health regulations or inspections.
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? Have Any Been Cited for Infractions or Compliance in the Past 10 Years?

According to DPH, no abortion clinic has ever had its license revoked. However, as of January 2014, at least four clinics had voluntarily closed: (1) Medical Options in Danbury in 2008, (2) Cornell Scott-Hill Health in New Haven in 2009, (3) Planned Parenthood of New England in Shelton in 2013 and (4) Summit Women’s Center in Hartford in 2012.

According to David DeMaio, of the Facility Licensing and Investigations Section at DPH, since 1999 no family planning clinics have been cited for compliance issues associated with a regulatory consent order. Regulatory consent orders apply to a higher level of violation. Susan Yolen of Planned Parenthood noted that clinics are occasionally cited for minor compliance issues.

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 the (1) date and location of the abortion, (2) woman’s age and town and state of residence, (3) pregnancy’s approximate duration, (4) abortion method and an explanation of any complications, and (5) 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.