

HB 5148 AN ACT CONCERNING PREGNANT PATIENTS EXERCISING LIVING WILLS

Good morning Representative Steinberg, Senator Gerratana, Senator Somers, and distinguished members of the Public Health Committee,

My name is Kayla Tarlton, and I am resident of New Haven, Connecticut, and a student member of REPRO Justice at the Yale School of Public Health. **I am testifying in strong support of proposed House Bill 5148, An Act Concerning Pregnant Patients Exercising Living Wills, which would repeal Connecticut's pregnancy exception for advance directives and add an optimal section to the voluntary, sample advance directive from where women can specify their wishes regarding the removal or withholding of life-sustaining treatment if they are pregnant.**

In Connecticut, doctors must maintain life support of a pregnant patient until the fetus becomes viable and can be removed by cesarean section, irrespective of the woman's advance directive or past statements, fetal health, or patient suffering. Further, in Connecticut, if a woman executes an advance directive while pregnant, the document will not be legally binding even after her pregnancy, because she had no legal right to draft the instructions when they were written.¹

Connecticut's current law violates women's constitutional right to refuse medical treatment and places an unconstitutional burden on a woman's right to choose to terminate a non-viable pregnancy.²³⁴ Further, Connecticut's law often works against the best interest of the fetus by requiring doctors to attempt to bring fetuses to life regardless of whether that is medically possible, disregarding fetal suffering and future quality of life.

By passing HB 5148, Connecticut would follow the lead of **New Jersey, Vermont, Arizona, Maryland, and Virginia** that already affirmatively allow pregnant women to decide how their advance directives apply.⁵

I urge the committee to work to insure that the important benefits described in HB 5148 become law in our state. Thank you for your attention and thoughtful consideration to this issue.

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¹ CONN. GEN. STAT. § 19a-574.

² Roe v. Wade, 410 U.S. 113, 163 (1973).

³ In re A.C., 573 A.2d 1235 (D.C. 1990); In re Baby Boy Doe, 632 N.E.2d 326 (Ill. App. Ct. 1994).

⁴ Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833, 879 (1992).

⁵ N.J. STAT. ANN. § 26:2H-56 (West) ("A female declarant may include in an advance directive executed by her, information as to what effect the advance directive shall have if she is pregnant."); VT. STAT. ANN. tit. 18, § 9702 (West) ("An adult may... direct which life sustaining treatment the principal would desire or not desire if the principal is pregnant at the time an advance directive becomes effective."); ARIZ. REV. STAT. ANN. § 36-3262 (prompting women to indicate applicability of living will during pregnancy on sample form); MD. CODE ANN., HEALTH-GEN. § 5-603 (West) (same); VA. CODE ANN. § 54.1-2984 (same).