

Connecticut Abortion Law

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October 03, 2018 | 2018-R-0195

Issue

This report provides an overview of Connecticut's abortion laws.

Summary

Connecticut's abortion statutes were last substantively amended in 1990. Existing state law:

1. provides that the decision to terminate a pregnancy before the fetus is viable (i.e., can live outside the mother's womb) is solely that of the pregnant woman in consultation with her physician ([CGS § 19a-602\(a\)](#));
2. prohibits abortion after viability except to preserve the woman's life or health ([CGS § 19a-602\(b\)](#)); and
3. establishes information and counseling requirements for minors under age 16 who seek abortions (see below) ([CGS § 19a-601](#)).

Other States' Laws

[OLR Report 2018-R-0181](#) provides a comparison of Connecticut's abortion laws with those in other states, such as laws in some states on abortion waiting periods, parental consent, and partial birth abortion bans.

The law also requires the Department of Public Health (DPH) commissioner to adopt regulations setting standards to control and ensure the quality of medical care provided to pregnant women undergoing induced abortions at outpatient clinics. The standards must address (1) the verification of pregnancy and a determination of the pregnancy's duration; (2) preoperative instruction and counseling; (3) operative permission and informed consent; (4) postoperative counseling, including family planning; and (5) minimum qualifications for counselors ([CGS § 19a-116](#)). For information on DPH's regulatory requirements for abortion clinics, see [OLR Report 2018-R-0209](#).

A few other state laws reference abortion. For example:

- By September 1, 1980, a law required the State Board of Education to develop curriculum guides to help school boards develop family life education programs for public schools, including information on family planning. The law specifically prohibits the guides from containing information on abortion as an alternative to family planning ([CGS § 10-16c](#)).
- Another law prohibits a plenary or limited guardian from consenting to an abortion on behalf of the protected person, except in accordance with applicable statutory procedures when necessary to preserve the person's life or prevent serious impairment of the person's physical or mental health ([CGS § 45a-677\(e\)](#)).

Under Department of Social Services regulations, medical assistance programs (e.g., Medicaid) cover abortions if a physician certifies it as medically necessary, regardless of whether the (1) woman's life would be endangered by carrying the fetus to term or (2) pregnancy is a result of rape or incest (Conn. Agency Regs., § 17b-262-348(r)). For more information on this issue, see [OLR Report 2018-R-0260](#).

Counseling Requirement for Minors

Under Connecticut law, before a physician may perform an abortion on a minor under age 16, the physician or a counselor generally must provide pregnancy information and counseling in a language the minor will understand ([CGS § 19a-601](#)). The requirement does not apply in a medical emergency (see below).

The following professions meet the law's definition of "counselor" for this purpose:

1. psychiatrist,
2. psychologist,
3. clinical social worker,
4. marital and family therapist,
5. ordained member of the clergy,
6. physician assistant,
7. nurse-midwife,
8. guidance counselor or school counselor, or
9. registered nurse (RN) or practical nurse (LPN) ([CGS § 19a-600](#), as amended by [PA 18-15](#), § 10)).

Content

The counseling must cover several topics, including:

1. *Objectivity.* The physician or counselor must explain that the information is being given objectively and is not intended to coerce, persuade, or induce the minor to have an abortion or carry the pregnancy to term.
2. *Right to change mind.* The physician or counselor must explain to the minor that (a) if she decides to have an abortion, she can change her mind at any time before the abortion and (b) if she decides to not have an abortion, she can reconsider her decision at any time during which an abortion may be legally performed (i.e., before the fetus is viable).
3. *Available alternatives.* The physician or counselor must explain the available choices for managing the pregnancy, including (a) carrying the pregnancy to term and keeping the child; (b) carrying the pregnancy to term and placing the child for adoption, placing the child with a relative, or obtaining voluntary foster care for the child; and (c) having an abortion. The physician or counselor must also explain that public and private agencies are available to assist her with whichever alternative she chooses and that a list of these agencies and the services available from each will be provided if she requests it.
4. *Birth control information.* The physician or counselor must explain that public and private agencies are available to provide birth control information and that a list of these agencies and their services will be provided if she requests it.
5. *Parental involvement.* The physician or counselor must discuss the possibility of involving the minor's parents, guardian, or other adult family members in her decision-making concerning the pregnancy and whether the minor believes that involvement would be in her best interests.
6. *Asking Questions.* The physician or counselor must provide the minor with adequate opportunity to ask any questions concerning the pregnancy, abortion, child care and adoption, and provide the requested information or, if the person cannot provide it, indicate where the minor can obtain it ([CGS § 19a-601\(a\)](#)).

Signed Form Required

After the physician or counselor provides the required information and counseling, he or she must have the minor sign and date a form that specifies the information she received. The physician or counselor must also sign and date the form, keep a copy for the minor's medical record, and give the form to the minor. If the minor's attending physician is not the person providing the counseling and if the minor requests it, the counselor must send the original form to the attending physician ([CGS § 19a-601\(b\), & \(c\)](#)).

The form, containing the minor's signature, is presumed to be evidence of compliance with the counseling and information requirement ([CGS § 19a-601\(d\)](#)).

Emergency Exception

The law does not require such counseling and information to be provided when a physician, based on the facts of the case available to him or her, determines that a medical emergency exists that so complicates the pregnancy or the minor's health, safety, or well-being as to require an immediate abortion. In such a case, the physician must indicate the medical emergency in the medical record of the abortion ([CGS § 19a-601\(e\)](#)).

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