

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5261

Title: AN ACT INCREASING ACCESS TO REPRODUCTIVE HEALTH CARE.

Vote Date: 3/25/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/9/2022

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Currently, access to reproductive services is being challenged throughout the nation. Although we have state laws protecting the right to an abortion, these services are not always accessible or equitable. This bill will allow Physician Assistants (PAs), Advanced Practice Registered Nurses (APRNs) and nurse-midwives to perform both medication and aspiration abortions. Presently, existing regulations allow only a physician to perform any type of abortion. However, it should be noted that in 2001, the state Attorney General issued an opinion that concluded that this restriction applied only to surgical abortions.

RESPONSE FROM ADMINISTRATION/AGENCY:

William Tong, Attorney General, State of Connecticut:

Across our nation, we are witnessing challenges to reproductive access with the potential to limit access, contributing to health and economic inequities that disproportionately impact people of color. As with all laws, those regulating public health and the medical community should be examined and updated periodically to reflect developments in science and the practice of healthcare. This bill adds three categories of licensed clinicians to be statutory abortion providers of medication and aspiration abortions. In an extensive review conducted in 2018 by the National Academies of Science, Engineering and Medicine, it was determined that these categories of advanced practitioners could perform these services safely and effectively. At least fourteen states currently allow this practice. Finally, as we have looked to advanced practice clinicians to help expand access and equity, patients are increasingly seeing non-physician practitioners for their primary care and reproductive needs. Patients should not have to wait to receive these services which may cause undue harm and cost.

Representative Jason Rojas, House Majority Leader, CGA:

The number of facilities that perform abortions is declining as is access to obstetricians, gynecologists, and physicians. The physician only restriction regarding abortion presents a significant barrier to women seeking treatment. Patients can wait two or more weeks to get an appointment for a procedural abortion. This wait could increase costs for the patient and present a higher risk for complications. This bill will help to ease the strain on Connecticut's healthcare system, and provide greater access to our residents.

NATURE AND SOURCES OF SUPPORT:

Melinda Johnson, Director, Community Engagement and Advocacy, YMCA Hartford:

This bill addresses a critical need to expand abortion access by eliminating barriers to essential, time-sensitive health care by modernizing abortion regulations to align with advancements in medical practice. Connecticut can play a critical role for patients in state, as well as those forced to travel to get care by removing medical barriers that prevent qualified clinicians from providing procedural abortions in our state. This lack of access impacts low-income individuals and women of color who already face disparities in healthcare. She urges passage of the bill.

Lucy Nolan, Director of Policy and Public Relations, Connecticut Alliance to End Sexual Violence:

The need for reproductive health care and abortions is apparent yet the number of facilities that provide abortions is declining. Access to abortion is critical to victims and survivors of sexual violence. This bill will address this public health need by eliminating barriers to care. While our state has strong laws protecting the right to abortion, it does not make these services more accessible and equitable. The Alliance strongly supports this bill and requests that the committee consider the language change provided by medical professionals to best reflect current medical practice and standard of care.

Jess Zaccagnino, Policy Counsel, American Civil Liberties Union of CT,(ACLU-CT):

The ACLU strongly defends the ability of people to make personal, private decisions about pregnancy and abortion and advocates for increased access. Leading research has time and again confirmed that abortion is one of the safest medical procedures. Additionally, the evidence shows that when an advanced practice clinician (APC) performs an abortion, it is just as safe as when performed by a physician with similar experiences and satisfaction. Finally, the American Congress of Obstetricians and Gynecologists has projected that there will be a shortage of nearly 22,000 physicians practicing these specialties by 2050. HB 5261 provides the legislature an opportunity to offset the effect of this potential worsening shortage and provide abortion access without sacrificing quality and safety.

Dr. John Morton, Chair of the Board of Directors of Planned Parenthood of Southern New England (PPSNE):

Dr. Morton strongly supports this bill. Abortion, including medication and aspiration abortion is one of the safest medical procedures. Just as APCs are trained to provide other procedures,

APCs can be trained to provide aspiration abortions at the same level of safety as physicians. He urges passage of this bill with a recommendation that the language be amended to include medication and aspiration procedure abortion only.

Amanda Skinner, President and CEO, Planned Parenthood of Southern New England (PPSNE):

Many of the patients served by PPSNE already face barriers when attempting to access time-sensitive abortion care. Issues involving transportation, childcare, time off from work, or lack of health coverage. Finding a provider adds an additional challenge. Passage of this bill would be a significant step to remove some of these barriers. Ms. Skinner also recommends the language change that will best reflect current medical practice and standard of care.

Commission on Human Rights and Opportunities (CHRO):

CHRO supports this legislation which recognizes that physicians are not the only profession that provides reproductive health care and also acknowledges that not all pregnant people are women by using gender-neutral language. We are learning more about healthcare disparities and increased negative outcomes experienced by people of color, transgender, and low-income individuals. Our state needs to do all that can be done to increase access to quality medical care and reduce any disparate outcomes. This bill is a step in that direction.

Additional Sources of Support Include:

- The Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO)
 - CT Women's Education and Legal Fund (CWEALF)
 - YWCA Greenwich
 - The Women's Centers, Hartford GYN Center
 - Liz Gustafson, State Director, Pro-Choice CT
 - CT Coalition Against Domestic Violence
 - Pia Baldwin Edwards, Yale Dems
 - Miwako Ohta -Agesta, American College of Nurse Midwives
- 40 pieces of testimony from a range of individuals including gynecologists, nurses, PA's, APRNs, midwives and private citizens from across the state were also submitted in support of this legislation.

NATURE AND SOURCES OF OPPOSITION:

Connecticut State Medical Society (CSMS):

CSMS has concerns about the unintended consequences this bill presents. It is important that the language in this bill balance the goals of the legislation with the needed protections. The question that needs to be addressed is whether abortion is a surgical procedure. It is not in the current scope of practice for Advanced Practice Clinicians (APC's) to perform any type of surgical procedure. In the 2001 AG's opinion, it was noted that there are two types of abortions: non-surgical (medication induced) and surgical. Even Planned Parenthood on their website refers to abortions as surgical procedures. There are unintended consequences to simply state that mid-level APCs can perform abortions while failing to clearly specify what types of vacuum aspirations can be done. Statutory language must clearly state the mid-level providers cannot perform surgical abortions. CSMS suggests more work needs to be done on

this complex issue and that a short session may not provide the necessary time to get this right.

Dr. Tarik Kardestuncer, President, CT Orthopedic Society:

The Society contends that the health care professionals listed in this bill are not adequately trained, educated, or licensed to perform surgical procedures. Before any further consideration of this bill, the Society respectfully requests that DPH conduct a Scope of Practice Review for each of the professions referred to in this bill to determine if their education and training supports a surgical procedure scope change. A definition of surgery is necessary to ensure patient safety which should be the priority. The Society recommends a definition like the provisions in over twenty other states with legal definitions and regulations defining surgery.

Bill O'Brien, Vice President, CT Right to Life Corporaton:

Connecticut has historically been a pro-life state. However, since its enactment in 1990, when abortion was moved from the Criminal Law section of the statutes to the section on Public Health, our state has allowed the brutal killing of half a million unborn children. Our position is that abortion is a violation of the Hippocratic Oath taken by physicians to protect life. Abortion is the only operation meant to kill a human being and many Black leaders have been known to refer to abortion as Black genocide. We oppose passage of this bill so that Connecticut can return to its historical roots as the most pro-life state in the union.

Connecticut Catholic Public Affairs Conference:

In addition to the Conference's longstanding moral position against abortion, we also oppose this bill as a solution looking for a problem. There is no definition in state statute as to which medical providers can perform an abortion. The legislature left this responsibility to the DPH since they are the experts in scope of practice and training requirements for medical providers. If the goal of this bill is to specifically define which medical providers can perform abortions, then it should include a reference to the level of training in abortion procedures that these providers should receive. There is also a safety concern. Not only does the bill not address specific training, it also allows that an abortion can be performed in the first two, if not three, trimesters. Finally, the Conference does not believe there is an access problem for any woman in Connecticut who is seeking an abortion. The state even pays 100% of the cost of an abortion under HUSKY for low-income women.

Additional Sources of Opposition Include:

- CT Urology Society, CT ENT Society, CT Society of Eye Physicians and CT Dermatology and Dermatologic Surgery Society
- Linda and Michael Kosko Jr. Shelton, CT
- John W. Juhasz, Wilton CT
- Anne Boers
- Christina Bennett, Liaison on behalf of the Family Institute of Connecticut
- Lydia Bennett
- Carolyn Bennett

Reported by: Kathleen Panazza

Date: 4/10/22

