



CONNECTICUT CATHOLIC PUBLIC AFFAIRS CONFERENCE
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TESTIMONY

H.B. 5261 "An Act Increasing Access to Reproductive Health Care"

Public Health Committee

Public Hearing

March 9, 2021

The Connecticut Catholic Public Affairs Conference is the public policy and advocacy organization representing the Catholic bishops in Connecticut. The Conference stands in *opposition* to *H.B. 5261, "An Act Increasing Access to Reproductive Health Care"*. This opposition is not solely based on its longstanding moral position to abortion, which I will not even refer to in this testimony, but on significant shortcomings surrounding the language of the bill and additional underlying facts. The Conference does not believe there is an access problem to any woman in Connecticut who is seeking an abortion and this legislation is driven by a solution looking for a problem.

First, the designation of which medical providers can perform an abortion is not defined anywhere in state statute. That responsibility has been left to the state Department of Public Health (DPH), as they created regulations governing the abortion procedure in the state. In state regulation 19-13-D54(a), the DPH clearly defined that only a person licensed to practice medicine **and** surgery in the state could perform an abortion. The legislature left this responsibility to the DPH, since they are the experts in the scope of practice and training requirements medical providers operate under. If this committee desires to specifically define which medical providers can perform abortions in the state, then it should also include a reference to the level of training in abortion procedures that these providers receive. H.B. 5261 overrides the "surgery" requirement in state regulations. What does the committee plan to replace it with?

Second, the language in this bill would not only allow any general physician or Advanced Practice Clinician (APC) to perform an abortion without any specific training, but also perform an abortion during at least the first two, if not all three, trimesters. This could be dangerous to the women being served. In fact, the American College of Obstetricians and Gynecologists (ACOG), which supports expanding abortion providers, does so with two caveats: 1) General physicians and APCs should have at least limited training in abortion practices and 2) that these physicians and APCs should be limited to first trimester abortions. ⁱ

Third, is there actually a need for this legislation in Connecticut. Abortion advocates, in Connecticut and nationally, are taking advantage of the national debate about abortion rights, driven by a potential U.S. Supreme Court decision overturning *Roe v. Wade*, to request numerous pieces of legislation. The Conference has no record of the issue address in HB 5261 from ever being considered in past legislative sessions. This committee needs to consider the following facts as to whether a true need exists for H.B. 5261.

Are additional providers needed in a declining market? In Connecticut, and nationally, the number of abortions performed, both surgical and medical (drug-induced), have been on the decline. As of 2019 (most current DPH numbers available) there has been a 37% decline in abortions performed since the high of 14,534 in 2007. It clearly appears the demand for abortions has declined along with the finances they generate.

Abortion clinics have been closing in response to the decline. Eight abortion clinics have closed in Connecticut since 2008, including a Planned Parenthood Clinic in rural Danielson. If access is a real problem in our state, why didn't Planned Parenthood keep this center open based on the large sums of funding they receive from the state and federal government? Was the decision actually due to a lack of providers or was it a business decision based on declining abortions leading directly to declining income?

Will passage of this legislation fix the perceived problem of access it is met to address? State law is not the real problem in getting medical professionals to perform abortions. There are hundreds of doctors in Connecticut that meet the current requirement defined in existing state regulations, yet few chose to perform abortions. Common reasons for this are 1) moral and religious objections, 2) lower financial compensation and 3) personal professional aspirations. These reasons will also exist with the general physicians and ACPs referenced in this proposed legislation.

The Conference does not believe there is an access problem for any woman in Connecticut who is seeking an abortion. The State of Connecticut even pays 100% of the cost of an abortion under HUSKY for low-income women. One of only a few states to do so. This legislation attempts to address an access and provider problem that does not exist, while raising serious issues. The Conference urges the Committee to vote "no" on H.B. 5261.

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ⁱ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education>