

## Connecticut Abortion Law

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### Issue

This report provides an overview of Connecticut's abortion laws. This report updates OLR Report [2018-R-0195](#).

### Summary

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 patient in consultation with the patient's physician, advanced practice registered nurse (APRN), nurse-midwife, or physician assistant (PA);
2. prohibits abortion after viability except to preserve the pregnant patient's life or health; and
3. establishes information and counseling requirements for minors under age 16 who seek abortions (see below) ([CGS §§ 19a-601](#) and [19a-602](#) as amended by [PA 22-19](#), § 7 and [PA 22-118](#), § 489).

### *Other States' Laws*

OLR Report [2022-R-0227](#) provides information on (1) "trigger" laws banning abortion that took effect after the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 142 S. Ct. 2228 (2022) and (2) state laws and executive orders regulating abortion that were enacted since the U.S. Supreme Court's draft decision in *Dobbs* was made public.

The law allows physicians to perform any type of abortion. It allows APRNs, nurse-midwives, and PAs to perform medication or aspiration abortions, and specifies that these providers may perform either type of abortion in accordance with their respective licensing statutes ([CGS § 19a-602](#) as amended by [PA 22-19](#), § 7 and [PA 22-118](#), § 489).



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](#).

Laws passed in 2022 establish a cause of action that allows persons who were sued in another state for allegedly providing, or receiving support for, reproductive health services (including pregnancy termination) that are legal in Connecticut to recover certain costs they incurred defending the original action and bringing the new lawsuit. These laws also limit the assistance court officers, state agencies, and health care providers may deliver in certain actions based on these services ([PA 22-19](#) and [PA 22-118](#), §§ 484-488; see below).

Another recent law prohibits deceptive advertising by limited services pregnancy centers, which it defines as pregnancy services centers that do not directly provide, or provide referrals for, abortions or emergency contraception. Generally, this law applies to public statements about pregnancy-related services, or the provision of them, that the center knows or reasonably should know are deceptive. It allows the attorney general to bring a court action against a center for a violation, provided he notifies the center in advance and allows 10 days for it to comply with the law before doing so ([PA 21-17](#), codified at CGS §§ 19a-912 to -912b). For more information on this law, see the OLR [Public Act Summary](#).

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](#).

## Legal Protections Related to Other States' Abortion Laws

2022 legislation added several provisions to state law concerning legal protections related to other states' regulation of reproductive health care services (including abortion) that are legal in Connecticut ([PA 22-19](#) and [PA 22-118](#), §§ 484-488).

The new laws establish a cause of action for people against whom a judgment was entered in another state based on allegedly providing or receiving, or helping another person to provide or receive, or providing material support for reproductive health care services that are legal in Connecticut. This cause of action is unavailable under certain conditions, including when (1) no part of the acts that formed the basis for liability occurred in Connecticut or (2) the judgment entered in the other state is based on a claim similar to one that exists under Connecticut law and meets certain criteria (e.g., a tort claim by a patient for medical malpractice).

The new laws also limit the assistance officers of Connecticut courts, public agencies, and certain health care providers may provide in judicial actions related to reproductive health care services that are legal in this state. With exceptions, the new laws generally prohibit the following with respect to these actions:

1. court officers from issuing summonses for criminal cases or subpoenas for out-of-state civil actions or proceedings;
2. public agencies, or individuals acting on their behalf, from providing information or expending resources to support an interstate investigation seeking to impose criminal or civil liability; and
3. certain health care providers, payors, or information processors from disclosing protected information without written consent from a patient or an authorized legal representative.

([PA 22-19](#), § 5, also includes a provision, not restricted to reproductive health care services, that limits the governor's discretion to extradite individuals accused of performing acts in Connecticut that result in crimes in another state.)

For a more detailed summary of these new laws, see OLR's Public Act Summaries for [PA 22-19](#) and [PA 22-118](#).

## Counseling Requirement for Minors

Under Connecticut law, before an abortion may be performed on a minor under age 16, a 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](#)).

### *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 that (a) if the minor decides to have an abortion, the minor can change that decision at any time before the abortion and (b) if the minor decides to not have an abortion, the minor can reconsider that 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 with whichever alternative the minor chooses and that a list of these agencies and the services available from each will be provided upon request.
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 the minor 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 the minor's decision-making concerning the pregnancy and whether the minor believes that involvement would be in the minor's 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 the minor 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 this 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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