Testimony of Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut, against HB7213, An Act Concerning Access to Reproductive Health Care

Thank you for the opportunity to provide written testimony. My comments are against Proposed Substitute Bill No. 7213 approved by the Public Health Committee on March 24, 2025.

Section 1(b) is unnecessary because there is no current restriction that is particular to minors, to access abortion or contraception in Connecticut.

Section 1(c) is unnecessary because there is no evidence that physicians or other health care providers are divulging this information and it is already protected by existing federal law. Contraception is available without parental consent or notification, even through School Based Health Centers, because of existing state and federal laws including Title X, Medicaid, HIPAA, ACA and long standing Supreme Court decisions.

Section 2 is unnecessary because these provisions are governed by the Connecticut Uniform Administrative Procedures Act, particularly when directing the Secretary of State to compile a list of regulations. In fact, Sec. 4-173b of the Connecticut General Statutes requires the Secretary of State to "update the compilation of the regulations of Connecticut state agencies published on the eRegulations System at least monthly."

Sections 3 and 4 would eliminate important regulations related to all abortions, not just those completed in "outpatient clinics" and their associated protections for women. This is bad for the women of Connecticut and may require abortion facilities to be licensed as "outpatient surgical facilities" for the reasons outlined below.

If Section 19a-116 is repealed in section 4, abortion clinics that provide surgical abortions may need to be licensed as **"outpatient surgical facilities"** at a minimum. Abortion providing facilities are currently treated as "outpatient clinics", in part, because of an exception to the definition of "outpatient surgical facilities" set forth in section 19a-493b(d) of the Connecticut General Statutes. Sec. 19a-493b(d) of the Connecticut General Statutes does not specifically designate abortion clinics as "outpatient clinics". That artificial designation is made in section 19a-116 of the Connecticut General

Statutes. Once section 19a-116 is eliminated, medical abortion centers will no longer be artificially designated as “outpatient clinics” and may be regulated as either “outpatient surgical facilities” in accordance with Sec. 19a-493b of the Connecticut General Statutes or as hospitals.

These laws are duplicated and highlighted below.

Sec. 19a-493b. Outpatient surgical facilities. Definition. Licensure and exceptions. Certificate of need. Waiver. (a) As used in this section and subsection (a) of section 19a-490, “outpatient surgical facility” means any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiologists, or by such other professional or accrediting entity recognized by the Department of Public Health. An outpatient surgical facility that operates as an ambulatory surgical center, as defined in 42 CFR 416.2, as amended from time to time, may provide surgical services to patients requiring a period of post-operative observation but not requiring hospitalization if the expected duration of services does not exceed twenty-four hours following an admission. An outpatient surgical facility shall not include a medical office owned and operated exclusively by a person or persons licensed pursuant to section 20-13, provided such medical office: (1) Has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures. The Department of Public Health shall adopt any policies and procedures necessary to carry out the provisions of this section and shall operate under such policies and procedures while it is in the process of adopting such policies and procedures as regulations in accordance with the provisions of chapter 54, provided the department posts such policies and procedures on the eRegulations System not later than twenty days after the date such policies and procedures are implemented.

(b) No entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, shall individually or jointly establish or operate an outpatient surgical facility in this state without complying with chapter 368z, except as otherwise provided by this section, and obtaining a license within the time specified in this subsection from the Department of Public Health for such facility pursuant to the provisions of this chapter, unless such entity, individual, firm, partnership, corporation, limited liability company or association: (1) Provides to the Health Systems Planning Unit of the Office of Health Strategy satisfactory evidence that it was in operation on or before July 1, 2003, or (2) obtained, on or before July 1,

2003, from the Office of Health Care Access, a determination that a certificate of need is not required. An entity, individual, firm, partnership, corporation, limited liability company or association otherwise in compliance with this section may operate an outpatient surgical facility without a license through March 30, 2007, and shall have until March 30, 2007, to obtain a license from the Department of Public Health.

(c) Notwithstanding the provisions of this section, no outpatient surgical facility shall be required to comply with section 19a-631, 19a-632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-664 to 19a-666, inclusive, 19a-673 to 19a-676, inclusive, 19a-678, 19a-681 or 19a-683. Each outpatient surgical facility shall continue to be subject to the obligations and requirements applicable to such facility, including, but not limited to, any applicable provision of this chapter and those provisions of chapter 368z not specified in this subsection, except that a request for permission to undertake a transfer or change of ownership or control shall not be required pursuant to subsection (a) of section 19a-638 if the Health Systems Planning Unit of the Office of Health Strategy determines that the following conditions are satisfied: (1) Prior to any such transfer or change of ownership or control, the outpatient surgical facility shall be owned and controlled exclusively by persons licensed pursuant to section 20-13 or chapter 375, either directly or through a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, or is under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a person licensed under section 20-13 or chapter 375, and (2) after any such transfer or change of ownership or control, persons licensed pursuant to section 20-13 or chapter 375, a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, shall own and control no less than a sixty per cent interest in the outpatient surgical facility.

(d) The provisions of this section shall not apply to persons licensed to practice dentistry or dental medicine pursuant to chapter 379 or to outpatient clinics licensed pursuant to this chapter.

(e) The Commissioner of Public Health may provide a waiver for outpatient surgical facilities from the physical plant and staffing requirements of the licensing regulations adopted pursuant to this chapter, provided no waiver may be granted unless the health, safety and welfare of patients is ensured.

(P.A. 03-274, S. 1; P.A. 04-249, S. 1; P.A. 05-3, S. 1; 05-151, S. 2; P.A. 06-64, S. 3; P.A. 10-179, S. 104; P.A. 11-44, S. 177; 11-242, S. 32; P.A. 14-231, S. 1; May Sp. Sess. P.A. 16-3, S. 195; P.A. 18-91, S. 60.)

To be deleted by section 4 of Proposed Substitute Bill No. 7213 . . .

Sec. 19a-116. (Formerly Sec. 19-66g). Regulation of facilities which offer abortion services. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, establishing standards to control and ensure the quality of medical care provided to any pregnant woman undergoing an induced abortion at any outpatient clinic regulated under the Public Health Code. Such standards shall include, but are not limited to, provisions concerning: (1) The verification of pregnancy and a determination of the duration of such pregnancy; (2) preoperative instruction and counseling; (3) operative permission and informed consent; (4) postoperative counseling including family planning; and (5) minimum qualifications for counselors.

(P.A. 79-140; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

The repeal of Sec. 19a-116 of the Connecticut General Statutes (Sec. 4 of HB 7213) combined with repeal of the outpatient clinic abortion regulations set forth in Sec. 19-13-D54 of the regulations of Connecticut state agencies (Sec. 3 of HB 7213) removes the regulatory framework for surgical abortions to proceed outside of a hospital or outpatient surgical facility in Connecticut. Therefore, it is reasonable to assert that current abortion clinics licensed as outpatient clinics will need to be licensed as outpatient surgical facilities or hospitals.

Section 3 of HB 7213 removes protections that guard against sex trafficking. Section 3 would eliminate a long-standing regulation, Sec. 19-13-D54 of the regulations of the Connecticut state agencies, and Sec. 19a-116-1(c) of the regulations of the Connecticut state agencies that protect Connecticut women, in part, against coerced abortions by requiring counseling and informed consent. Connecticut has a sex trafficking problem and forced abortion is a tool used by sex traffickers to keep minors and adult women in their “business”. Instead of eliminating this opportunity for women to seek help and resources, the state should be doing more outreach, counseling and education. Abortion is not just any medical service. Nobody is forcing people to get knee surgeries so they can go work in the field. Abortion not only kills someone - the unborn child, it is used as a tool of misogyny and violence against women. It deserves to be carefully regulated and women deserve to be protected in a special way.

Religious liberty and conscience protections will be jeopardized. Section 3 of the bill would remove an important protection against forcing a medical professional or other person to violate their religious or other deeply held belief (Sec. 19-13-D54(f) of the regulations of Connecticut state agencies). Relying on federal protections would require a nurse or provider to use a cumbersome and unreliable federal system to file a

complaint about discrimination. No other state law provides direct and specific protection like Sec. 19-13-D54(f) of the regulations of Connecticut state agencies, including Connecticut's State Religious Freedom Law, which only applies to state action. This law, Sec. 52-571b of the Connecticut General Statutes, is duplicated below.

Sec. 52-571b. Action or defense authorized when state or political subdivision burdens a person's exercise of religion. (a) The state or any political subdivision of the state shall not burden a person's exercise of religion under section 3 of article first of the Constitution of the state even if the burden results from a rule of general applicability, except as provided in subsection (b) of this section.

(b) The state or any political subdivision of the state may burden a person's exercise of religion only if it demonstrates that application of the burden to the person (1) is in furtherance of a compelling governmental interest, and (2) is the least restrictive means of furthering that compelling governmental interest.

(c) A person whose exercise of religion has been burdened in violation of the provisions of this section may assert that violation as a claim or defense in a judicial proceeding and obtain appropriate relief against the state or any political subdivision of the state.

(d) Nothing in this section shall be construed to authorize the state or any political subdivision of the state to burden any religious belief.

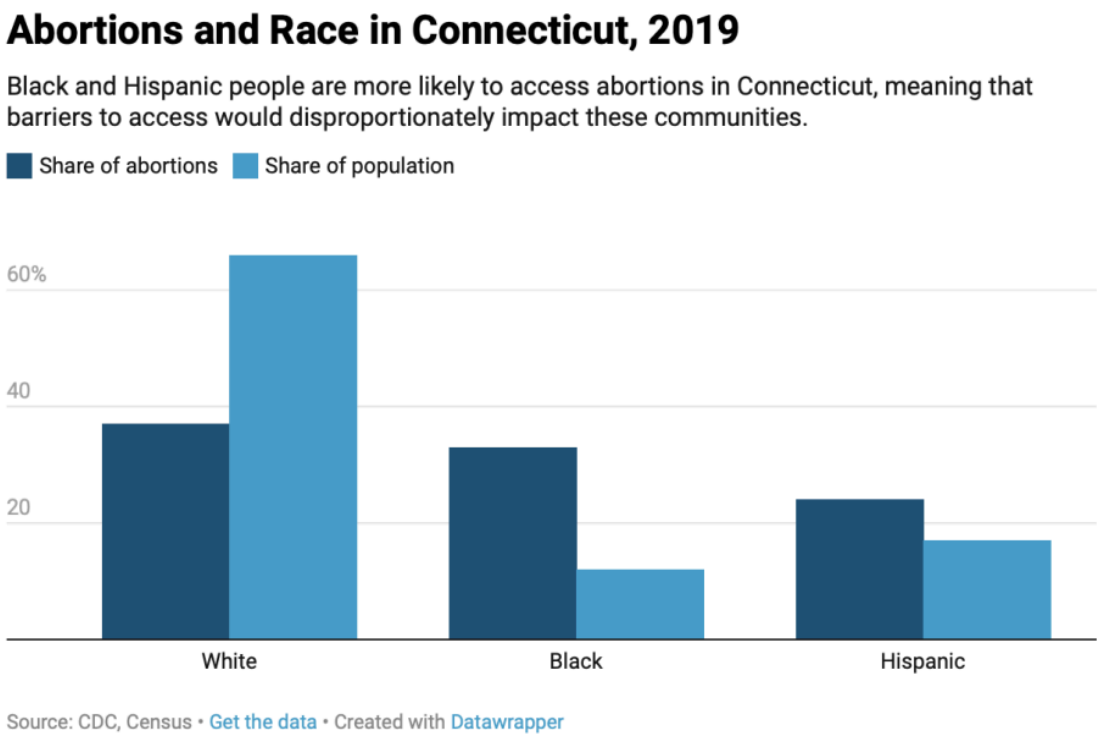
(e) Nothing in this section shall be construed to affect, interpret or in any way address that portion of article seventh of the Constitution of the state that prohibits any law giving a preference to any religious society or denomination in the state. The granting of government funding, benefits or exemptions, to the extent permissible under the Constitution of the state, shall not constitute a violation of this section. As used in this subsection, the term "granting" does not include the denial of government funding, benefits or exemptions.

(f) For the purposes of this section, "state or any political subdivision of the state" includes any agency, board, commission, department, officer or employee of the state or any political subdivision of the state, and "demonstrates" means meets the burdens of going forward with the evidence and of persuasion.

(P.A. 93-252.)

HB 7213 will remove all reporting requirements for abortion providers to report their disproportionate and discriminatory outcomes on abortion. Black and Hispanic people accounted for 57% of abortions in Connecticut but only accounted for 19% of the overall

population. Abortion providers receive millions of dollars in state funding and should be monitored with regard to how that money is spent and the consequences of abortion.



Regulations adopted in response to "fetal experimentation" are at risk in HB 7213. In 1973, Yale-New Haven Hospital was accused of performing "fetal experimentation" on infants born alive during abortion. A scandal erupted. Public hearings were held. The next year, in response to the scandal, Connecticut adopted a regulation provision which requires all doctors to "support life" when an infant is born alive during an abortion (Sec. 19-13-D54(g) of the regulations of Connecticut state agencies). That regulation has been the law for 50 years. It has been followed by hospitals, surgical centers and outpatient clinics alike. For 50 years, infants have had this layer of protection against being experimented with if they survive abortion. Planned Parenthood, universities and other organizations are regularly exposed for trafficking in fetal body parts, *some harvested while the infant's heart is still beating.* We must protect our laws against this inhuman and demeaning practice because it has happened in the past and can happen again today in Connecticut without restrictions.

Abortion 'Disobedience' Hinted By Catholic Units

NEWINGTON, Conn. (AP) — Catholic hospitals would resort to civil disobedience if state law required hospitals to perform abortions, a Catholic spokesman told the Department of Health Friday.

"I see on the horizon an ominous cloud of government coercion of conscience," said William J. Wholean, executive director of the Connecticut Catholic Conference.

Wholean and spokesmen for several hospitals told an abortion regulations hearing that they should have the right to refuse to do abortions, even though abortions are now allowed.

Clause in Regulations

The state's draft of regulations already carries a clause allowing any individual or hospital to refuse to participate in an abortion for religious, moral or philosophical reasons.

During the hearing, state Health Commissioner Franklin M. Foote announced that two more regulations would be added dealing with abortions in the last three months of pregnancy and with fetus experimentation.

The regulations require all abortions after 12 weeks of pregnancy to be performed in a licensed hospital.

Michael Shea of the New Haven Pastoral Council was one of several speakers who supported a regulation to prohibit experimentation on live aborted infants.

Alleged Experimentation

His group, which represents 21 Catholic institutions, recently criticized a department investigation of alleged fetal experimentation at the Yale-New Haven Hospital.

Rhea Hirshman of New Haven supported a policy of personal choice for individuals but not for institutions. Her organization—Women vs. Connecticut—helped bring about the downfall of previous state abortion laws.

Mrs. Hirshman said one or two members of a hospital's governing board shouldn't be allowed to impose their beliefs on an entire hospital staff. This could create serious problems in areas served by only one hospital, she said.

But Sister Mary Madalain, a member of the board of directors of Hartford's St. Francis Hospital, said no hospital was expected to perform all services.

State Health Commissioner Franklin Foote said an additional regulation would be written to permit abortions during the final three months only to preserve the mother's health or life. There also will be one requiring every effort to sustain life when it exists in an aborted infant, he said.

<u>HB 7213 did not receive a proper public hearing and the law-making process has been compromised.</u> The proposed deletion of Sec. 19-13-D54 of the regulations of Connecticut state agencies was excluded from the bill during the public hearing and only added the morning of the committee vote. This is unfair and not a proper process for 50 year old abortion regulations that protect the conscience and religious rights of anyone pressured to participate in abortion, protect the right of a newborn to receive measures that "support life", and reasonable restrictions on abortion during

the third trimester. Because of this particular subversion of the public hearing and legislative process, the proposed deletion of this regulation may more fairly be continued through the Legislative Regulation Committee as PR2022-042, Connecticut Department of Public Health Regulation Concerning Abortion where it is currently being reviewed.

This bill should be amended to include parental notification for minors seeking abortion. It is time for legislators to seek an amendment to Connecticut law to require parental notification. Recall that the West Hartford Planned Parenthood performed an abortion and released Adam Gault's 15-year-old victim who was kept hidden in a closet for almost a year. Other victims were suspected, and Adam Gault is now serving a 25-year sentence along with others who were involved in the crime. Adam's crimes against a 15-year-old child went undetected at Planned Parenthood. Instead of deleting our abortion regulations, they should be enhanced with more reporting, more vigorous counseling, better informed consent for minors, and also a parental notification provision for minors.