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S.B. 295 An Act Concerning State Law Protections for Health Care Providers and Patients Related to the Provision of a Legally Protected Health Care Activity

Senator Winfield, Representative Stafstrom, and Distinguished Members of the Judiciary Committee, my name is Liz Gustafson, and I am the Connecticut State Director of Reproductive Equity Now. Thank you for accepting testimony in support of S.B. 295 An Act Concerning State Law Protections for Health Care Providers and Patients Related to the Provision of a Legally Protected Health Care Activity.

As a state and regional organization, Reproductive Equity Now works in Connecticut and across New England to make equitable access to the full spectrum of reproductive health care a reality for all people. Advancing reproductive health, rights, and justice by working to eliminate barriers to abortion are central to our mission.

This legislation builds upon Connecticut’s commitment to protecting reproductive and gender-affirming health care by allowing providers to offer care via telehealth, regardless of patient location. Additionally, these key provisions strengthen the legal architecture of Connecticut’s shield provisions and advance privacy protections for providers of reproductive and gender-affirming care.

I. Dobbs incited a national public health, economic, social, and racial justice crisis that continues to unfold

All people deserve access to quality health care—including abortion care, yet this is not a reality for many across the United States. In the nearly four years since the United States Supreme Court issued a decision in *Dobbs v. Jackson Women’s Health Organization*, a case that eliminated the longstanding constitutional right to abortion guaranteed under *Roe v. Wade*, 20 states have taken action to severely restrict or entirely ban abortion.¹ Under these restrictions, an estimated 25 million women live in states that ban or restrict

¹ *Tracking Abortion Bans Across the Country*, N.Y. TIMES, <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html> (last updated Jan. 6, 2026)

abortion.² Many states have also passed laws that subject providers to criminal or civil liability for providing abortion care. 11 states with abortion bans impose criminal penalties on clinicians who violate their respective bans, and the penalties range in severity from a few months in prison to the possibility of a life sentence.³ The overturning of *Roe* has incited a public health, economic, social, and racial justice crisis across the country, the implications of which we are continuing to see play out. While many patients are now forced to travel to access vital care, countless others do not have the resources to travel out of state—nor should they have to.

II. *S.B. 295 builds on Connecticut's longstanding and steadfast commitment to protecting reproductive freedom*

In anticipation of the elimination of the federal constitutional right to abortion, Connecticut proactively passed the nation's first shield law, the Reproductive Freedom Defense Act of 2022, to protect reproductive health care and gender-affirming care providers and patients in Connecticut from anti-abortion extremists in hostile states attempting to chill, restrict, and criminalize abortion access beyond their borders.⁴ These protections were strengthened in 2023 when the General Assembly enacted legislation ensuring reproductive health care providers will not face professional licensure repercussions or discriminatory medical malpractice insurance rate hikes if they are subject to litigation regarding health care that is legal in Connecticut.⁵ Together, these provisions create a powerful shield to ensure Connecticut is leading the way in protecting access to reproductive health care in the Nutmeg State, but there's more that we can do to strengthen this defense. To adequately defend reproductive freedom for all, states like Connecticut must continue to take proactive steps to expand its shield law to include telehealth providers, shore up existing shield provisions, and extend additional privacy protections for providers.

III. *S.B. 295 strengthens protections for Connecticut providers, regardless of their patient's location*

Similar to comprehensive shield laws in eight other states, this legislation bolsters Connecticut's existing shield provisions by ensuring they also apply to the provision of

² Geoff Mulvihill, et al., *A year After Fall of Roe v. Wade, 25 Million Women Live in States with Abortion Bans or Restrictions*, PBS NEWS (June 22, 2023), <https://www.pbs.org/newshour/politics/a-year-after-fall-of-roe-v-wade-25-million-women-live-in-states-with-abortion-bans-or-restrictions>.

³ Mabel Felix, et al., *Criminal Penalties for Physicians in State Abortion Bans*, KFF (Mar. 24, 2025), <https://www.kff.org/womens-health-policy/criminal-penalties-for-physicians-in-state-abortion-bans/>.

⁴ Conn. Pub. Act No. 22-19 (2022).

⁵ Conn. Pub. Act No. 23-128 (2023).

care via telehealth, regardless of the location of the patient.⁶ S.B. 295 builds upon expanded telehealth access, enacted by the legislature two years ago.⁷ In 2024, the legislature made permanent telehealth expansions, reflective of the ways in which modern health care is delivered, including permitting Connecticut's licensed providers to provide services to patients in any zip code.⁸ Health providers operating under interstate telehealth shield laws enacted in California, Colorado, Maine, Massachusetts, New York, Rhode Island, Vermont, and Washington have served tens of thousands of patients since the laws were implemented by mailing abortion pills to patients following a telemedicine consultation.⁹

Bolstering Connecticut's shield law to protect *all* abortion providers in our state, including telehealth providers, regardless of a patient's location, would be a critical step towards aligning state law with the most comprehensive and protective shield laws in the country. Following *Dobbs*, patients in states that ban or restrict abortion access have been forced to travel to access care, if they have the resources for such travel. According to the Guttmacher Institute's monthly Abortion Provision Study, the number of patients traveling to states to obtain abortion doubled after the *Dobbs* decision compared to previous years. In the first six months of 2023, nearly 1 in 5 abortion patients traveled out of state to get care, compared with 1 in 10 in 2020.¹⁰ However, recent trends also suggest that logistical factors related to traveling for care such as cost, as well as fear of facing criminalization, pose barriers to travel. In the first half of 2024, 80,870 people traveled to states without total bans to obtain abortion care, compared to 74,490 individuals in the first half of 2025. Additionally, states with comprehensive shield laws and the increase in interstate telehealth medication abortion may also be playing a role in this decline, as patients are able to receive the medication abortion care they need, without needing to travel across state borders. Medication abortion via telehealth now accounts for 27% of all abortions.¹¹ Population-based rates of telemedicine abortion have been the highest in

⁶ UCLA School of Law Center on Reproductive Health, Law, and Policy, *Shield Laws for Reproductive and Gender-Affirming Health Care: A State Law Guide*, UCLA LAW, <https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy/shield-laws-reproductive-and-gender-affirming-health-care-state-law-guide> (last visited Feb. 19, 2026).

⁷ Conn. Pub. Act No. 24-110 (2024).

⁸ *Id.*

⁹ Pam Bulluck, *Abortion Shield Laws: A New War Between the States*, N.Y. TIMES (Feb. 22, 2024), <https://www.nytimes.com/2024/02/22/health/abortion-shield-laws-telemedicine.html#:~:text=Called%20telemedicine%20abortion%20shield%20laws,ban%20or%20sharply%20restrict%20abortion.>

¹⁰ Kimya Forouzan et al., *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*, GUTTMACHER INST. (Dec. 2023), <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>.

¹¹ Karen Diep, *Abortion Trends Before and After Dobbs*, KFF (Jan. 7, 2026), <https://www.kff.org/womens-health-policy/abortion-trends-before-and-after-dobbs/>.

Southern and Midwestern states, particularly those with abortion bans.¹² Medication abortion has a well-documented record of safety and efficacy, accounting for over 60% of abortions¹³ in the United States, and medication abortion via telehealth is just as safe as in-person abortion care.¹⁴ Current FDA regulation permits abortion pills to be mailed directly to patients, meaning that 1 in 5 abortions (around 19,000 per month) in the United States are now conducted via telehealth.¹⁵ Expanding our current shield protections to include licensed telehealth providers will allow providers to continue providing this safe and essential care regardless of where the patient is located, further demonstrating Connecticut's commitment to reproductive equity.

IV. *As efforts to criminalize providers of reproductive health care evolve, S.B. 295 offers critical privacy protections for providers*

At large, state policy trends from 2024 indicate that bodily autonomy and health care decision-making are increasingly under fire from anti-abortion and anti-trans lawmakers.¹⁶ Anti-abortion states' eager efforts to undermine telehealth abortion care can be illustrated by the civil and criminal cases brought by Texas and Louisiana against telemedicine abortion providers. In 2025, Dr. Margaret Carpenter, a New York-based provider, faced an unprecedented extradition request from Louisiana after being indicted for allegedly sending abortion medication to a teenager in Louisiana, where abortion is banned, and the medications used for abortion are classified as controlled substances.¹⁷ This followed Texas Attorney General Ken Paxton's civil lawsuit against Dr. Carpenter for allegedly sending pills to Texas—demonstrating the growing legal threats providers face even in protected states.¹⁸ In both instances, Dr. Carpenter was allegedly identified via her name on the prescription label. New York Governor Kathy Hochul refused to honor the

¹² Katie Palmer, *As Use of Telehealth for Medication Abortion Grows, New Data Offer Window Into Patient Population*, STAT+ HEALTH (Aug. 11, 2025),

<https://www.statnews.com/2025/08/11/telehealth-medication-abortion-grows-patient-population/>.

¹³ Amy Friedrich-Karnik et. al., *Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist*, GUTTMACHER INST., (Feb. 25, 2025)

https://www.guttmacher.org/2025/02/medication-abortion-remains-critical-state-abortion-provision-attacks-access-persist?utm_source=Guttmacher+Email+Alerts&utm_campaign=8ff8166e86-Feb-Provision-Study-2025&utm_medium=email&utm_term=0_-8ff8166e86-260794756.

¹⁴ Ushma D. Upadhyay et al., *Effectiveness and safety of telehealth medication abortion in the USA*, NATURE MED. (2024), <https://www.nature.com/articles/s41591-024-02834-w>

¹⁵ *WeCount Public Report April 2022 to June 2024* (Oct. 22, 2024), SOC'Y FAM. PLANNING, <https://societyfp.org/wp-content/uploads/2024/10/WeCount-Report-8-June-2024-data.pdf>.

¹⁶ Kimya Forouzan et. al. *State Policy Trends 2024: Anti-Abortion Policymakers Redouble Attacks on Bodily Autonomy*, GUTTMACHER INST. (Dec. 16, 2024),

<https://www.guttmacher.org/2024/12/state-policy-trends-2024-anti-abortion-policymakers-redouble-attacks-bodily-autonomy>.

¹⁷ Alaa Elassar, *New York Doctor Indicted in Louisiana Abortion Case Recognized as a Leader in Women's Reproductive Health*, CNN (Feb. 23, 2025, 9:00 AM),

<https://www.cnn.com/2025/02/23/us/abortion-margaret-carpenter-new-york/index.html>.

¹⁸ Kayla R. Johnson, *Doctors Under Duress: New York Physician Targeted in Landmark Legal Actions*, NAT'L ORG. WOMEN N.Y.C. (Feb. 13, 2025),

<https://nownyc.org/press-releases/doctors-under-duress-texas-targets-new-york-physician-in-landmark-lawsuit/>.

Louisiana extradition request, relying on New York's shield law, similar to Connecticut's.¹⁹ Additionally, Dr. Remy Coeytaux, an abortion provider in California was the first physician sued under a new Texas law (HB 7), which permits private citizens to sue anyone for providing abortion pills and was indicted for allegedly mailing abortion pills to a patient in state.²⁰ California Governor Gavin Newsom also rejected Louisiana's extradition attempt, relying on California's shield law.²¹

These targeted attacks underscore the urgent need for robust shield laws that defend against this new era of criminalization, protect providers from out-of-state prosecution, safeguard patient privacy, and ensure access to medication abortion. While we cannot prevent anti-abortion states from targeting Connecticut abortion providers altogether, Connecticut must continue to use every tool available to protect our state's providers who are willing and seeking to provide essential care— regardless of patient zip code.

V. *S.B. 295 expands eligibility for the state's Address Confidentiality Program*

In addition to protecting telehealth providers regardless of the location of patients, S.B. 295 includes additional critical measures that would further protect the safety and privacy of Connecticut's abortion and gender-affirming care providers. Sections 12-15 of the proposed bill would expand eligibility for Connecticut's Address Confidentiality Program (ACP) to include persons who provide, or facilitate reproductive health care services or gender-affirming care services, and would allow these providers to apply for the program which would keep their residential address confidential. Since the United States Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Center* and overturned *Roe v. Wade* in 2022, there has been a sharp increase in violence at abortion clinics.²² The violence has also been more frequently targeted at clinics in states that are more protective of reproductive rights.²³ While picketing is the most common disruption at clinics, there are also many instances of harassing calls, vandalism, trespass, theft, death threats, bomb threats, arson, stalking, and assault and battery.²⁴ Another tactic

¹⁹ *New York Refuses Louisiana's extradition request for doctor charged with prescribing abortion pills*, Guardian Spectrum News NY1 (Feb. 13, 2025 5:12 PM), <https://ny1.com/nyc/all-boroughs/news/2025/02/13/new-york-refuses-louisiana-s-extradition-request-for-doctor-charged-with-prescribing-abortion-pills>.

²⁰ CENTER FOR REPRODUCTIVE RIGHTS, *California Doctor Sued Under New Texas Law that Encourages Citizens to Go After Abortion Providers* (Feb. 2, 2026), [https://reproductiverights.org/news/doctor-sued-texas/#:~:text=2026%20\(PRESS%20RELEASE\)%20%E2%80%94%20Today,legislatures%2C%20and%20inside%20the%20FDA](https://reproductiverights.org/news/doctor-sued-texas/#:~:text=2026%20(PRESS%20RELEASE)%20%E2%80%94%20Today,legislatures%2C%20and%20inside%20the%20FDA).

²¹ Ryan Mancini, *Newsom rejects Louisiana call to extradite California doctor over abortion pills*, THE HILL (Jan. 14, 2026), <https://thehill.com/policy/healthcare/5689868-newsom-blocks-abortion-medication-extradition/>.

²² *NAF 2024 Violence & Disruption Report*, NATIONAL ABORTION FEDERATION, <https://prochoice.org/our-work/provider-security/2024-naf-violence-disruption/#incidentmap> (last visited Jan. 16, 2026).

²³ *Id.*

²⁴ *Id.*

anti-abortion extremists use to intimidate reproductive health care service providers is disseminating providers' personal identifying information online and urging others to harm them.²⁵ Similarly, gender-affirming care service clinics and providers have also been targeted in recent years. In October 2022, representative organizations of more than 270,000 physicians and 220 children's hospitals across the country sent a letter to former Attorney General Merrick Garland urging him to investigate the increasing threats of violence against providers of gender-affirming care.²⁶ Expanding eligibility of Connecticut's ACP program to providers of reproductive and gender-affirming health care services is a tangible way to help further protect providers and their families, and reduce the risk they face of being stalked and targeted. Connecticut would not be the first state to take this step. Ten states and the District of Columbia have explicit protections in their ACPs for their reproductive health care and gender-affirming care providers and volunteers.²⁷

VI. *S.B. 295 allows providers to remove their individual names from prescription labels, protecting them from potential prosecution*

Sections 16-18 of S.B. 295 largely mirror that of companion legislation raised in the General Law Committee, S.B. 227. In summary, this measure provides a critical added layer of confidentiality by allowing providers prescribing medications related to reproductive or gender-affirming health care to keep their names off of written or electronic prescriptions and the related prescription labels, and instead use their practice name. This measure is critical to protect the confidentiality of care, as providers targeted by hostile anti-abortion actors have allegedly been identified via their name on a prescription label.²⁸ A number of sibling shield states have implemented a similar measure, including Massachusetts, California, Colorado, New York, Maine, Washington, and Vermont.²⁹

²⁵ Rebecca Bentley, *Open Record Laws: Balancing the "Right to Know" with the Safety of Reproductive Health Care Service Providers*, 26 BUFF. HUM. RTS. L. REV. 189, 191 (2020).

²⁶ *Health care organizations urge protection for physicians and patients*, AMA, (Oct. 3, 2022), <https://www.ama-assn.org/press-center/ama-press-releases/health-care-organizations-urge-protection-physicians-and-patients>.

²⁷ Cal. Gov't Code § 6215 ; Colo. Rev. Stat. Ann. § 24-30-2102; D.C. Code Ann. § 4-555.03; Del. Code Ann. tit. 11, § 9613; Mass. Gen. Laws Ann. ch. 9A, § 1; Me. Rev. Stat. Ann. tit. 5, § 90-B; N.J. Stat. Ann. § 47:4-2; N.Y. Exec. Law § 108; Or. Rev. Stat. Ann. § 192.822; Vt. Stat. Ann. tit. 15, § 1152; Wash. Rev. Code Ann. § 40.24.030.

²⁸ Shefali Luthra, *States move to keep doctors' names off of abortion pill prescription labels*, THE 19TH (June 23, 2025), <https://19thnews.org/2025/06/states-doctors-names-abortion-pill-prescription-labels/>.

²⁹ An Act Relating to Sexual and Reproductive Health Care, 2025 Cal. Stat. ch. 163; An Act Concerning Protections Related to a Legally Protected Health-Care Activity, S.B. 25-129, 75th Leg., Reg. Sess. (Colo. 2025); An Act Strengthening Health Care Protections in the Commonwealth, S. 2543, 194th Gen. Ct. (Mass. 2025); An Act to Amend Maine's Prescription Drug Labeling Law by Allowing the Removal of the Name of a Prescriber of Mifepristone, Misoprostol and Their Generic Alternatives, L.D. 538, 132nd Leg., Reg. Sess. (Me. 2025); An Act to Amend the Education Law, in Relation to the Labeling of Mifepristone, Misoprostol, and Their Generic Alternatives, S. 36A, 2025 Leg. Sess. (N.Y. 2025); An Act Relating to Prescription Labels for Medications Used for Abortion, H.B. 2115, 68th Leg., Reg. Sess. (Wash. 2025); An Act Relating to Access to Certain Legally Protected Health Care Services, S. 28, 2025 Leg. (Vt. 2025).

S.B. 295's interstate telehealth shield provisions, shored up protections for existing shield statutes, and additional provider confidentiality provisions would be a strong and comprehensive response to the national public health emergency that continues to unfold post-Roe. This critical legislation reaffirms Connecticut's commitment to protecting abortion and gender-affirming care providers from targeted, hostile, out-of-state attempts to enforce laws across state lines regarding care that is legally protected here in the nutmeg state.

Reproductive Equity Now is grateful for the dedicated attention and commitment from various state agencies and stakeholders on this legislation, with whom we are eager to continue to collaborate to ensure S.B. 295 is comprehensive, impactful, and implemented effectively. Reproductive Equity Now urges this Committee and Connecticut General Assembly to support S.B. 295.

Thank you for your time and consideration,

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