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Testimony for Public Hearing

Public Health Committee

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H.B. 5516 An Act Concerning Reproductive Rights

Senator Anwar, Representative McCarthy-Vahey, and Distinguished Members of the Public Health Committee, my name is Liz Gustafson, and I am the Connecticut State Director of Reproductive Equity Now. Thank you for accepting this testimony in support of H.B. 5516 An Act Concerning Reproductive Rights.

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 and working to eliminate barriers to abortion care are central to our mission.

I. H.B. 5516 Builds Upon Connecticut's Commitment to Protecting and Expanding Access to Reproductive Health Care

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 *Dobbs* has incited a public health, economic, social, and racial justice crisis across the country, the implications of which continue to unfold. In anticipation of the *Dobbs* decision, Connecticut made a promise and a commitment to work towards a future in which every person is able to access the care they want and need, no matter their zip code, race, religion, identity, or how much money is in their bank account. Our state, and Connecticut's General Assembly, thanks in large part to the leadership of this committee, has made tremendous progress toward protecting and expanding reproductive equity, including passing the nation's first shield law, the Reproductive Freedom Defense Act of 2022, to protect patients and the health care professionals dedicating their livelihoods to providing reproductive and gender-affirming care from anti-abortion extremists in hostile states attempting to chill,

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).

restrict, and criminalize abortion access beyond their borders. Additionally, the General Assembly has also enacted legislation reaffirming the right of young people to consent to the contraceptive and pregnancy-related care they need, combatting deceptive and dangerous practices of anti-abortion centers, expanding access to sexual and reproductive health care on public college campuses, and more.

This stellar progress on behalf of protecting and expanding access to care signifies Connecticut's understanding that as we work to overcome this crisis, it is incumbent upon us to go beyond *Roe*'s legal protections, and continue to break down existing barriers to accessing the full spectrum of reproductive health care, and protecting the workforce who are dedicated to providing the highest quality standard of care to their patients, regardless of circumstance. H.B. 5516 aligns with this effort, and would protect providers at all health care institutions in our state, particularly religiously affiliated entities, from facing reprisal or other disciplinary action for sharing medically accurate information, counseling, or making referrals for care to ensure their patients are able to access the health care they want or need.

II. H.B. 5516 Protects Providers and Patients

A person's access to health services should be determined by their own decisions and medical needs, not by the political or religious views of an individual health care provider. Yet, federal religious refusal laws allow any provider, health care professional, or health care institution involved in patient care to discriminate and refuse that care based on religious, moral, or conscientious objection.² These laws allow Catholic facilities to be governed by the U.S. Conference of Catholic Bishops' Ethical and Religious Directives for Health Care Services, which limit certain types of care permitted at the Catholic-run entities, regardless of the personal religious or moral beliefs of the health care provider. Specifically, the directives prohibit a range of reproductive health care services in Catholic health care facilities, including contraception counseling and access, tubal ligations or vasectomies, many fertility treatments, miscarriage treatment, and abortion.³ An additional 2023 doctrinal note also discourages the provision of gender-affirming care.⁴ To be denied care at a religious health care institution further compounds barriers to access, and Connecticut has a role to play in ensuring that these patients can still access accurate medical information and timely care. Further, these directives, which not only

² See the "Church Amendments", 42 U.S.C. § 300a-7 (2018); See also the Coats-Snowe Amendment, 42 U.S.C. § 238n (2018); See also the Weldon Amendment Consolidated Appropriations Act, 2024, Pub. L. No. 118-42, div. H, § 507(d), 138 Stat. 25.

³ *Ethical and Religious Directives for Catholic Health Care Services: Sixth Edition*, U.S. CONF. OF CATHOLIC BISHOPS (June 2018), https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_0.pdf.

⁴ *Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body*, COMM. ON DOCTRINE U.S. CONF. OF CATHOLIC BISHOPS (Mar. 20, 2023), <https://www.usccb.org/resources/Doctrinal%20Note%202023-03-20.pdf>.

prohibit the provision of most reproductive health care services, also serve to stigmatize and shame individuals who decide to seek abortion care, which can result in the denial of life-saving, compassionate care that can be vital throughout a patient's reproductive life. While providers at Catholic health institutions may be barred from providing reproductive and gender-affirming care under the institution's directives, regardless of their own personal religious or moral beliefs, they can also face employment repercussions simply for giving their patients accurate information about their health and where they can access care. Importantly, the lack of any information sharing about where else a patient might be able to go to seek care not provided by a health institution can lead to devastating delays.

This problem is not theoretical, as it impacts a large portion of the health care entities available in our state. Across the country, there are approximately 600 Catholic general hospitals, and four of the ten largest U.S. chains, ranked by number of beds, are Catholic.⁵ In Connecticut, this includes Trinity Health, which operates St. Francis Hospital in Hartford, Saint Mary's Hospital in Waterbury, Johnson Memorial Hospital in Stafford Springs, and Mount Sinai Rehabilitation Hospital in Hartford.⁶ As of 2016, these four Catholic hospitals comprised 17.7% of all hospital beds in Connecticut,⁷ and in 2023 attended 3,167 births, and⁸ Medicare and Medicaid enrollees comprise over 65% of their total patient admissions, meaning that low-income people could be disproportionately impacted.⁹ Furthermore, the scope of this impact goes beyond hospital-based care, as Trinity Health also operates health care services beyond hospitals, including continuing care locations, physician offices, and urgent care centers, making it a major employer in Connecticut's health care job market. Each of these non-hospital services owned by Trinity Health are also subject to their Code of Ethics, which includes an obligation to "provide care that is consistent with the Ethical and Religious Directives for Catholic Health Care Services", regardless of the personal religious or moral beliefs of the health care providers employed by a group, practice, or office that is owned by Trinity.¹⁰

To combat this chilling effect and prevent delays in care, Connecticut can ensure that providers at these institutions who may wish to share medically accurate and appropriate

⁵ Rachana Pradhan & Hannah Recht, *The Powerful Constraints on Medical Care in Catholic Hospitals Across America*, KFF HEALTH NEWS (Feb. 17, 2024), <https://kffhealthnews.org/news/article/catholic-hospitals-affiliates-ethical-religious-directives-reproductive-care/>.

⁶ *By The Numbers: Catholic Health Care Serving Connecticut*, CATHOLIC HEALTH ASS'N OF THE U.S. (Apr. 2023), <https://www.chausa.org/docs/default-source/advocacy/state-fact-sheets/connecticut.pdf>.

⁷ *Percentage of Hospital Beds in Catholic Hospitals*, ACLU (2016), <https://www.aclu.org/issues/reproductive-freedom/religion-and-reproductive-rights/percentage-hospital-beds-catholic>.

⁸ CATHOLIC HEALTH ASS'N OF THE U.S., *By The Numbers: Catholic Health Care Serving Connecticut*, (Apr. 2023), <https://www.chausa.org/docs/default-source/advocacy/state-fact-sheets/connecticut.pdf>.

⁹ *Id.*

¹⁰ TRINITY HEALTH, *Code of Conduct* (Sept. 30, 2025), <https://www.trinity-health.org/sites/default/files/assets/documents/codeofconduct.pdf>.

information with a patient about their health status, recommended treatment, or offer possible referrals will not face professional repercussions from their employer for doing so. H.B. 5516 does exactly this by prohibiting health care entities from discharging, demoting, suspending, disciplining, or otherwise discriminating against a health care provider solely for providing comprehensive, medically accurate, and appropriate health information or counseling to a patient. This not only works to mitigate the harms to patient care that can result from religious, moral, or conscientious refusals, but also ensures employment protection for providers who choose to share medically-accurate information.

In a post-Roe world, providers must be able to empower their patients with the tools to make fully informed health care decisions. Just as Connecticut has enacted shield protections that offer a critical layer of protection for providers of reproductive and gender-affirming care from the harmful reach of hostile litigation, H.B. 5516 is an additional step Connecticut must take to protect providers at all health care institutions for providing medically-accurate information, counseling, and referrals for relevant or recommended services available elsewhere in the community.

Reproductive Equity Now strongly urges the committee and the Connecticut General Assembly to support H.B. 5516.

Thank you for your time and consideration,

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