

Issue Brief

Connecticut's Laws on Abortion and Contraception

Access to Abortion Under State Law

Since PA 90-113, Connecticut has recognized a statutory right to pre-viability abortion (CGS § 19a-602, as amended by PA 22-19 and PA 22-118). Existing state law:

- provides that the decision to terminate a pregnancy before the fetus is viable is solely that of the pregnant patient in consultation with the patient's physician, advanced practice registered nurse (APRN), nurse-midwife, or physician assistant (PA);
- prohibits abortion after fetal viability except to preserve the pregnant patient's life or health; and
- establishes information and counseling requirements for minors under age 16 who seek abortions (<u>CGS § 19a-601</u>).

Under state law, physicians may perform any type of abortion. APRNs, nurse-midwives, and PAs may perform medication or aspiration abortions, in accordance with their respective licensing statutes.

Legal Protections Related to Other States' Abortion Laws

New laws establish a cause of action that allows people who were sued in another state for allegedly providing, or receiving assistance for, reproductive health services that are legal in Connecticut to recover certain costs they incurred defending the original action and bringing the new lawsuit.

The new laws also limit the assistance court officers, state agencies, and others may deliver in certain actions based on reproductive health care services (e.g., limits on state agencies offering assistance in another state's prosecution related to reproductive health care services that are legal in Connecticut) (PA 22-19 and PA 22-118).

Examples of Other Abortion-Related Laws

- A 2021 law prohibits deceptive advertising by "limited services pregnancy centers" (i.e., centers that do not directly provide, or provide referrals for, abortion or emergency contraception) (PA 21-17, codified at CGS § 19a-912 et seq).
- Another law requires the Department of Public Health commissioner to adopt regulations setting standards for outpatient clinics that offer abortions (<u>CGS § 19a-116</u>).
- Department of Social Services (DSS) regulations require Medicaid to cover abortions under certain conditions (<u>Conn.</u> <u>Agency Regs., § 17b-262-348(r)</u>).

Related Supreme Court Case Law

Abortion: In Dobbs v. Jackson Women's Health Organization, 142 S. Ct. 2228 (2022), the U.S. Supreme Court held that the federal constitution does not provide the right to an abortion, and the regulation of abortion is a matter of states' authority. In doing so, the Court overruled Roe v. Wade, 410 U.S. 113 (1973) and Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992).

Contraception: In Griswold v. Connecticut, 381 U.S. 479 (1965), the U.S. Supreme Court held that a Connecticut law forbidding the use of contraceptives was unconstitutional, on the grounds that it intruded upon the right of marital privacy. Later cases struck down laws in other states that allowed only married couples to obtain contraceptives (Eisenstadt v. Baird (405 U.S. 438 (1972)) and prohibited the sale of contraceptives to minors (Carey v. Population Services International (431 U.S. 678 (1977)).

Overview of Connecticut's Contraception Laws Insurance Coverage

The law generally requires certain individual and group health insurance policies to cover contraceptive drugs and devices and related counseling and routine follow-up care. The policies cannot impose co-insurance, copayment, deductibles, or other out-of-pocket expenses, except for benefits and services rendered by out-of-network providers (the law has specific provisions on high deductible health plans).

Under certain conditions, insurers may offer policies that exclude contraceptive coverage for religious employers with bona fide religious tenets against this coverage and individuals with certain religious or moral beliefs (CGS §§ 38a-503e and 38a-530e).

Sexual Assault Victims and Emergency Contraception

The law establishes standard-of-care requirements for certain health care facilities, such as hospital emergency rooms, providing emergency treatment to sexual assault victims.

Each facility must promptly (1) provide the victim with medically and factually accurate and objective information about emergency contraception; (2) inform the victim of emergency contraception's availability, use, and efficacy; and (3) provide the victim with emergency contraception at the facility upon request, unless the victim is determined pregnant based on a pregnancy test (CGS § 19a-112e).

Other Topics

Among other contraception-related issues, state law:

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- allows DSS, with legislative approval, to offset any reduction in federal funding for family planning services (CGS § 17b-260e) and
- generally prohibits employers from inquiring about an employee's use of birth control or child-bearing plans (CGS § 46a-60(b)(9)).



OLR Reports: "Connecticut Abortion Law,"

"Connecticut's Abortion Clinics," 2018-R-

OLR's Public Act Summary of the 2022 abortion-related legislation, PA 22-19 and PA 22-118, §§ 195 & 484-489



OFFICE OF LEGISLATIVE RESEARCH

Analyst: James Orlando **Connecticut General Assembly** 860-240-8400 | <u>www.cga.ct.gov/olr</u>