



House of Representatives

General Assembly

File No. 688

January Session, 2025

Substitute House Bill No. 7213

House of Representatives, April 14, 2025

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING ACCESS TO REPRODUCTIVE HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section:
- 2 (1) "Health care provider" means any person, corporation, limited
- 3 liability company, facility or institution operated, owned or licensed by
- 4 the state to provide health care or other professional services, or an
- 5 officer, employee or agent thereof acting in the course and scope of his
- 6 or her employment;
- 7 (2) "Minor child" means a person who is under eighteen years of age;
- 8 (3) "Physician" means a physician licensed pursuant to chapter 370 of
- 9 the general statutes; and
- 10 (4) "Services, examination or treatment related to pregnancy and
- 11 pregnancy prevention" (A) includes, but is not limited to, contraceptive

12 counseling and services, prenatal care and appropriate care and pain
13 management during labor and delivery, including, but not limited to,
14 epidural administration, but (B) does not include sterilization.

15 (b) Any minor child may give consent for services, examination or
16 treatment related to pregnancy and pregnancy prevention without the
17 consent or notification of the minor child's parent or guardian.

18 (c) No physician or other health care provider shall divulge any
19 information concerning the provision to a minor child of such services,
20 examination or treatment, or any consultation for such services,
21 examination or treatment, including, but not limited to, by sending a bill
22 for such services, examination or treatment, to the minor child's parent
23 or guardian without the minor child's express consent.

24 (d) Nothing in this section shall be construed to affect the obligation,
25 if any, of a physician or other health care provider to make a report to
26 the Department of Public Health or Children and Families, or to make
27 any other report or disclosure that may be required pursuant to state
28 law.

29 (e) Any parent or guardian who was not informed of the provision of
30 such services, examination or treatment to such parent's or guardian's
31 minor child, shall not be liable for the costs of such services, examination
32 or treatment.

33 Sec. 2. (*Effective July 1, 2025*) Not later than October 1, 2025, the
34 Secretary of the State shall update the official compilation of the
35 regulations of Connecticut state agencies posted on the eRegulations
36 System to comply with the provisions of chapter 54 of the general
37 statutes and section 3 of this act.

38 Sec. 3. (*Effective July 1, 2025*) Notwithstanding the provisions of
39 chapter 54 of the general statutes, sections 19-13-D54 and 19a-116-1 of
40 the regulations of Connecticut state agencies are repealed.

41 Sec. 4. Section 19a-116 of the general statutes is repealed. (*Effective*
42 *from passage*)

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2025</i>	New section
Sec. 3	<i>July 1, 2025</i>	New section
Sec. 4	<i>from passage</i>	Repealer section

Statement of Legislative Commissioners:

In Sections 1(b) and (c), "parents" was changed to "parent" for internal consistency.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
State Comptroller - Fringe Benefits	App Fund - Potential Cost	Minimal	Minimal
Resources of the General Fund	GF - Potential Cost	Minimal	Minimal
Social Services, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund; App Fund=All Appropriated Funds

Municipal Impact:

Municipalities	Effect	FY 26 \$	FY 27 \$
Various Municipalities	Potential Cost	Minimal	Minimal

Explanation

The bill codifies the medical standard of care for services, examination, or treatment related to pregnancy and pregnancy prevention without the consent or notification of a minor's parents or guardian. This may result in a potential cost to the state and municipalities to the extent utilization increases under the state employee health plan (SEHP), state partnership plan (SPP), and fully insured municipal plans.

Currently, minors, those under 18, may already consent to certain medical treatments and services. The bill is expanding minors' access to contraceptives, prenatal care, and appropriate care and pain management during labor and delivery without parental or guardian consent.

To the extent that the bill's requirements are determined to be a new health benefit mandate and result in higher premiums, there may be a minimal cost to the state associated with defrayal of additional premium costs for enrollees purchasing health insurance on the state's exchange. Under the Affordable Care Act, states are allowed to mandate benefits beyond the essential health benefits but must pay for that excess coverage. Defrayal costs for Covered Connecticut enrollees may be incurred by the Department of Social Services (DSS), to the extent the bill raises premiums for those enrollees.

The bill also removes financial responsibility for parents or guardians who were not informed of the services incurred by the minor. It is not clear at this time who would bear the liability. There is a potential cost to the SEHP, SPP, and fully insured municipalities if the carrier must cover all services with no cost sharing.

The bill additionally repeals certain regulations and requires corresponding updates to the e-Regulations system which does not result in a fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to premium rates and utilization.

OLR Bill Analysis**sHB 7213*****AN ACT CONCERNING ACCESS TO REPRODUCTIVE HEALTH CARE.*****SUMMARY**

This bill repeals Department of Public Health (DPH) regulations on abortions and abortion clinics, and the statutory authorization for the abortion clinic regulations (see BACKGROUND). It correspondingly requires the secretary of the state, by October 1, 2025, to update the e-Regulations system to remove these regulations.

The bill also allows minors (under age 18) to give consent for services, examination, or treatment related to pregnancy and pregnancy prevention without the consent or notification of their parents or guardian. These services specifically include contraceptive counseling and services, prenatal care, and appropriate care and pain management during labor and delivery (e.g., epidural administration), but not sterilization.

The bill prohibits physicians and other health care providers from sharing any information about these services or a related consultation (including sending a bill) with the minor's parent or guardian without the minor's express consent.

Additionally, under the bill:

1. these provisions do not affect a provider's obligation to make a report to DPH or the Department of Children and Families (DCF), or any other report or disclosure, that may be required under state law and
2. a parent or guardian who was not informed of these services is not liable to pay for them.

EFFECTIVE DATE: Upon passage, except the provisions (1)

requiring the secretary of the state to update the e-Regulations system and (2) repealing the regulations on abortions and abortion clinics take effect July 1, 2025.

BACKGROUND

Connecticut Abortion Laws

Existing law allows pre-viability abortion and 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 pregnant patient, in consultation with their physician, advanced practice registered nurse (APRN), nurse-midwife, or physician assistant (PA). Abortion after fetal viability is only allowed to preserve the pregnant patient's life or health (CGS § 19a-602).

Additionally, the state does not require parental consent or notice for minors to obtain an abortion but requires those under age 16 to receive counseling and information before doing so (CGS § 19a-601).

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 (CGS § 19a-602).

DPH Abortion Clinic Regulations

Current law required DPH to adopt regulations setting standards for outpatient clinics that offer abortions. These regulations address various topics, such as (1) verifying pregnancy and determining its duration; (2) preoperative instruction and counseling; (3) operative permission and informed consent; (4) postoperative counseling, including family planning; and (5) minimum staff qualifications (CGS § 19a-116 and Conn. Agencies Regs., § 19a-116-1).

DPH Abortion Regulations

DPH's current abortion regulation sets various requirements for abortion care. Among other things, it (1) requires physicians to report induced abortions they perform within seven days to DPH, who may generally use the reports (which do not identify the patient's name) only

for statistical purposes; (2) requires that induced abortions after the second trimester be verified and only done in a licensed hospital; (3) specifies that no person is required to participate in an abortion if it violates their judgement, philosophical, moral, or religious beliefs; and (4) prohibits third-trimester abortions, unless necessary to preserve the pregnant person's life and health (Conn. Agencies. Regs., § 19-13-D54).

Medical Treatment Without Parental Consent

Existing law does not require parental consent to treat a minor under the following conditions:

1. treatment of sexually transmitted diseases (if the minor is age 12 or younger, the treating facility must report his or her name to DCF for investigating child abuse) (CGS § 19a-216);
2. alcohol and drug treatment (CGS § 17a-688);
3. HIV testing (CGS § 19a-582);
4. HIV or AIDS prophylaxis or treatment if the provider determines that (a) notifying the parents will result in denial of prophylaxis or treatment or (b) the minor will not start or continue prophylaxis or treatment if the parents are notified and the minor requests they not be notified (if the minor is age 12 or younger, the treating provider must report his or her name to DCF for investigating child abuse) (CGS § 19a-592);
5. abortion and abortion counseling (minors under 16 generally must receive counseling before an abortion) (CGS § 19a-601); and
6. outpatient mental health treatment (not including prescribing legend drugs) under certain circumstances (CGS § 19a-14c).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 19 Nay 11 (03/27/2025)