
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)