

Public Health Committee JOINT FAVORABLE REPORT

Bill No: HB-5516 / [Bill Status](#) / [Public Hearing Testimony](#)

Title: AN ACT CONCERNING REPRODUCTIVE RIGHTS.

Vote Date: 3/23/2026

Vote Action: Joint Favorable Substitute

PH Date: 3/13/2026

File No.:

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

HB 5516 prohibits health care entities from limiting a provider's ability to give patients comprehensive, medically accurate and appropriate information and counseling about reproductive and gender-affirming care services, or about related community services and programs. Providers must be acting in good faith, within their scope of practice, and within the standard of care.

Health care entities may continue to perform peer reviews of the providers or require them to give patients the full range of information on available legal options as the entity determines. The entity may discipline or fire the provider for failure to comply. The entity can also require the provider to comply with preferred provider network (PPN) or utilization review requirements or meet quality and safety standards or rules.

This bill is proposed to ensure that there is no backlash to providers working for entities where the provider believes his/her oath requires them to not follow the entities directives, where these directives are not aligned with those of the state.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

Substitute Language contains several technical changes.

RESPONSE FROM ADMINISTRATION/AGENCY:

None expressed.

NATURE AND SOURCES OF SUPPORT:

Matt Blumenthal, State Representative, CT General Assembly:

Health care professionals deliver essential services that protect the health and lives of Connecticut residents. However, providers are increasingly seeing threats to their ability to provide reproductive health care services, especially abortion, as well as to provide medically accurate information and counseling regarding reproductive and gender-affirming care.

Health care providers must be able to act in the best interest of their patients, rather than be constrained by the ideological position of institutions. Institutional restrictions can impair the provision of comprehensive reproductive health care and limit providers' ability to counsel patients fully regarding their medical options. This is particularly important for those facing medical complications during pregnancy or seeking other time-sensitive care.

A supportive environment for comprehensive reproductive health care is fundamental to protecting health care and providers. H.B. 5516 enables the state to take steps toward ensuring comprehensive reproductive care access.

Liz Diehl, Associate Director, CT Citizens Action Group (CCAG):

Comprehensive, scientifically grounded medical care is essential for all people. Connecticut residents need health care professionals to deliver essential services and information about reproductive and gender affirming care without fear of interference or retribution. As federal guidance shifts, this fundamental need is threatened. HB 5516 enables Connecticut to take steps to ensure comprehensive health and reproductive care while protecting providers' ability to offer medically accurate information and counseling to patients prohibiting health care entities from taking adverse action against providers.

Liz Gustafson, MSW, CT Director, Reproductive Equity Now:

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.

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.

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 to provide medically accurate information, counseling, and referrals for relevant or recommended services available elsewhere in the community.

Nancy Stanwood, MD, CMO, Planned Parenthood of Southern New England:

During a time when other states have created climates of fear, intimidation, and uncertainty for providers caring for patients seeking abortion care and gender-affirming care, Connecticut continues to make significant progress to protect patients and our state's health care providers, who are doing all that they can to provide medically accurate and compassionate care and counseling to their patients. H.B. 5516 is an essential part of this work. It is important to note that this bill would not require any affirmative actions by a health care provider and would not create any new requirement compelling an institution to offer certain kinds of medical treatment, information, or referrals. Rather, this bill is intended to ensure that health care providers do not face disciplinary action for providing accurate and appropriate information and referrals to their patients.

**Anthony Yoder, DO, MPH, FACP Co-Chair, Health and Public Policy Committee
Connecticut Chapter of the American College of Physicians:**

Providing patients with evidence-based medical information and treatment, including sexual and reproductive health, is at the core of a patient-physician relationship that emphasizes individual autonomy. ACP believes limitations imposed by organizations or the threat of punishment should not affect a clinician's decision to provide or recommend care in accordance with these standards.

The health care decisions of our patients on all matters – but especially in matters of sexual and reproductive health – are deeply personal, and are rooted in autonomy, dignity, self-determination, health, and well-being. Our duty is to inform and counsel our patients on the evidence-based options available to them to guide them toward the individual choice in healthcare options that is appropriate.

OTHERS IN SUPPORT OF HB 5516:

Dean Delach

Cara Delaney, MD

Maggie Dunn, LCSW

Claire Surkis

Jess Zaccagnino, Policy Counsel, American Civil Liberties Union (ACLU)

Dora Barlow Clark-Schoeb

Quinn Meehan, LSCW Candidate

NATURE AND SOURCES OF OPPOSITION:

Lisa Mahoney, President, CT Pregnancy Care Coalition:

HB 5516 raises concern because it risks eroding long-standing legal protections that allow faith-based ministries to operate according to their convictions. The Hosanna-Tabor Evangelical Lutheran Church and School vs. EEOC decision affirmed that the first amendment protects the autonomy of religious organizations in matters of internal governance and mission. Legislation that pressures faith-based organizations to act contrary to their mission raises serious concerns related to speech and freedom of conscience. Ministries should not be required to promote, facilitate, or affirm practices that directly contradict their religious convictions.

Deacon David Reynolds, CT Catholic Public Affairs Council (CCPAC):

The true goal of HB 5516, despite the generality of the language, is to prohibit Catholic hospitals from reprimanding a medical provider for their involvement in providing services related to abortion or gender-affirming care. This legislation is reflective of a national trend by advocates of abortion and transgender care to attack Catholic healthcare institutions. The Ethical and Religious Directives (ERD)s focus on prohibiting the procedure and referral for abortion. They do not explicitly prohibit physicians from providing comprehensive medical information to a patient, though they strongly limit discussions that would promote or facilitate a non-approved, direct abortion. The ERDs do ban any cooperation with a patient seeking gender transitioning. HB 5516 would allow providers at Catholic hospitals to counsel patients on medically accurate “gender-affirming health care services”. The inclusion of “gender-affirming health care services” in the proposed legislation creates a serious problem. HB 5516 mandates that Catholic hospitals allow their medical providers to discuss services limited by the ERDs under which they operate. However, does not excuse them from any legal liability they may encounter due to the actions of one of its providers. It creates a situation where a hospital policy, violated by force of law, could result in the hospital being a party to a lawsuit brought by a patient. This creates a situation that is blatantly unfair to the Catholic hospital because the state removed their management oversight authority under this proposed bill.

Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut:

Hospitals and medical facilities that restrict these procedures may in fact be acting responsibly to protect patients from controversial and potentially harmful medical interventions. What is commonly referred to as “gender-affirming care” includes prescribing puberty blockers, administering cross-sex hormones, and performing complex surgeries such as penile inversion vaginoplasty and free-flap vaginoplasty. These are life-altering and often irreversible procedures used to treat gender dysphoria. Supporters often argue that these treatments are necessary for suicide prevention. But that claim deserves careful examination. Children experiencing gender dysphoria often struggle with complex mental-health challenges. Telling children that they will likely commit suicide if their identity is not medically affirmed is not sound medical practice. Suicide prevention must be grounded in evidence not rhetoric.

OTHERS IN OPPOSITION TO HB 5516:

Michael Daly
John Juhasz, Wilton
Cristina Maciulewski
Mary Nagy, RN
Lisa Thibodeaux
Mary Timmis
Louisa Trakis
Pedr Valentin

Reported by: Dave Rackliffe, Asst. Clerk

Date: March 25, 2026