

Connecticut Department of Public Health

Policies and Procedures Regarding

Abortions

Under the regulatory authority of Conn. Gen. Stat. § 19a-493c(b), and until such time regulations are adopted, the following policies and procedures replace the requirements of sections 19a-13-D54 and 19a-116-1, inclusive, of the Regulations of Connecticut State Agencies.

Section 1. Section 19-13-D54 of the Regulations of Connecticut State Agencies is amended as follows:

Sec. 19-13-D54. Abortions

[(a) No abortion shall be performed at any stage of pregnancy except by a person licensed to practice medicine and surgery in the State of Connecticut.]

(a) Definitions. As used in this section:

(1) “Abortion” means the termination of a pregnancy for purposes other than producing a live birth. Methods of abortion include but are not limited to medication abortions and aspiration abortions.

(2) “Medication abortion” means a termination of a pregnancy using pharmacological agents.

(3) “Health care provider” means a physician licensed pursuant to chapter 370 of the General Statutes, advanced practice registered nurse licensed pursuant to chapter 378 of the General Statutes, a nurse-midwife licensed pursuant to chapter 377 of the General Statutes and a physician assistant licensed pursuant to chapter 370 of the General Statutes.

(b) A physician licensed pursuant to chapter 370 of the General Statutes may perform an abortion. An advanced practice registered nurse licensed pursuant to chapter 378 of the General Statutes, a nurse-midwife licensed pursuant to chapter 377 of the General Statutes and a physician assistant licensed pursuant to chapter 370 of the General Statutes may only perform medication and aspiration abortions under and in accordance with said chapters.

[(b)] (c) All [induced] abortions will be reported within seven days by the [physician] health care provider performing the [procedure] abortion to the commissioner of public health who will maintain such reports in a confidential file [and use them only for statistical purposes] except in cases involving licensure. Such reports will specify date of abortion, [place where performed] licensure type of the facility where the abortion was performed and of the health care provider who performed the abortion, [age of woman and town and] the patient’s state of residence, [approximate duration of pregnancy] and method of abortion [and explanation of any complications]. The name of the [woman] patient will not be reported. These records will be destroyed [within two years after date of receipt] in accord with applicable record retention law and schedules. [In addition, a fetal death certificate shall be filed for each fetus born dead which

is the result of gestation of not less than twenty weeks, or a live birth certificate shall be filed for each fetus born alive regardless of gestational age, as provided in sections 7-48 and 7-60 of the Connecticut General Statutes. If a live born fetus subsequently dies, a death certificate shall be filed as provided in section 7-62b of the Connecticut General Statutes.]

[(c) All induced abortions after the second trimester as verified by ultrasound, last menstrual period and pelvic exam, shall be done only in a licensed hospital with a department of obstetrics and gynecology and a department of anesthesiology.]

(d) Abortions performed after the second trimester shall be performed only in a licensed hospital or licensed ambulatory surgery center.

[(d)] (e) All outpatient clinics operated by corporations or municipalities where abortions are performed shall develop standards to control the quality of medical care provided to patients having abortions. These standards shall [include] be consistent with clinical standards of care including those of the American College of Obstetricians and Gynecologists and include as appropriate to the abortion methodology but not necessarily be limited to:

- (1) verification of pregnancy and determination of duration of pregnancy;
- (2)[pre-operative] pre-treatment instruction and counseling;
- (3) treatment permission and informed consent;
- (4) [pre-operative] pre-treatment history and physical examination;
- (5) [pre-operative] pre-treatment laboratory testing for blood Rh factor;
- (6) prevention of Rh sensitization;
- (7) examination of the tissue by a pathologist;
- (8) receiving and recovery room facilities;
- (9) [a standard] standards for operating rooms;
- (10) [post-operative] post-treatment counseling including family planning; and
- (11) a permanent record.

[(e)] (f) There shall be a mechanism for continuing review to evaluate the quality of records and the quality of clinical care. This review shall include all deaths, complications, infections and such other cases as shall be determined by the chief of the department of obstetrics and gynecology of the hospital, the ambulatory surgery center medical director or the outpatient clinic medical director.

[(f)] (g) No [person] health care provider shall be required to participate in any phase of an abortion that violates the provider's judgment, philosophical, moral or religious beliefs.

[(g)] (h) If the newborn shows signs of life following an abortion, those appropriate measures used support life in a premature infant shall be employed.

Section 2. Section 19a-116-1 of the Regulations of Connecticut State Agencies is amended as follows:

Sec. 19a-116-1. Abortion services in outpatient clinics

Outpatient clinics which offer abortion services shall comply with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies and in addition thereto, shall comply with the following provisions:

(a) Definitions. As used in this section:

- (1) "Abortion" means the termination of a pregnancy for purposes other than producing a live birth. Methods of abortion include but are not limited to medication abortions and aspiration abortions.
- (2) "Medication abortion" means a termination of a pregnancy using pharmacological agents.
- (3) "Health care provider" means a physician licensed pursuant to chapter 370 of the General Statutes, advanced practice registered nurse licensed pursuant to chapter 378 of the General Statutes, a nurse-midwife licensed pursuant to chapter 377 of the General Statutes and a physician assistant licensed pursuant to chapter 370 of the General Statutes.

~~[(a)]~~ (b) Facilities, equipment and care shall be consistent with the national standards of the American College of Obstetrics and Gynecology.

~~[(b)]~~ (c) ~~[Any women]~~ As appropriate to the abortion methodology, a patient seeking an abortion shall be [given] provided:

- (1) Verification of the diagnosis and duration of pregnancy, including ~~[preoperative]~~ pre-treatment history and physical examination;
- (2) Information and an explanation of the ~~[procedure]~~ abortion to be followed in accordance with subsection (c) of this section;
- (3) Counseling about ~~[her]~~ the patient's decision;
- (4) Laboratory tests as may be necessary, including blood grouping and Rh factor;
- (5) Preventive therapy if at risk for Rh sensitization;
- (6) Examination of tissue by a pathologist;
- (7) Consultation as to the need for follow-up care;
- (8) Information on family planning;
- (9) A written discharge summary which indicates the patient's status and ~~[discharge]~~ post treatment plan, signed by both the patient and a ~~[licensed or certified]~~ health care provider, a copy of which shall be given to the patient and a copy shall be retained as part of the medical record; and
- (10) Information regarding access to ~~[her]~~ the patient's medical record, which shall include a statement of patient confidentiality and the requirement for written consent for release of information to persons not otherwise authorized by law to access the record.

~~[(c)]~~ (d) **Informed consent.** Prior to performing an abortion, ~~[a counselor]~~ the patient's health care provider shall obtain informed consent from ~~[the woman]~~ the patient seeking to have the abortion. Informed consent shall ~~[exist only when]~~ be consistent with the standards of practice of the health care provider's profession and be documented in a consent form ~~[is]~~ completed voluntarily by the patient and in accordance with the following provisions:

- (1) The health care provider who obtains informed consent from a patient for an abortion ~~[treatment]~~ shall:
 - (A) Offer to answer any questions the patient may have concerning the treatment;
 - (B) Provide a copy of the informed consent form to the patient as described in

subdivision (2) of this subsection;

(C) Provide all of the following information orally to the patient:

- (i) A thorough explanation of the [procedures] abortion to be performed; and
- (ii) A full description of the discomforts and risks that may accompany or follow the performance of the abortion; and
- (iii) Assure the patient that an interpreter is provided to assist the patient if [she] the patient does not understand the language used on the consent form or the language used by the health care provider obtaining consent or by [the counselor obtaining consent] a person providing counseling.

(2) Consent form requirements

(A) A consent form shall clearly spell out in language the patient can understand the nature and consequences of the [procedure] treatment which shall be [used] provided.

(B) The consent form shall be signed and dated by:

- (i) the patient;
- (ii) the interpreter, if one is provided; and
- [(iii) the counselor who obtains the consent; and (iv) the physician who will perform the procedure]
- (iii) the health care provider who will provide the abortion services.

(e) For minor patients, as defined in section 19a-600 of the General Statutes, the outpatient clinic shall comply with the requirements of section 19a-601 of the General Statutes.

(f) Counseling provided to the patient shall by the health care provider or a person who meets the definition of counselor in section 19a-600 of the General Statutes.

[(d) Staff qualifications

(1) All counselors in an abortion clinic shall have background preparation in social work, psychology, counseling, nursing, or ministry. Such preparation shall have been obtained in formal course work or through in-service staff training.

(2) Those counselors who do not have a graduate degree in any of the above mentioned fields shall be supervised by a person with such a graduate degree. Such supervision shall consist of the direction, inspection, and on-site observation of the activities of the counselors in performance of their duties.]

[(e)] (g) Quality assurance and risk management. All abortion clinics shall implement a written quality assurance and risk management program which shall include but not necessarily be limited to the following components:

- (1) annual program objectives and evaluation;
- (2) quarterly clinical record review;
- (3) annual documentation of clinical competence of professional staff; and
- (4) annual outcome audits.

[(f)] (h) **Emergency preparedness.** Each clinic shall formulate and implement when necessary a plan for the safety of the patients in the event of fire, natural and other disasters, and bomb threat.

- (1) Fire. A written plan shall include but not necessarily be limited to:
 - (A) posted fire evacuation plans in prominent areas showing two evacuation routes;
 - (B) fire drills conducted at unexpected times, at least quarterly on each shift;
 - (C) a written record of each fire drill including date, time, personnel in attendance and evaluation;
 - (D) tasks and responsibilities assigned to all personnel; and,
 - (E) an annual review and acceptance of the plan by the local fire marshal.
- (2) Natural and other disasters. A written plan shall include but not necessarily be limited to:
 - (A) policies for internal and external disasters;
 - (B) notification of designated persons;
 - (C) orderly patient removal and relocation if required;
 - (D) accountability of patients and staff during evacuation; and
 - (E) patient notification in the event of an interruption in services.
- (3) Bomb threat. A written plan shall include but not necessarily be limited to:
 - (A) collection of all information from the caller by the recipient of the call;
 - (B) notification of emergency and administrative personnel;
 - (C) total communication and coordination between emergency and facility personnel;
 - (D) responsibilities of all staff during bomb threat;
 - (E) orderly patient removal and relocation if required; and
 - (F) accountability of patients and staff during evacuation.

Statement of Purpose

Public Act 22-19 (replacing C.G.S. § 19a-602) specifies that certified nurse-midwives, advanced practice registered nurses and physician's assistants licensed in the state of Connecticut may provide medication and aspiration abortion. Section 1 of the proposed regulations amends Section 19-13-D54 of the Regulations of Connecticut State Agencies to clarify definitions including the definition of medication abortion, comply with the requirements of Public Act 22-19 to include all licensed providers who may perform medication and aspiration abortions, and revise the subparagraphs on reporting and standards of care to reflect best practices. Section 2 of the proposed regulations amends Section 19a-116-1 of the Regulations of Connecticut State Agencies to provide technical amendments and update requirements for outpatient clinics providing abortion services to comply with statutory requirements regarding counseling and services to minors. Proposed section 19a-116-1 also revises requirements for informed consent to reflect best practices.