

Connecticut Department of Public Health

Regulation Concerning

**Abortions**

Section 1. Section 19-13-D54 of the Regulations of Connecticut State Agencies is amended to read 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 induced termination of a pregnancy for purposes other than producing a live birth. Methods of abortion include, but are not limited to, medication abortions and abortion procedures;

(2) “Abortion services” means the provision of care related to induced abortion, including, but not limited to, medication abortion and abortion procedures, provided by health care providers as defined in this section and authorized pursuant to section 19a-602 of the Connecticut General Statutes;

(3) “Commissioner” means the Commissioner of the Department of Public Health or the Commissioner’s designee;

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

(5) “Medication abortion” means the induced termination of a pregnancy using pharmacological agents.

(b) A physician licensed pursuant to chapter 370 of the Connecticut General Statutes, an advanced practice registered nurse licensed pursuant to chapter 378 of the Connecticut 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 provide abortion services under and in accordance with said chapters and subsection (d) of section 19a-602 of the Connecticut General Statutes.

[(b)] (c) All [induced] abortions [will] shall be reported to the commissioner [within seven days] annually by the [physician] health care provider [performing the procedure] providing the abortion services [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] shall specify the date of abortion services provided, [place where performed] the licensure type of the health care provider who provided the abortion services, [age of woman and town and state of residence] the age of the patient, whether the patient is a Connecticut resident or a resident of

another state, [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 accordance 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 hospital licensed pursuant to Chapter 368v of the Connecticut General Statutes or an outpatient surgical facility licensed pursuant to Chapter 368v of the Connecticut General Statutes that operates as an ambulatory surgical center as defined in 42 CFR 416.2.

[(d)] (e) All outpatient clinics [operated by corporations or municipalities] where [abortions] abortion services are [performed] provided shall [develop] implement standards to control and ensure the quality of [medical] care provided to patients having abortions. These standards shall [include] be consistent with the applicable nationally recognized clinical standards of care. These standards shall include the following, as applicable: [but not necessarily be limited to:]

- (1) [verification] Verification of pregnancy and determination of duration of pregnancy;
- (2) [pre-operative] Pre-abortion service instruction and counseling;
- (3) [treatment] Abortion service permission and informed consent; and
- [(4) pre-operative history and physical examination;]
- [(5) pre-operative 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 operating rooms;]
- [(10)] (4) [post-operative] Post-abortion services counseling including family planning. [; and
- (11) a permanent record.]

[(e) 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 clinic medical director.

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

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

(f) Informed consent. Prior to providing abortion services, the patient's health care provider shall obtain informed consent from the patient, in a manner consistent with the standards of practice of the health care provider's profession.

(g) Counseling. Counseling shall be provided to all patients receiving abortion services. Counseling may be provided by the health care provider or a person who meets the definition of counselor in section 19a-600 of the Connecticut General Statutes. For minor patients, as defined in section 19a-600 of the Connecticut General Statutes, the outpatient clinic shall comply with the requirements of section 19a-601 of the Connecticut General Statutes.

(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 threats and other threats or acts of violence.

- (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 threats and other threats or acts of violence. A written plan shall include but not necessarily be limited to:
  - (A) Collection of all information by the recipient of the threat or act of violence;
  - (B) Notification of emergency and administrative personnel;
  - (C) Total communication and coordination between emergency and facility personnel;
  - (D) Responsibilities of all staff during a threat or act of violence;
  - (E) Orderly patient removal and relocation if required; and
  - (F) Accountability of patients and staff during evacuation.

Sec. 2. Section 19a-116-1 of the Regulations of Connecticut State Agencies is repealed.

#### **Statutory Authority**

The statutory authority for proposed regulations in Sections 19-13-D54 and 19a-116-1 of the Regulations of Connecticut State Agencies is Section 19a-2a and Section 19a-116 of the Connecticut General Statutes.

#### **Statement of Purpose**

The Commissioner of the Department of Public Health is proposing these revisions to sections 19-13-D54 and 19a-116-1 of the Regulations of Connecticut State Agencies in order to comply with Connecticut General Statutes § 19a-602. Public Act 22-19 amended section 19a-602 of the Connecticut General Statutes to specify that certified nurse-midwives, advanced practice registered nurses, and physician assistants licensed in the state of Connecticut may provide medication abortion services and abortion procedures. Section 1 of the proposed regulation 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 Section 19a-602 of the Connecticut General Statutes to include all licensed providers who may provide abortion services, and revise the subsections on reporting and standards of care to reflect current best practices. Section 1 also incorporates those provisions regarding informed consent, counseling, and emergency preparedness previously located in Section 19a-116-1 of the Regulations of Connecticut State Agencies that are statutorily required pursuant to Section 19a-116 of the Connecticut General Statutes. Section 2 of the proposed regulation repeals Section 19a-116-1 of the Regulations of Connecticut State Agencies to avoid duplication.