Legislative Testimony
765 Asylum Avenue, 2nd Floor
Hartford, CT 06105
860-523-9146
www.acluct.org

Written Testimony Supporting Senate Bill 7, An Act Concerning Protections for Access to Health Care and the Equitable Delivery of Health Care Services in This State

Senator Anwar, Representative McCarthy Vahey, Ranking Members Somers and Klarides-Ditria, and members of the Public Health Committee:

My name is Jess Zaccagnino, and I am the policy counsel of the American Civil Liberties Union of Connecticut (ACLU-CT). I am writing to testify in support of Senate Bill 7, An Act Concerning Protections for Access to Health Care and the Equitable Delivery of Health Care Services in This State, with proposed amendments.

The ACLU-CT is an organization that is dedicated to furthering reproductive justice and gender equality. The ACLU-CT believes in a future where everyone can make decisions about reproductive health care, pregnancy, gender-affirming care, and parenting that are the best for them, which includes access to safe, legal, and affordable abortion.

We are witnessing existential threats to civil rights and liberties in America, including regressive attacks on reproductive health care and gender equality. The decision to overturn *Roe* directly caused a devastating public health, racial justice, and civil liberties crisis. Fourteen states have entirely banned abortion, and many more have made abortion functionally unavailable by criminalizing abortion after only a few weeks of pregnancy, before most people know that they are pregnant. In

2024, 843 provisions were introduced to restrict reproductive rights and health care,[1] while at the same time, there were 533 anti-LGBTQ+ bills introduced across the country.[2] Currently, 21 states ban some or all abortions and 26 states categorically ban gender-affirming care for minors. Now, millions of people live hundreds of miles away from their closest providers of abortions or gender-affirming care. Hundreds of thousands of people have already traveled outside of their state, including to Connecticut, to get the care they need. We have continued to see attacks on reproductive health care and rights from the federal government and states—from abortion, family planning, contraception, IVF, and gender-affirming care. At the same time, the Trump administration targeted the LGBTQ+ community from the moment he stepped into office by supporting a bevy of policies that relentlessly harm LGBTQ+ people and their families and threaten their rights, safety, and fundamental freedom to exist. Efforts to restrict or even *criminalize* medically necessary care for transgender young people aim to prevent families of transgender young people from working with doctors to ensure that their child gets the care that they need. Increasingly, we have even seen efforts in other states to undermine people's ability to use assisted reproduction services, like IVF, and to restrict access to contraception. As politicians across the country deny our freedom, obstruct access to reproductive care, and threaten other substantive due process rights, the ACLU-CT is grateful to this Committee for continuing to prioritize access for our state's residents.

Everyone deserves access to reproductive health care in their community, on the timeline they choose, and by the provider they trust. Access to reproductive health care, including abortion and gender-affirming care, is not just about its legality; but it is also about humanity, dignity, and freedom. As the U.S. Supreme Court abandoned nearly fifty years of precedent on reproductive rights, a lack of access to reproductive health services is already threatening people's lives and futures across

[1] Kimya Forouzan, et al., *State Policy Trends 2024: Anti-Abortion Policymakers Redouble Attacks on Bodily Autonomy*, GUTTMACHER INST. (Dec. 16, 2024), https://www.guttmacher.org/2024/12/state-policy-trends-2024-anti-abortion-policymakers-redouble-attacks-bodily-autonomy?gad_source=1.
[2] *Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024*, ACLU (accessed Feb. 7, 2025), https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024.

the country. People across the country have been forced to remain pregnant against their will, endangering their mental and physical health, their lives and futures, and their family's lives and futures. Justice Thomas's concurring opinion in *Dobbs* paints a dark picture, urging the Court to reconsider all its substantive due process precedents, specifically naming cases that protect the right to choose who one marries, whether to use contraception, and the ability to have consensual sex with partners of their choosing.[3] In the years since the *Dobbs* decision, there has already been a massive rise in anti-LGBTQ+ legislation at the state and local level, echoing attacks we have already seen on abortion and reproductive health care access. Threats to reproductive health care, gender-affirming care, and more recently-acquired LGBTQ+ rights will disproportionately harm marginalized communities of color. We are already seeing the effects of this as states across the country enact draconian bills that rigidly prohibit abortion and target transgender and nonbinary people.

Because of systemic racism, we know that those hurt first and worst by these attempts are Black and Latine people and those who are low-income. The promise of *Roe* has never been a reality for everyone in this country, and in the past year, in many places, that promise has been gutted entirely. More than half of Black women of reproductive age, plus transgender and nonbinary people, live in states with abortion bans. In Connecticut, and across the country, economic injustice, systemic racism, documentation status, targeted restrictions on reproductive health care and gender affirming care providers, and the criminalization of pregnancy outcomes have kept abortion access out of reach for people of color, young people, LGBTQ+ people, and lower-income people.

After *Roe* fell in 2022, the Biden administration issued a guidance which reiterated that the 1986 federal Emergency Medical Treatment and Labor Act (EMTALA)—a

[3] *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (Thomas J., concurring) ("For that reason, in future cases, we should reconsider all of this Court's substantive due process precedents, including *Griswold, Lawrence,* and *Obergefell*.").

law that requires Medicare-funded hospitals to treat anyone who presents at the hospital's emergency department and is experiencing an emergency medical condition regardless of their ability to pay—applies to emergency abortion care, even in states that ban or severely restrict abortion. The Department of Justice has recently dismissed the Biden administration's lawsuit against Idaho, signaling that the Trump administration does not interpret EMTALA's stabilization requirement to include emergency abortion care in states that restrict abortion. Without explicit federal protection for emergency abortion care, patients who may require emergency abortion care are especially vulnerable.

Senate Bill 7 responds to this dangerous and regressive shift in federal policy by creating the crucial step of creating a state-level EMTALA law, ensuring that providers at Connecticut hospitals providing emergency services are required to treat all emergency pregnancy complications with the appropriate standard of care, including *all* reproductive health care, including but not limited to miscarriage management or treatment of ectopic pregnancies, if there is a risk to the patient's life or health, or if failure to do so would violate accepted standards of care. This is vital when it comes to pregnancy, as access to timely care and immediate treatment of pregnancy complications is critical, particularly for life-threatening diagnoses such as placental abruption, severe preeclampsia or eclampsia, and serious infections from incomplete miscarriages, the standard of medical treatment for which is pregnancy termination. maternal mortality rates in the United States are stark in comparison to any other high-income nation.[4] Because of intersecting forms of racism and discrimination, Black, Latine, indigenous people and people of color, rural communities, and people with low incomes are more likely to have worse outcomes when it comes to maternal and birthing care. These mortality rates are disproportionately high for Black pregnant people. In Connecticut, babies born to

[4] Munira Gunja, *Insights into the U.S. Maternal Mortality Crisis: An International Comparison*, COMMONWEALTH FUND (June 4, 2024), https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison.

Black women are four times more likely to die before their first birthday when compared to babies born to white women.[5] Although Black women make up 13 percent of live births, they make up 27 percent of pregnancy-associated deaths.[6] Black women experience health disparities at all steps of parenthood. The vast majority of these deaths—an estimated 80 percent—are likely preventable.[7] The gutting of the federal EMTALA as applied to pregnancy will harm Black and brown, low income, and rural communities first and worst.

Senate Bill 7 is vital to increasing meaningful access to reproductive health care in Connecticut in three primary ways: (1) creating a state requirement for hospitals with emergency departments to provide stabilizing emergency care that explicitly includes abortion, protecting patients; (2) protecting providers' ability to share medically accurate information, counseling, or make referrals for their patients who may be unable to access the reproductive health care that they want and need because of a health care institution's religious or moral beliefs; (3) making funds available via the Connecticut Safe Harbor Fund to provide practical support to patients traveling to Connecticut for reproductive and gender-affirming health care. Senate Bill 7 prohibits health care entities from discharging, demoting, suspending, disciplining, or otherwise discriminating against a health care provider solely for providing health information or counseling to a patient. This will aid in mitigating the harms to patient care that can result from religious, moral, or conscientious refusals while also ensuring employment protection for providers who choose to share medically accurate information.

Senate Bill 7 is a major step forward, but should be amended to better protect reproductive health care. The ACLU-CT supports the following amendments to Senate Bill 7:

---

[5] *Maternal Health Disparities in Connecticut: Addressing Inequities*, CT HEALTH FOUND. (Nov. 18, 2024), https://www.cthealth.org/latest-news/blog-posts/maternal-health-disparities-in-connecticut-addressing-inequities/.
[6] *Id.*
[7] *Id.*

- Sec. 4: line 456 remove [emergency medical services] and replace with care. Narrowing this provision only to apply to "emergency medical care" is incredibly narrow and would only offer employment "protections" for care that entities are legally obligated to provide under sections 5 - 13 of this bill.
- Sec. 5: (1)(B) add abortion in the definition of "emergency medical services" to clarify that abortion is included: “if it is determined that the emergency medical condition that exists is a pregnancy complication, all reproductive health care services related to the pregnancy complication, including, but not limited to, miscarriage management, abortion, and the treatment of an ectopic pregnancy, that are".
- As the bill is currently written, abortion is only listed in Section 7 regarding appropriate transfers and for clarity it should be added to the definitions of emergency medical care. If it is not included in the definitions in Sec. 5 then we recommend clarification is included in Sec. 6 line 549 regarding emergency care to say that abortion is required provision of emergency care as it is written in Sec. 7 line 590.
- Sec. 6: line 563 remove [or qualified personnel] because it is not necessary to include here as the definition of "emergency medical services" in Sec. 5 is already limited to care "…provided such care, treatment or surgery is within the scope of practice of such physician or provider"
- Sec. 12: add (c) As used in this Act, “sex” includes, but is not limited to, pregnancy, childbirth, or medical conditions related to pregnancy or childbirth, a person’s gender, and a person’s gender identity and gender expression.
- Sec. 19: the definition of reproductive health services line 1047 “Reproductive health care services” has the same meaning as provided in section 52-571n of the general statutes.

We know that lawmakers that oppose abortion and health care for transgender people will continue attempting to end all access to this critical health care—not just in ban states, but nationwide—through government overreach and hostile enforcement actions. Senate Bill 7 allows Connecticut the opportunity to protect providers at all

health care institutions for providing medically-accurate and necessary information, counseling, and referrals for relevant or recommended services available elsewhere in the community. As the federal administration indicates its refusal to enforce EMTALA as it relates to emergency pregnancy-related care, patients who may require this care are especially vulnerable. Connecticut has a responsibility to protect patients who need access to time-sensitive, lifesaving pregnancy care—including abortion. As such, the ACLU-CT supports Senate Bill 7 with the proposed amendments and encourages this Committee to do the same.