



Legislative Testimony  
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**Written Testimony Supporting House Bill 5197, An Act Allowing  
Emergency Contraception to Be Sold and Dispensed Via Medical Vending  
Machines, House Bill 6818, An Act Concerning Patient Access to  
Reproductive Health Care, House Bill 6820, An Act Preventing an Adverse  
Action Against a Health Care Provider Due to an Adverse Action Taken By  
Another State as of a Result of Such Providers Involvement in the  
Termination of a Pregnancy, and Senate Bill 171, An Act Allowing  
Pharmacists to Prescribe Birth Control Medication**

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

My name is Jess Zaccagnino, and I am the policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am writing to testify in support of House Bill 5197, An Act Allowing Emergency Contraception to Be Sold and Dispensed Via Medical Vending Machines, House Bill 6818, An Act Concerning Patient Access to Reproductive Health Care, House Bill 6820, An Act Preventing an Adverse Action Against a Health Care Provider Due to an Adverse Action Taken By Another State as of a Result of Such Providers Involvement in the Termination of a Pregnancy, and Senate Bill 171, An Act Allowing Pharmacists to Prescribe Birth Control Medication.

The ACLU-CT unwaveringly supports the right to safe, affordable access to the full range of contraceptive options and abortion. Meaningful access to contraception and freedom from coerced contraception are integral to our vision of a world in which people are free to express their sexuality, form intimate relationships, lead healthy sexual lives, and decide whether and when to have children.

*House Bill 5197 and Senate Bill 171*

Access to contraception is critical to a person's autonomy, equality, and ability to participate in social, economic, and political life. Yet now for many people — particularly low-income people and teens — the issues of cost and confidentiality make contraception inaccessible. The ACLU-CT supports governmental policies that ensure access to affordable contraception; respect voluntariness; protect confidentiality; and prohibit sex discrimination

House Bill 5197 would increase access to emergency contraception. Emergency contraception works by preventing pregnancy. EC is safe, does not cause any long-term side effects, and will not affect a person's ability to get pregnant in the future. Emergency contraception is a safe and effective method of birth control available over the counter and should be available to all people who need it to prevent unintended pregnancy. Increasing access through vending machines will provide more access to people who need it, including survivors of sexual assault. Between 2008 and 2015, emergency contraceptive pill use increased substantially: in 2015, 23 percent of sexually experienced women aged fifteen to forty-four had used emergency contraception, up from 11 percent in 2008.<sup>1</sup> Allowing emergency contraception to be sold via vending machines will work to increase its accessibility. We support House Bill 5197.

Senate Bill 171 would allow pharmacists to prescribe birth control. Access to contraception empowers people to decide when and whether to become pregnant, influencing their health and well-being and supporting their reproductive autonomy. Birth control serves a variety of medical purposes, which includes managing other health conditions, like endometriosis, pelvic inflammatory disease, menstrual cycle irregularities, and cysts. To date, 24 states and Washington D.C allow pharmacists to prescribe hormonal contraceptives.<sup>2</sup> Allowing pharmacists to prescribe birth

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<sup>1</sup> Rubina Hussain & Megan L. Kavanaugh, *Changes in Use of Emergency Contraceptive Pills in the United States from 2008–2015*, *CONTRACEPTION*: X (2021), <https://www.sciencedirect.com/science/article/pii/S2590151621000125>.

<sup>2</sup> *Pharmacist Prescribing of Hormonal Contraceptives*, POWER TO DECIDE (Mar. 21, 2022), <https://powertodecide.org/sites/default/files/2022-03/Pharmacist%20Prescribing.pdf>

control will expand access specifically for people without ready access to a doctor from whom they can get a prescription. Sixty-seven percent of women in a national survey said they would benefit from accessing contraception directly at a pharmacy.<sup>3</sup> Pharmacist-provided contraception may be a necessary intermediate step to increase access to contraception, but over-the-counter access to hormonal contraception should be the ultimate goal. The American College of Obstetricians and Gynecologists supports over-the-counter access to hormonal contraception without age restrictions.<sup>4</sup> The ACLU-CT supports Senate Bill 171, but encourages this Committee to expand the bill to allow over-the-counter access to hormonal contraception.

### *House Bill 6818 and House Bill 6820*

Across the country, states are passing increasingly radical, restrictive laws designed to ban abortion outright. When states pass abortion bans, the burden falls on the patient who needs access to essential, time-sensitive care; providers; and clinics in neighboring states that allow abortion care. When one state passes a restrictive abortion ban, other states follow the same playbook and take it even further, leading to a wave of increasingly radical and extreme abortion bans across the country in the wake of the *Dobbs* decision.

Access to abortion is not just about its legality, but also about humanity, dignity, and freedom. Now that the U.S. Supreme Court has turned its back on nearly fifty years of precedent in *Roe v. Wade* and its progeny, people across the country will be — and already 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. Because of systemic racism, we know that those hurt first and worst are Black and brown people, and those who are low income.

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<sup>3</sup> *Id.*

<sup>4</sup> *Over-the-Counter Access to Hormonal Contraception*, AM. COLL. OBSTETRICIANS & GYNECOLOGISTS (Dec. 2022), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2019/10/over-the-counter-access-to-hormonal-contraception.pdf>.

Connecticut must act quickly to dismantle barriers to abortion and ensure that abortion is accessible, affordable, and available to all. Everyone deserves access to abortion care in their community, on the timeline they choose, and by the provider they trust. That is now not a reality for many people in this country, and Connecticut must do its part to ensure that everyone seeking an abortion and related services in this state receives the care that they need.

The ACLU-CT believes in a future where everyone can make decisions about pregnancy and parenting that are the best for them, which includes access to safe, legal, and affordable abortion. Last year, the General Assembly passed the Reproductive Freedom Defense Act (Public Act 22-19) to protect patients and providers from abortion bans going in place all around the country. House Bill 6820 is an essential measure to safeguard reproductive health care providers and guarantee the accessibility of abortion in Connecticut. Reproductive health care providers must be protected from reprisal for providing essential health care. This includes guaranteeing continued access to licensure and insurance. The bill also provides that reproductive health care providers cannot be held to higher medical malpractice rates or other insurance penalties for providing care. It is critical that our lawmakers take every available opportunity to protect access to abortion for those in our state, and for our neighbors forced to travel away from home to get necessary, time-sensitive care.

House Bill 6818 addresses refusal policies, which allow providers to discriminate and refuse health care based on religious and personal beliefs. This bill provides necessary protections for providers that require medically accurate, comprehensive information and counseling to patients regarding their health status and treatment options, including providing information about available services and resources. Mainstream medical groups recognize the negative effects of refusal laws. For example, the American College of Obstetrics and Gynecologists (ACOG) believes that refusals should be “limited if they constitute an imposition of moral beliefs on patients,

negatively affect a patient's health, and are based on scientific misinformation or create or reinforce racial or socioeconomic inequalities.”<sup>5</sup> No one should have to worry that they will be denied the medical care that they need because of their health care provider's religious beliefs.

We support House Bill 5197, House Bill 6818, House Bill 6820, and Senate Bill 171, and we urge this Committee to do the same.

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<sup>5</sup> Grace A. Mims, et al., *The “Convictions of Conscience” Clause: Clinicians and Consumers Beware*, [https://www.counseling.org/Resources/Library/VISTAS/vistas12/Article\\_23.pdf](https://www.counseling.org/Resources/Library/VISTAS/vistas12/Article_23.pdf).