

Legislative History for Connecticut Act

SB 326	PA 140	1979
House - 4796 - 4848	LAW/LEGISLATIVE REFERENCE	53
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Senate - 1301 - 1320		20
Public Health - 508, 512, 517, 533-535, 538-539, 560, 565-566, 568		12
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Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

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The Clerk will continue with the call of the Calendar.

CLERK:

Calendar No. 699, File No. 194, Substitute for Senate Bill No. 330, AN ACT CONCERNING PREPAID LEGAL SERVICES as amended by Senate Amendment Schedule "A". Favorable report of the Committee on Judiciary.

REP. GROPPA: (63rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. John Groppo.

REP. GROPPA: (63rd)

May this be passed temporarily, please?

DEPUTY SPEAKER COATSWORTH:

Is there objection? If not, it is so ordered.

CLERK:

Calendar No. 703, File No. 209, Substitute for Senate Bill No. 326, AN ACT CONCERNING REGULATION OF FACILITIES WHICH OFFER ABORTION SERVICES. Favorable report of the Committee on Public Health.

REP. LA ROSA: (3rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Paul LaRosa.

REP. LA ROSA: (3rd)

I move acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER COATSWORTH:

The question is on acceptance of the committee's favorable report and passage of the bill. Will you remark, sir?

REP. LA ROSA: (3rd)

Mr. Speaker, this bill would require the Commissioner of Health Services to adopt the regulations establishing standards for medical care provided to pregnant women undergoing induced abortions at out-patient clinics.

Mr. Speaker, at the present time, we know of no other surgical procedure performed anywhere that is not protected by basic health regulations except abortion procedures.

Last year 40% of 15,000 abortions performed in Connecticut were performed in clinics. The regulations in the Public Health Code only cover abortions performed in hospitals.

These regulations were enacted by the Health Department prior to the existence of any abortion clinics. We all believe that these health regulations could be interpreted in any way as an interference with a woman and her physician in making a decision.

I move adoption of this bill in concurrence with the Senate.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the bill?

REP. CONNOLLY: (16th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Virginia Connolly.

REP. CONNOLLY: (16th)

Thank you, Mr. Speaker. I just would like to address one or two remarks to this bill. For the sake of your conscience, this is not an "either or" abortion bill. It is merely putting into statute something which the Commissioner of Health has failed to do since the Supreme Court decision.

Shortly after the Supreme Court decision, which declared our abortion law unconstitutional, the Commissioner of Health published in the Public Health Code regulations which would secure the safety of the patient in the hospital.

At that time there were not abortion clinics because they were not in existence in Connecticut. Since then abortion clinics have sprung up all over the state. Ambulatory clinics and some abortions indeed perhaps are being done in physicians' offices.

This bill will mandate the same precautions for those ambulatory or out-patient clinics that are applicable to the hospital. I would support the bill. Thank you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the bill?

REP. STOLBERG: (93rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Irving J. Stolberg of the 93rd.

REP. STOLBERG: (93rd)

Through you, a question to the proponent of the bill.

DEPUTY SPEAKER COATSWORTH:

Please frame your question, sir.

REP. STOLBERG: (93rd)

Wouldn't it be a reasonable practice in clinics to provide the best possible counseling to any individual going in even without this? Wouldn't that be sound medical practice?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa for a response.

REP. LA ROSA: (3rd)

Through you, Mr. Speaker. What we're trying to do is to put in the Public Health Code which states, (1) the clarification of pregnancy and determination of duration of pregnancy, pre-operative instruction and counseling, operative permission and informed consent, pre-operative history and physical examination, laboratory procedures as required pre-operatively including blood type.

What we're trying to do, Mr. Speaker, to make this in conformance what is presently required in the hospitals.

REP. STOLBERG: (93rd)

Mr. Speaker, through you --

DEPUTY SPEAKER COATSWORTH:

Rep. Stolberg.

REP. STOLBERG: (93rd)

Through you, I would like to pose a second question. Is it not true that the first item mentioned, verification of pregnancy and determinate duration, would certainly be obviously necessary in all situations with or without this regulation or without this statute requiring regulations to be drafted?

Secondly, pre-operative instruction and counseling -- I would not think that any medical practitioner would have a potential patient go in without such instruction.

The third item, operative permission and informed consent -- I would pose the question of, "just what does that mean and what kind of regulations are envisioned on that third item", or perhaps "how is it now exercised in hospitals where it applies."

And on four and five -- or on four -- again, post-operative counseling I would think would be normal medical practice without statute and regulatory necessity. And I'm wondering what is in the mind of the maker of this motion on No. 5 in terms of qualifications of counselors?

REP. LA ROSA: (3rd)

Through you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

I believe it's very obvious that maybe these regulations are more important because only abortions performed in a clinic are the ones that are in the first trimester.

Any abortion after the first trimester would have to be performed in a hospital. I think it's very, very important to have verification of pregnancy within the first trimester because there could be the possibility that a woman could have an abortion without being pregnant.

This here would at least put some safeguards within the people that avail themselves to those services. What we're doing is when the Public Health Code was established there were not any clinics, but at this time there are clinics all over the state and as a result the Commissioner of Health Services has not put it into any Public Health Code.

And we feel that this piece of legislation will do the job.

DEPUTY SPEAKER COATSWORTH:

The House please come to order. The House will come to order. It's getting very, very difficult to hear or be heard. Kindly direct your attention to Rep. Stolberg.

Rep. Stolberg, please continue.

REP. STOLBERG: (93rd)

Through you, Mr. Speaker. An additional question. Is the mover of this bill aware of abortion procedures which have been performed in clinics on non-pregnant women?

REP. LA ROSA: (3rd)

Through you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

I'm not a physician, but I can assure you that this is one of the reasons that physicians in this state carry malpractice insurance, so that when an error is made they are covered with insurance.

I would say that -- there's always that possibility where an abortion could be performed and the woman wasn't pregnant. But I don't have any factual -- all I know, this is a precaution and in my judgment, an ounce of prevention is worth a pound of cure, Mr. Speaker.

And I would say that this is a good bill for the people of this state, so that anyone who has to avail themselves of these services can be assured that they're under the direction, under the supervision of the Department of Health Services and these regulations would be within the Public Health Code.

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DEPUTY SPEAKER COATSWORTH:

Rep. Stolberg, you have the floor, sir.

REP. STOLBERG: (93rd)

Yes. Obviously if we had enough ounces of prevention, this bill wouldn't be necessary. (Laughter)

Mr. Speaker, the Clerk had an amendment, LCO 5795. The Clerk read and call.

DEPUTY SPEAKER COATSWORTH:

The Clerk will please call and read LCO 5795, hereby designated House Amendment Schedule "A".

CLERK:

LCO 5795, offered by Rep. Stolberg of the 93rd. Strike out line 8 to 15, inclusive, in their entirety.

REP. STOLBERG: (93rd)

Mr. Speaker, I move adoption of the amendment.

DEPUTY SPEAKER ABATE:

The question is on the adoption of House Amendment Schedule "A". Will you remark, sir?

REP. STOLBERG: (93rd)

Yes, Mr. Speaker. The specter of abortions being performed on woman who are not pregnant has been raised on the floor. I have no evidence of that. Apparently the Chairman of Public Health and Safety does not.

I think that kind of evidence being provided as a basis for

this legislation really removes legitimacy in a number of requirements which can be used to harass both women and doctors and clinics from providing the best possible medical attention to individuals.

And on that basis, and that basis alone, I offer this amendment.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment Schedule "A"?

REP. LA ROSA: (3rd)

Mr. Speaker. Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

I rise in opposition to the amendment. Maybe members of this House misunderstood what we meant when verification of pregnancy through the possibility, or we would say false pregnancy.

I don't know of any cases in Connecticut. But I think it was brought to our attention. There were cases in other parts of the country where clinics where women who were there who received -- who were there under but not pregnant, which we would extrude as a false pregnancy.

Mr. Speaker, this amendment would completely emasculate the bill and if it was the wish of this General Assembly, I

would say that that amendment should also include the hospitals, because this is what we're really talking about. Because it's in the Public Health Code and it should be within the clinics.

DEPUTY: We don't think that we should have a distinction of health services were we could say that you are entitled to good service in a hospital but because you go in a clinic you are entitled not to the protection that you would have within the hospitals.

QUEST: Mr. Speaker, this is a bad amendment. It is not harassment. It is for protection of people. And I move that -- and I urge this assembly to defeat this amendment.

REP. FAULISE-BOONE: (45th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Dorothy Faulise-Boone.

REP. FAULISE-BOONE: (45th)

Mr. Speaker, I rise to object to the amendment. The amendment would do exactly what Mr. LaRosa has said. It would take out the crux of the intention of the bill.

DEPUTY: Anyone that has to use abortion clinics should certainly have the same rules and regulations that would apply as if they went to the hospital. There is nothing that we have added in this bill that is presently not in regulations that apply to the hospitals. I urge this House to vote against this amendment.

DEPUTY SPEAKER COATSWORTH:

Further remarks on the adoption of House Amendment

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Schedule "A"?

REP. BARNES: (21st)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Dorothy Barnes.

REP. BARNES: (21st)

Thank you, Mr. Speaker. Through you, Mr. Speaker, a question to the proponent of the bill, please.

DEPUTY SPEAKER COATSWORTH:

We're on the amendment. Rep. Barnes.

REP. BARNES: (21st)

Through you, Mr. Speaker. If the amendment were to move forward, the bill would leave off where the out-patient clinic regulated under the Public Health Code. Is it true then that at the present time out-patient clinics are regulated by the Public Health Code?

REP. LA ROSA: (3rd)

Through you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

At the present time there are no regulations on the Public Health Code that refer to clinics. When the regulations were established in the Public Health Code in regards to

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abortions in hospitals. At that time there were no clinics available to the public. So therefore, it was not in the Public Health Code.

I would like to remind this legislature that many times we have mandated regulations be adopted and as a result two and three years have gone by where those regulations were not adopted.

Case in point. We passed legislation before this House effective October 1, 1975 that there should be regulations in regards to massage parlors. We have not yet regulated that particular industry.

So, this is -- the way we should do it is through this bill and then of course they would be regulate.

REP. BARNES: (21st)

Floor. Through you again, Mr. Speaker --

DEPUTY SPEAKER COATSWORTH:

Rep. Barnes, you have the floor.

REP. BARNES: (21st)

I don't think the question before us is how quickly agencies, whatever they aid, are following a mandate of the legislature. That is another problem altogether.

But, if what you say is so, through you, Mr. Speaker, to Mr. LaRosa. Is the bill inaccurately written then, when it points out that clinics are regulated under the Public Health Code -- out-patient clinics?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa, do you care to respond to the question?

REP. LA ROSA: (3rd)

No response, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Barnes, you have the floor, madam.

REP. BARNES: (21st)

If we are to consider this amendment then, Mr. Speaker, through you. We are to consider what we will omit by having this amendment.

Could you describe for me then, what is intended in the bill in lines 8 and 9 with the words, "but are not limited to?"

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa, for a response. Rep. Barnes, you have the floor.

REP. BARNES: (21st)

Through you, Mr. Speaker. Would Mr. LaRosa like me to repeat the question again? Did he choose not to respond, I did not hear?

DEPUTY SPEAKER COATSWORTH:

Does the gentleman care to respond to the question?

REP. LA ROSA: (3rd)

I did not respond.

DEPUTY SPEAKER COATSWORTH:

Rep. Barnes, you have the floor.

REP. BARNES (21st)

Through you Mr. Speaker, would Mr. LaRosa like me to repeat the question again. Did he choose not to respond, I did not hear?

DEPUTY SPEAKER COATSWORTH:

Would the gentlemen care to respond to the question?

REP. LAROSA (3rd)

I did not respond.

DEPUTY SPEAKER COATSWORTH:

Rep. Barnes you have the floor.

REP. BARNES (21st)

Thank you very much, Mr. Speaker. In that case, I think we have to make two assumptions. The first is if we reject this amendment, we are passing a bill about which we do not know the meaning and which may have been miswritten in the first place. We do not have a definition before us, about what the words but "are not limited too" mean. And, that's rather like driving a jet through the General Assembly. And, the second part is, that we don't know when the clinics are regulated by the Public Health Code.

My reading of the bill would indicate that they are, if that is so, and my understanding is that they are, they probably have regulations as far as the sanitation, as far as the safety, as accepted conditions. Everything else it concerns that would

to clinics and hospitals and other regulated Public Health facilities. If that is true, and I believe it is, then it strikes me that there is nothing from lines 8 to 15 that adds in any substitutive way to the safety of the patient attending those out-patient clinics. Pseudocyesis, or false pregnancy, is something that is very difficult to diagnose whether you're in an outpatient clinic or whether you're in a hospital. This is a problem that is not limited to outpatient clinics. It is something that is not going to go away with this regulation, because the doctor in the outpatient clinic may have as much difficulty with the diagnosis in that clinic as he will in a hospital. And, I find this bill flawed, and I urge passage of the amendment.

DEPUTY SPEAKER COATSWORTH:

REP. ONORATO: Any further remarks on the adoption of House Amendment Schedule "A".

REP. ONORATO (97th)

Mr. Speaker

DEPUTY SPEAKER COATSWORTH:

Rep. Onorato.

REP. ONORATO (97th)

Thank you, Mr. Speaker. Mr. Speaker, I move that when the vote is taken, that it be taken by roll.

DEPUTY SPEAKER COATSWORTH:

The gentleman has moved for a roll call vote. All those

in favor of a roll call vote on this amendment, please indicate by saying aye.

REPRESENTATIVES:

AYE.

DEPUTY SPEAKER COATSWORTH:

In the opinion of the Chair 21% membership requested a roll call vote will be ordered where appropriate. Remark further on the adoption of House Amendment Schedule "A".

REP. SCULLY: (75th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. William Scully.

REP. SCULLY: (75th)

Thank you, Mr. Speaker. During the earlier part of the debate, before this amendment was submitted, people were questioned on how well these clinics were run. During the past three months newspaper reporters and t.v. reporters in the City of New York have been investigating clinics such as these. They have gone as far as to send young women in with samples of male urine, in which registered doctors from the State of New York, have told these young women that they were pregnant. Now, how the heck can any clinic be run on such a basis? We could have the same problem here in this state, if they are not properly regulated.

I feel for a woman that has to have an abortion. But I feel even worse for a woman who had to go through the process and didn't need an abortion, who was not pregnant. We have a duty to protect people. None of those people that wish to be aborted with those people that don't need to be aborted.

If we pass this amendment, we are elevating all protect for the women of this state. This is a bad amendment.

REP. OTTERNESS: (42nd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Otterness.

REP. OTTERNESS: (42nd)

Thank you, Mr. Speaker. A question through you to the proponent of the bill.

DEPUTY SPEAKER COATSWORTH:

Please frame your question, Madam.

REP. OTTERNESS: (42nd)

Yes, I have some information that says that section 1913 D-54 of the Connecticut Public Health Code regulates abortions in Connecticut. And, in the published opinion, the Connecticut Law Journal on May 5, 1974, the Attorney General found that these regulations fully complied with the United State Supreme Court decision and the Public Health Council had the authority to promulgate them. Now, what I would like to know, is since we

already have these in our Health Code, why do we need the bill today and whats in this section that we are talking about amending would add or subtract from the existing regulations on this subject?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa for a response.

REP. LAROSA: (3rd)

Through you, Mr. Speaker. I have the Public Health Code in front of me and it says all induced abortions after the first trimester will be done only in a licensed hospital with a department of obstetrics and gynecology and a department of anesthesiology. It does not say anything in regards to abortions prior to the, in the first trimester which are preformed in clinics. These regulations address themselves to hospitals. And, of course, there is nothing that I have in front of me that relates to abortions in clinics. I believe that we are misconstruing the bill, we are talking about some health facilities we're not talking about who is going to have an abortion, whose not going to have it. We're talking about making facilities available that are going to be at least in the best interest and the protection of the patient.

And, they saw fit to put in the Public Health Code, in regards to hospitals, but we have no knowledge, and it was testified in front our committee, that the Public Health Code

did not address itself to clinics and abortions done in the first trimester. We have all the precautions after the first trimester but there are none in which abortions are preformed in clinics. At that time, there were no clinics that we knew of in the state, it is my understanding, that they are sprouting up very rapidly and maybe we have to have a disaster, maybe we have to have a scandal before this legislature sees to have regulations that are going to be for the public health. It's not a question of an abortion, it's a question of public health, because it's a procedure that is going to be preformed in a clinic, be preformed in an office, and of course as they are preformed after the first trimester in a hospital. I think it's very obvious, if anyone who has the public health code, where it specifically addresses itself to hospitals, if it does address itself to clinics then we have just passed the bill with added protection. If this what -- if everyone in this Assembly feels that it is in the Public Health Code then you have an obligation to vote for it because you are not doing anything that you feel is already there.

DEPUTY SPEAKER COATSWORTH:

Rep. Otterness.

REP. OTTERNESS: (42nd)

Yes, I have another question for the proponent of the bill.

DEPUTY SPEAKER COATSWORTH:

Please frame your question.

REP. OTTERNESS: (42nd)

Thank you. Can the Public Health Department already promulgate regulations without statutory authority?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa, for your response.

REP. LAROSA: (3rd)

Through you, Mr. Speaker. I would say that they could have, but they haven't.

DEP. SPEAKER COATSWORTH:

Rep. Otterness.

REP. OTTERNESS: (42nd)

Thank you. Additional question. The proponent of the bill says we have abortion clinics springing up all over the state. I wonder if he would care to enumerate to me where these clinics are springing up, and how many.

REP. MOYNIHAN: (10th)

Mr. Speaker. Point of order, I believe we're on the amendment.

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DEPUTY SPEAKER COATSWORTH:

Rep. Moynihan has raised a Point of Order. The Chair would observe that the members should restrict their remarks to the degree possible to the amendment and not the bill. With that advisory, Rep. Otterness, please continue.

REP. OTTERNESS: (42nd)

Okay. I thought I was addressing the amendment because I'm trying to discern the necessity for the inclusion of the enumerated part of this bill. And, I think that it's relevant to know how many clinics, in fact, are springing up and if we really have a problem, because the proponent may have information on this subject that I am unaware of. Because my understanding is that we have clinics in this state that are only run not-for-profit agencies and we do not have clinics that are run for profit. If the proponent has information otherwise, I would like to know this, because then I think that it's relevant to the amendment.

REP. LA ROSA: (3rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

Through you. We have information that 40% of 15,000 abortions performed in Connecticut were performed in clinics.

Mathematically, that means that 6,000 were performed in clinics. I don't know if it takes one clinic to do 6,000 abortions. I don't know if it takes 25 clinics, but all I know is there were 6,000 abortions performed in the first trimester which are not under the direct regulations of the Department of Health Services. This is what we are talking about.

There are 6,000 that were performed in clinics. The definition of a clinic is not addressed in this bill.

REP. OTTERNESS: (42nd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Otterness.

REP. OTTERNESS: (42nd)

I have further information which indicates to me that, in fact, these clinics are already under the regulations and are licensed by the Public Health Department under Section 19-13b45 to Section 19-13d53 of the Public Health Code. These regulations set minimum standards for the operation of all free standing clinics in Connecticut.

The Connecticut State Health Department through the Hospital and Health Care Division in conjunction with the Maternal and Child Health Section, annually licenses and regularly provides technical and consultive services to out-patient clinics to assure that reasonable standards are met and a reasonable quality of care is

provided those seeking these services. Now, what I want to know is why do we need the enumeration in this section of this bill when this, in fact, is already being done? And, I would appreciate a straight answer from the proponent.

REP. LA ROSA: (3rd)

Through you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

I would like to ask a question for clarification to Rep. Otterness. Would you say that a doctor's office that performs an abortion is considered a clinic?

REP. OTTERNESS: (42nd)

Excuse me, I don't believe that it is considered a clinic, but I believe that there are standards imposed on doctors in providing their services no matter what these services may be. And, they are duly regulated by their own profession, as well as by the Public Health Code.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

Thank you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Otterness, you have the floor.

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REP. OTTERNESS: (42nd)

Well, I guess at this point I would just like to say that I think that in this state we have a situation where our clinics are not for profit, regulated by the Code already. If we must pass a statute which I feel is unnecessary, certainly it would be better to pass it leaving it open-ended for, in fact, the Department of Health to determine what are the proper standards to be set and not to limit it on the whims of this body. Thank you.

DEPUTY SPEAKER COATSWORTH:

If there are no further remarks --

REP. SWOMLEY: (17th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Swomley.

REP. SWOMLEY: (17th)

Thank you, Mr. Speaker. I would like to clarify certain aspects of this discussion. I had the privilege of serving on the Public Health Council at the time the regulations which are now in effect were adopted. I participated actively in the formation of those regulations. I support the bill. I think it is going to be an improvement to specifically have clinics included. I also support the amendment because I feel that the regulations as they are now in force adequately spell out what should be

covered as it relates to hospitals. I would like to see the same provisions for clinics. The particular regulations have stood us well. They have not resulted in court challenges. They have served the state well. We have not had the problems in Connecticut we have had in other states.

Some of the provisions which you discussed here for which there has been apprehension are covered in those regulations, such as verification of pregnancy. There are two areas that should be in the bill that are not included and I think that it would be wise to leave this to the discretion of the Department and to have them include this in the present regulations which they have and I feel that Rep. Stolberg's amendment makes a positive contribution to the bill. It makes a good bill better and I urge adoption of the amendment. Thank you.

REP. WALSH: (53rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Robert Walsh.

REP. WALSH: (53rd)

Thank you, Mr. Speaker. Speaking to the amendment, rarely do we mandate the conditions by which a commissioner will promulgate regulations with the degree of specificity that is the case in this bill. The amendment eliminates that and I urge its support. We've been proved that this bill is seeking to provide

an ounce of prevention. I would suggest that without the amendment, what this bill provides is a ton of harrassment, or the potential for that, for anyone seeking the services of such a clinic and I'd urge passage of the amendment.

REP. BERMAN: (92nd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Rosalind Berman.

REP. BERMAN: (92nd)

Thank you, Mr. Speaker. Through you, Mr. Speaker, I'd like to ask a question of the proponent of the bill of the bill.

DEPUTY SPEAKER COATSWORTH:

Please frame your first question.

REP. BERMAN: (92nd)

Rep. LaRosa, can you tell me if the regulations which regulate hospitals requires operative permission and informed consent?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

Through you, Mr. Speaker. Yes.

DEPUTY SPEAKER COATSWORTH:

Rep. Berman.

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REP. BERMAN: (92nd)

Yes, through you, Mr. Speaker. Do the regulations governing hospitals require postoperative counseling, including family planning?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LA ROSA: (3rd)

Through you, Mr. Speaker. I can't answer that.

DEPUTY SPEAKER COATSWORTH:

Rep. Berman.

REP. BERMAN: (92nd)

Yes, Mr. Speaker, through you, one more question to Rep. LaRosa. Do the regulations regulating hospitals require minimum qualifications for counselors and if so, what would they be?

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa, do you care to respond to the question?

REP. LA ROSA: (3rd)

Mr. Speaker, I'm sorry, but I didn't hear the question of Rep. Berman.

DEPUTY SPEAKER COATSWORTH:

Would you like to restate the question, Rep. Berman?

REP. BERMAN: (92nd)

Gladly. Do the regulations regulating hospitals require minimum qualifications for counselors and if so, what is meant by minimum qualifications for counselors?

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DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa, for a response.

REP. LA ROSA: (3rd)

Through you, Mr. Speaker. I don't know what is required by minimum counseling, but I assume that anyone who is doing the counseling should be very well qualified and --

DEPUTY SPEAKER COATSWORTH:

Rep. Berman, you have the floor.

REP. BERMAN: (92nd)

Mr. Speaker, I still would like to know whether the regulations regulating hospitals require minimum qualifications for counselors.

DEPUTY SPEAKER COATSWORTH:

Does the gentleman care to respond? Rep. Berman.

REP. BERMAN: (92nd)

Yes, Mr. Speaker, the explanation that we have from the Office of Legislative Research indicates that regulations already require hospitals to provide similar standards for abortion cases. However, according to the answers that I received from the committee chairman, the regulations do not cover all of the specifications in this bill; therefore, I would urge adoption of Rep. Stolberg's amendment.

REP. CONNOLLY: (16th)

Mr. Speaker.

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DEPUTY SPEAKER COATSWORTH:

Rep. Virginia Connolly, on House Amendment Schedule "A".

REP. CONNOLLY: (16th)

Thank you, Mr. Speaker. May I answer a few questions which have been posed here. The answer to one of the questions was does the Public Health Code currently recommend postoperative counseling including family planning. Yes, it does. I'm reading directly from the Public Health Code. I would suspect in this context minimum qualifications would include a counselor who is at least based in family planning and possibly the pros and cons for an individual undergoing abortion. Let me say also in addressing the elimination of some of the articles in the Public Health Code by eliminating this amendment are rather dangerous. And, as a matter of fact, the bill before us is here in the interest of public health and safety.

As you know, a minor can today undergo an abortion without parental permission. What is to say that a young student cannot leave the high school, go to a office of a group practice anywhere in this city, have an abortion and persumably be told she is pregnant, the physician will give her anesthesia and, indeed, perform a simple surgical procedure called a D&C and then put a lien on that youngster for \$200 or \$300 telling her he has performed an abortion. This is why you need the standard in there, verification of pregnancy to protect the public safety.

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Although most of our physicians are honest, one reason why we license them is that every once and awhile we get charlatan. Also, the Department, reading from the Public Health Code, again, all induced abortions after the first trimester shall be done only in a licensed hospital. Is the unscrupulous physician going to quibble over whether that pregnancy is in its first trimester, second trimester and, believe me, an abortion is equally susceptible to infection, hemorrhage in any stage of an abortion and in any stage of pregnancy.

One of the problems that has surfaced with the liberal attitude of abortion is do the young people suffer more mental hazards if they do not have an abortion or if they do have an abortion. There are no statistics on this. Studies are being done. The Public Health Code recommends that statistics of this nature be kept and I think it's the only way we are going to be able to get a handle on what this kind of Supreme Court decision has done to our young people in this kind of society.

And, I think we need to have that handle when we are treating many, many young people in mental hospitals. I feel that the mandates in the Public Health Code or the regulations are most applicable to the obstetrical and GYN department of a hospital. Not strictly to abortions or even clinics which are held in connection with group practice. I would urge defeat of the amendment.

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DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment schedule "A"?

REP. BELAGA: (136th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Belaga.

REP. BELAGA: (136th)

Thank you, Mr. Speaker. I speak in support of the amendment. I would like to draw your attention to the fact that I respect Rep. Connolly greatly, but I think she was referring to action in a doctor's office and what we are dealing with here is clinic attention. Indeed, I have no concern about establishing intelligent regulations for clinics. I think that those standards should be spelled out here, leave too much to the imagination and could, indeed, lead to harrassment. I think the amendment is a solid way to go and I urge support.

REP. OSIECKI: (108th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Osiecki.

REP. OSIECKI: (108th)

I would oppose the amendment for many of the reasons given by Rep. Connolly. Also, because I think that it is necessary

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to know the history of the present Health Code which regulates abortions. When the Supreme Court decision came down in 1973, there wasn't a law written in our state to replace it. Rather, the Public Health Council wrote regulations which Mr. Swomley said he participated in.

And, because there were no clinics operating in our state, the regulations on the facilities applied only to hospitals. After the law and the constitutional decision was found that it was going to be complied with in our state, clinics did, indeed, begin to operate. Now the Public Health Code sets forth what is in File 209 and it asks the Department of Health to establish the same criteria that they already do for hospitals. This amendment would encourage the Department of Health not to regulate as they do hospitals. I believe that any person who has a first trimester abortion is entitled to the same protection under law and under our Public Health Code that one is entitled to under Public Health Codes in a licensed hospital in our state. And, I believe that you will see in many pieces of legislation very specific criteria spelled out for what regulations should contain. If you don't do that, we often end up with no regulations or regulations that do not fulfill legislative intent.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the amendment?

REP. SWOMLEY: (17th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Swomley.

REP. SWOMLEY: (17th)

For the second time, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

For the second time, sir.

REP. SWOMLEY: (17th)

I simple want to clarify certain of the matters that have come up in the last few minutes. One, the file does go further than the present regulations. Two, the amendment would restore to the regulations which do exist and would apply them to clinics. Doctors offices are not covered as are hospitals. The hospitals are covered. The doctor's office is not covered with aspects of these regulations in the public health code. The bill in question will not cover some of the situations in doctors offices which were attributed to it here today. I think it is important that we understand those two points.

We have excellent regulations. They are comprehensive and in certain respects they apply only to hospitals. The bill would extend it to clinics. The bill would require certain things of clinics that are not required of hospitals. The amendment would make it uniform. I support the amendment. Thank you.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of the amendment?

REP. WILBER: (133rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Eleanor Wilber.

REP. WILBER: (133rd)

Mr. Speaker, I am speaking in opposition to the amendment. Probably those of you who know me, have known me for a long time, understand that my position has always been in support of the Supreme Court's decision on abortion but I don't think this bill gives any problem in that respect. I think it clarifies the responsibility of clinics and what they should actually be doing. I think that we do not have a broad problem or a large problem like Chicago or New York has and we probably never will in Connecticut. But, we do want to know what kind of health care people who are undergoing abortions are getting and when we say that this is covered by the public health code, I wonder how many of you could make a guess as to how often the abortion clinics are in fact inspected for cleanliness by the Health Department in this state, not to mention whether their counsellors are adequately trained and so forth. And the answer to that question is, once a year. I don't think the Health Department has taken the question of abortion clinics very seriously and I hope that this bill, with or without the amendment,

and as I say I was for defeat of the Amendment, but I think this Bill may, at least, clarify to the House about whether we have some concern here and I think the concern may be genuine.

Thank you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH: Will you remark further on the adoption of House Amendment Schedule "A"?

REP. TRUGLIA: (145th) Mr. Speaker.

DEPUTY SPEAKER COATSWORTH: Rep. Truglia.

REP. TRUGLIA: (145th) Thank you, Mr. Speaker. I'm against this Amendment but I would like to ask the proponent of the Amendment a question, if I may.

DEPUTY SPEAKER COATSWORTH: Please frame your question, sir.

REP. TRUGLIA: (145th) Thank you. Rep. Stolberg, could you tell me how many clinics we have in the state of Connecticut?

DEPUTY SPEAKER COATSWORTH: Rep. Stolberg for a response.

REP. STOLBERG: (93rd)

Mr. Speaker, I could not give a number but I certainly can indicate that every clinic in the state of Connecticut must be licensed and that the Public Health Code has guidelines which the clinics must follow and that the guidelines include most of the Public Health Code and I would also indicate that as the Public Health Code clearly indicates, second and third trimester abortions can only be performed in a hospital, with a corps of obstetrics, gynecology and anesthesiology. First trimester abortions can be performed there or in clinics, or in doctors offices that don't have these guidelines.

Certainly, a licensed, a licensed person, licensed in the state of Connecticut to practice medicine and surgery, must perform an abortion whether it's in an office or a clinic and I see no reason why there should be additional additions on a clinic that do not prevail in doctors offices where exactly the same surgery can be performed.

REP. TRUGLIA: (145th)

Thank you. Mr. Speaker, if I may?

DEPUTY SPEAKER COATSWORTH:

Rep. Truglia, you still have the floor.

REP. TRUGLIA: (145th)

Thank you. I don't think I got an known list as to how

many clinics we have, but it would seem to me that whether we have one, ten, or fifteen, we're dealing with something very, very important here.

We've become so involved in decent housing, whether people have enough to eat and etc. and etc. and now we're taking the position that we have the minimum standards and therefore that is enough in terms of possible life or life. And to me, I don't follow that particular type of philosophy or that type of reasoning. So therefore, Mr. Speaker, I'll have to vote against this Amendment. Thank you.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment Schedule "A"?

REP. EMMONS: (101st)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Linda Emmons.

REP. EMMONS: (101st)

Thank you, Mr. Speaker. In speaking to the Amendment, I would like to point out that in the discussion that the Commissioner already has the power to make regulations relative to hospitals, that the Health Code really does not say that.

The regulations in the Health Code, the Health Code says,

"the Department of Obstetrics and Gynecology in all hospitals where abortions are performed shall develop standards to control the quality of medical care provided to women having abortions" and then it lists a number of standards. ~~of setting up the clinic.~~ You have taken out of the 11 standards listed in the Health Code, four of them and put them in this file. The four here, really relate only to matters as to whether you should or shouldn't have an abortion, family counselling and birth control. Whereas, what is in the Public Health Code goes farther into such things as post-operative counselling, a standard operating room, receiving and recovery room facilities.

DEPUTY: The Public Health Code is going into the quality of the service, the medical service as provided. There's nothing in this. You could have a clinic that could be a terrible clinic as long as you ask for informed consent. As long as you do a few of these things that's fine, even if it's a dirty place.

DEPUTY: My other objection to this particular draft is that I do not think a political appointee should be the person who is making the regulations relative to informed consent. How many regulations do you need on informed consent? You either consent or you don't. You write you do or you don't. Is informed consent going to mean your mother consents, your father consents, your boyfriend or whoever the lucky guy was consents?

DEPUTY : I just think it goes much farther than we need to have. If you really believe this Bill is pertinent, then it should come out as a bill more similar to the Public Health Code and we can include it under the Code instead of setting up the law, clinics as something different where you can have different standards or, and you can in fact, harrass them.

My last point is that the whole file does not deal with the health of the mother or the woman. It really does not get into the type of medical care that would be provided. All it's really dealing with is family planning and counselling vis a vis and abortion.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment Schedule "A"?

REP. LEONARD: (111th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Leonard.

REP. LEONARD: (111th)

Mr. Speaker, considering the temper of the House right now, and after a long debate last night, I think that I would yield to Rep. Connolly.

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DEPUTY SPEAKER COATSWORTH:

Rep. Connolly.

REP. CONNOLLY: (16th)

Thank you, Rep. Leonard. For the third time, I believe, may I have the permission of the House?

DEPUTY SPEAKER COATSWORTH:

The lady seeks permission to speak for the third time. That requires unanimous consent. Is there objection to the lady speaking for the third time?

Hearing no objection, please proceed, madam.

REP. CONNOLLY: (16th)

Thank you, Mr. Speaker, I would take exception to a remark made by the last speaker in line 434 and 5 is the major thrust of this Bill which says "establishing standards to control and insure the quality of medical care". Unfortunately, the word safety was left out there, I wish it had been included.

Also, I would like to respond to a question or a statement which was made by an earlier speaker that this would not be applicable to doctors' offices. Let me say to you, the trend is for many physicians to go into what is now called group practice. That is one means of trying to amalgamate services and to deliver less expensive health care. Whether it works or not remains to be seen.

However, I have a clinic which is not too far from here which is comprised of four GYN physicians who have named themselves a clinic and they come under absolutely no supervision at all, whether for testing for the stage of pregnancy or anything else. I feel that these people who assume the names of clinics and the safety of the people of Connecticut, certainly should be regulated.

Thank you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment Schedule "A"?

REP. STOLBERG: (93rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Irving Stolberg of the 93rd.

REP. STOLBERG: (93rd)

Mr. Speaker, I believe, in terms of providing some information on a debate which has not fully been marked by clarity, I've been given information that there are currently five out-patient clinics in the state of Connecticut which are not connected with a hospital and would therefore not come under hospitals, in answer to a question posed earlier.

There's a central question here and I think it's important for us to understand that central question. Section 19-13 D54

sub-section E, addresses the requirements in hospitals, department of obstetrics and gynecology because those are the places where abortions are performed in the first, second or third trimester.

And therefore, there's a long list of requirements because of the increased complications in second and third trimester abortions.

First trimester abortions, with all deference to Rep. Connolly, even if this is passed, would be performed in doctors offices, could be performed in doctors offices without any of these guidelines that are either for hospitals where the complicated surgery is required under the Public Health Code, or in clinics which are limited to the first trimester, as doctors offices are.

You've got to understand that we are extending a very demanding requirement, potentially, to find clinics, that we are not extending to doctors offices, which do not have the requirements, which we are not even considering where exactly the same operations would be performed.

And the question is whether we want to do that.

We already have the hospitals covered. We are making demands on a number of clinics that are doing no more than can be done in doctors offices and I would suggest the next step, logically from this, in that the same performances would occur in doctors offices, would be to require the counseling and all of these other things for first trimester abortions in doctors offices. This is clearly a progression meant to inhibit the freedom of women to make choices affecting their lives and affecting their reproductive lives and I would suggest, regardless of what our positions may be on the central question of abortion, the question is whether we want to provide these inhibitions to first trimester abortions, whether in clinics or in doctors offices.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the adoption of House Amendment Schedule "A"? If not, would all members please be seated. Staff and guests come to the Well of the House. The machine will be opened.

The House is voting by roll call at this time. Would all members please return to the Chamber. There is a roll call vote in progress in the Hall of the House.

Will all members please return to the Chamber.

Have all the members voted? Have all the members voted and is your vote properly recorded?

If so, the machine will be locked.

The Clerk will please take a tally.

The Clerk will please announce the tally.

CLERK:

Amendment "A" to Senate Bill 326.

Total number voting 143

Necessary for passage 72

Those voting yea 62

Those voting nay 81

Those absent and not voting 8

DEPUTY SPEAKER COATSWORTH:

House Amendment Schedule "A" fails.

REP. MOYNIHAN: (10th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Timothy Moynihan.

REP. MOYNIHAN: (10th)

It was clear to me in the last 50 minutes or so that both the bill and the amendment were certainly debated and I would suggest we vote.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the bill?

REP. OSLER: (150th)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Dorothy Osler.

REP. OSLER: (150th)

I would like to speak against the bill as a whole. I feel that if we have adequate protection under the regulations, thirteen pages of them for free standing clinics which would prevent any abuses of health codes and cleanliness codes, that these clinics are now inspected annually as are all other free standing clinics for other surgery in clinics, whatever it may be, and things are probably done in clinics that are much more severe operations than first trimester abortions.

In fact, I understand there is one fact that has not been brought out yet this morning and that is that the Health Department testified against this bill at the public hearing. They do not feel it is necessary. They feel it is already handled in their other regulations.

I would also like to ask the proponent of the bill if he feels that if each hospital, the department of gynecology and obstetrics in each hospital is to perform, is to set its own regulations, if he feels the same regulations would be in place, for instance, at St. Joseph's and at Hartford Hospital.

DEPUTY SPEAKER COATSWORTH:

Does the gentleman care to respond to the question?

REP. LAROSA: (3rd)

Through you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. LaRosa.

REP. LAROSA: (3rd)

The public health code gives directions to all the hospitals in this state in regards to abortions performed in those hospitals. I believe that these regulations were discussed this morning and they would apply to all hospitals.

DEPUTY SPEAKER COATSWORTH:

Rep. Osler, you have the floor, madam.

REP. OSLER: (150th)

Thank you, Mr. Speaker. The things that have been discussed this morning are just general guidelines and would allow each hospital to set up its own regulations within those guidelines and I would suspect that they would be quite different between the two different types of hospitals.

There is also, what I feel, a constitutional problem with this bill because in the Supreme Court's decision, it said that first trimester abortions are a decision between the doctor --

DEPUTY SPEAKER COATSWORTH:

Excuse me, madam. The House will come to order. The members please be seated. The Chair would only note that we may proceed much more quickly with our business if we have order in this Chamber. The members will be seated and the staff and guests will come to the Well of this House.

REP. OSLER: (150th)

Thank you, Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Excuse me, madam. Rep. Osler.

REP. OSLER: (150th)

I feel that there are constitutional questions if the state tries to make these regulations because the Supreme Court decision said that in first trimester abortions, the decision was between the woman and her doctor and there was to be no state interference. I think if we are sure that the clinics as they must be if they are regulated under the present state health codes are clean and performing in other ways as it is spelled out there, that we have adequate protection and I think this bill is unnecessary. I would also add one bit of information. There was a question a while ago that the number of clinics that I know of in this state total five. Three are under the auspices of the Planned Parenthood group and they operate only once a week. People can come in any time during the week, make an appointment, have a pregnancy test, then have to go home again, think it over. There is no instant operation in these clinics as I understand it.

The other two, I'm not sure under whose auspices exactly they are. They are not for profit clinics. The State of Connecticut has absolutely no relationship to the kinds of things that are done in New York City as Rep. Scully mentioned a while ago. Those clinics in New York City are for profit but they are not for profit clinics as we have in Connecticut. There have been scandals about them since they were set up many many years ago,

before the Supreme Court decision, when New York was one of the few states where one could get an abortion in this whole country.

Court I think we have been doing a good job. The Planned Parenthood clinics of which I know a little bit more than the others, have counselors there. They discuss the options with the young woman or the older woman whoever it is. They do give birth control information. If they feel there is absolutely any question in the mind of the person coming in, they will insist on delaying until the person is able to decide which way they want to go. They do not counsel for abortion at all. They want to make the woman make her own decision.

Incidentally for you men in the audience, the Planned Parenthood clinics also perform vasectomy. I think this bill is not needed and I would urge its defeat.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the bill?

REP. LAROSA: (3rd)

(Laughs) Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Paul LaRosa, Chairman of the Committee on Public Health.

REP. LAROSA: (3rd)

Mr. Speaker, we discussed the constitutionality of this bill in our Committee and I would like to at this point ask our Rep. Rybak to maybe give the information to this House. I'm sure that we discussed the constitutionality of this bill in our Committee

and we informed that we were not in violation of anyone's constitutional rights and we were not in violation of the Supreme Court decision. I'm sure the people of this Chamber would like to know that up in the Senate where there are quite a few attorneys representing people of this state, the vote was, I believe, 33 in favor of this bill to 2 opposed and I'm sure that if it was unconstitutional down here, it would have been unconstitutional upstairs. Therefore, I urge passage of this bill.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on this bill?

REP. STOLBERG: (93rd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Irving J. Stolberg.

REP. STOLBERG: (93rd)

Mr. Speaker, those good gentlemen on the third floor, I would remark, are also the individuals who gave us the blue laws.

(Laughter)

DEPUTY SPEAKER COATSWORTH:

Rep. Dorothy Barnes.

REP. BARNES: (21st)

Mr. Speaker, I'll be brief but I was trying to address the amendment when the amendment was before us. I would like to now address the bill and with that, I would like to ask a question, through you, that was alluded to briefly by Rep. Osler to Rep.

LaRosa.

DEPUTY SPEAKER COATSWORTH: ...

Please frame your question.

REP. BARNES: (21st) ...

My question, through you, Mr. LaRosa is, do we anywhere in the statutes require the Department of Health to regulate the safety of a male when he undergoes the operation of vasectomy?

DEPUTY SPEAKER COATSWORTH: ...

Rep. LaRosa, do you care to respond?

REP. LAROSA: (3rd) ...

Through you, Mr. Speaker, I don't know. I've never had that opportunity, I have no intentions, and of course my family is grown up so I'm not the expert on abortions and I'm not the expert on vasectomies or whatever you want to call them. I would say I don't know. (Laughter)

DEPUTY SPEAKER COATSWORTH: ...

Rep. Dorothy Barnes, you have the floor, madam.

REP. BARNES: (21st)

I really wasn't questioning the expertise of the Chairman of Public Health. I was seeking some information. In any event, when we are dealing with vasectomy, we are dealing with an operation. We are dealing with the same requirements of apsesis that are necessary with abortion and if someone knows to the contrary that the Department of Public Health regulates vasectomies, I would be interested to know it. I think the history of this bill

is that it was a special interest piece of legislation, that it was a foot in the door in dealing with the outlawing of abortion in the State of Connecticut. It was watered down in the Committee on Public Health and I think what we see before us now is a toe in the door. And my question is, do we want anything in the door?

I think we have a flawed bill and the main reason I think we have a flawed bill as I suggested earlier, is line 8 where it says but are not limited to. That kind of statement opens this bill up to absolutely anything at a future date. It is the first time since I have been in this Body that I have seen the Legislators making medical law. That here we are spelling out the regulations for the regulators. It seems entirely improper to me and I think this bill is one of the most unhappy I have seen since I have been here.

DEPUTY SPEAKER COATSWORTH:

Will you remark further on the bill? Will you remark further? All the members please be seated.

REP. OTTERNESS: (42nd)

Mr. Speaker.

DEPUTY SPEAKER COATSWORTH:

Rep. Otterness.

REP. OTTERNESS: (42nd)

Yes. I would just briefly like to speak against the bill. I feel that presently we do have five clinics in this state which are self regulated. They are regulated by "guidelines promulgated by

the various state departments". They have boards of prominent people who are dedicated to the right of a woman to have a safe abortion in a caring environment. These clinics currently self regulate themselves to a degree which exceeds that already demanded by the state or the federal government. If anybody is interested, I could read you eight pages that I have in front of me dealing with the guidelines of what the requirements are in these clinics, what they require in terms of testing, both a blood test is done, a urine test is done as well as an internal examination to determine pregnancy so it is not that if we pass a regulation tomorrow that any further testing is going to be done because no more can be done that is known to medical science.

We also have counseling in these clinics by trained counselors and we also do the other things that are asked to do in this bill such as family planning and other information about contraception. So what we are asking the state to do is to set up regulations which they already have the statutory authority to do, to regulate clinics which are already regulating themselves to a degree which far exceeds that which we are asking. With that, I would just say briefly, let's vote against this bad bill. Thank you.

DEPUTY SPEAKER COATSWORTH: Would all the members please be seated. Staff and guests come to the Well of the House. Will the members please be seated. Staff and guests come to the Well of the House. The machine will

be opened.

There is a roll call vote in progress in the Hall of the House. All members please return to the Chamber. There is a roll call vote in progress in the Hall of the House. Will all members please return to the Chamber.

Have all the members voted? Is your vote properly recorded? Have all the members voted? Is your vote properly recorded? If so, the machine will be locked. The Clerk will please take a tally.

The Clerk will please announce the vote.

CLERK:

Senate Bill 326.

Total number voting	145
Necessary for passage	73
Those voting yea	93
Those voting nay	52
Those absent and not voting	6

DEPUTY SPEAKER COATSWORTH:

The bill is passed.

CLERK:

Calendar page 8, Calendar No. 704, File No. 274, Senate Bill 1416, AN ACT CLARIFYING THAT THE STATE BUILDING CODE APPLIES TO STATE AND MUNICIPAL BUILDINGS, favorable report of the Committee on Energy and Public Utilities.

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THE CLERK:

Clerk will bring your attention to Calendar 318, File 209, a Substitute for Senate Bill 326, AN ACT CONCERNING REGULATION OF FACILITIES WHICH OFFER ABORTION SERVICES. There's an Amendment on the Bill.

THE CHAIR:

Senator Bozzuto.

SENATOR BOZZUTO:

Mr. President, in the Call of the Calendar, that item was referred to the Appropriations Committee by the - was it not? I apologize, excuse me.

THE CHAIR:

The Bill is marked ready. Senator Ciarlone.

SENATOR CIARLONE:

Thank you very much. I move acceptance of the Joint Committee's Favorable Report and passage of the Bill.

THE CHAIR:

Motion has been made for acceptance. Will you remark?

SENATOR CIARLONE:

Yes I will Mr. President. It's a very emotional Bill that should not be emotional. I think when we look at this Bill based on the facts before us and look at it in that light, the Bill should pass without too much difficulty and I hope that it will in view of the hour before us. This Bill would require that the Commissioner of Health Services adopt regulations establishing

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standards for medical care provided to pregnant women undergoing an induced abortion at an out-patient clinic. What this Bill is basically doing is providing the same standards for the private adoptive abortion clinics as is provided with hospitals with the single exception that this Bill provides for counselling that is not provided in the hospital standards.

It's a Bill that merely says that if we have a health facility here that is performing surgical procedures, they should have some standards that are enforced by our local Health Department. It's a good Bill. It should pass.

THE CHAIR:

Thank you Senator. Senator Gunther.

SENATOR GUNTHER:

There is an Amendment, Mr. President.

THE CLERK:

Yes. The Clerk has Amendment, LCO 6843, Senate Amendment, Schedule A. A Substitute for Senate Bill 326, File 209, offered by Senator Gunther.

SENATOR GUNTHER:

Mr. President, I move adoption of the Amendment and I'll waive the reading. I'll explain what I'd like to accomplish with this.

THE CHAIR:

You may proceed Senator.

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SENATOR GUNTHER:

Actually, what this Amendment does is merely cut off, from Line 8 through 15. Now, this is where it specifies exactly what should be done by the State Health Director. For instance, it says such standards shall include, but not limited to, provisions concerning (1) verification of pregnancy and a determination of the duration of such pregnancy, pre-operative instruction and counselling, and that's a very dangerous word; (3) post-operative permission and informed consent; (4) post-operative counselling and again, I call your attention to that, including family planning and five minimum qualifications for counsellors. Very frankly, this Bill was discussed very thoroughly in Committee and I believe that had we all been able to get there at that final meeting, and you'll see at the bottom it was voted nine to three - I think that it might have come out without that portion from 8 to 15 in it. The reason I say that - I think that we should have the Health Director of the State of Connecticut set up regulations and adopt regulations for the operation of - what we're talking about is clinics and these, incidentally, are the three or four clinics in the State that operate and do abortions in the first trimester.

Now, the courts have had lengthy proceedings in this first trimester and what we can do and what we can't do and I think very frankly, the proponents of this particular Bill are going to

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defeat their own purpose by leaving this language in because I'm almost certain that there will be challenging to this particular language in the Bill and I'm afraid we'll lose the entire regulatory portion of this proposal.

So, by deleting this, we will leave the authority, which is the Health Department to promulgate those regulations which they can constitutionally promulgate and have on line. If we leave this language in, I'm afraid we'll lose the regulation for these clinics and I support that concept that we should have regulations but I do think that we're going beyond the point that can be defended and I believe we're going to have an unconstitutional statute on our books and defeat the purpose of this particular Bill, but by deleting this, I think we'll have something that the Health Department can live with and I think they can promulgate the regulations that are necessary and if, for any reason they should exceed the limitations, it could be changed by regulation rather than going through the process of trying to change the statute itself.

THE CHAIR:

Will you remark further on the Amendment? Senator Smith.

SENATOR SMITH:

Thank you Mr. President. I would like to urge the defeat of the Amendment that Senator Gunther is proposing. He suggests

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that we should leave regulating the abortion clinics, health facilities that are providing surgical procedures, to the Department of Health. I would like to remind Senator Gunther that abortion has been legalized in our country since 1973. We've had abortion clinics in the State of Connecticut for a number of years and the Health Department apparently think twice or have done nothing about regulating the abortion clinics that exist in the State of Connecticut and if we leave it the way Senator Gunther suggests, it may turn into another massage parlor situation where the legislature mandated that regulations be drawn by the Health Department and several years have gone by and we're still waiting for those regulations.

When we're dealing with this particular area and we're talking about surgical procedures and we did cover this very thoroughly in Committee, and Senator Gunther even admits that he feels that there should be regulations and this is really the only aspect that we're dealing with. Out of approximately 15,000 abortions that have been performed in this State of Connecticut this past year, approximately 40 percent have been performed in the clinics. Now, these are the clinics that we're talking about regulating for quality health care. And that's a lot of individuals that we're dealing with in a lot of situations when we're talking about 40 percent of 15,000. After a great deal of discussion in

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Committee, it was suggested that we regulate and use in essence, the same types of regulations that we used - that the Health Department did use to regulate abortions that were performed in hospitals. A point has also been raised that this would be possibly considered to be unconstitutional and the only grounds on which it could be considered unconstitutional would be if it could be declared to be an interference with the decision making process between the woman and her physician.

And I find it personally impossible to see how these regulations that we're talking about, standard regulations, that should occur with any surgical procedure, could have anything to do with interferring with a woman's decision to have an abortion. We're talking about the verification and duration of the pregnancy, pre-operative instruction and counselling regarding the abortions, operative permission and informed consent, post-operative counselling which is necessary and sought after by numbers of women who have abortions and it should be available, including family planning and minimum qualifications for counsellors which would be determined by the Health Department. I would, based on these facts, where we have these many women going for surgical procedures in the State of Connecticut, without any kind of regulation, governing the quality health care that they're going to

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receive, I would urge the Members of the Chamber to oppose Senator Gunther's Amendment and to support the Bill as presented by the Public Health Committee. Thank you Mr. President.

THE CHAIR:

Will you remark further? Senator Cunningham.

SENATOR CUNNINGHAM:

Mr. President, I want to congratulate Senator Gunther on his sense of humor late this afternoon. I regard his Amendment as in fact humorous, because he knows that that of course, eliminates any real meaning to this Bill. He would be better off merely voting against the Bill itself. I did not understand what Senator Gunther said. Exactly what it was within those seven or eight lines that he found so unconstitutional and so objectionable. Perhaps he objects to the requirement of informed consent, yet we're requiring that in almost everything today in the Judiciary Committee. We discussed requiring informed consent on sterilization. I hardly understand to what he objects. I perhaps could find or understand an objection from the other side, but I hardly can understand to what my good colleague Senator Gunther objects to in this Bill. All I can see that his objective is, of course, to truly eliminate any meaning to the piece of legislation and I would rather say that this Amendment should be voted down and that Senator Gunther and those who might otherwise object to the Bill,

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merely vote against the Bill itself. Thank you Mr. President.

THE CHAIR:

Senator Fahey.

SENATOR FAHEY:

Mr. President, I rise in favor of this Amendment. I'm very concerned about this Bill that we are in a position where we're beginning to regulate private institutions even more stringently than we regulate public hospitals. One section of this Bill, and that's section 5, is not in the regulations for the hospitals and I'm also reminding you that those of us who feel that the government goes too far when it gets involved in private business should also feel the same way about this.

I also am concerned that we set up an agency to set up regulations and then we turn around and statutorily set the regulations. If we're going to set up agencies, we should let them do their job. I think that also the whole Bill is much too broad when you say shall be - such standards shall include, but are not limited to - you leave the door wide open for someone to set up all kinds of things that you didn't plan. I think the Bill itself is much too broad. I am in favor of the Amendment and opposed to the Bill as it stands. Thank you.

THE CHAIR:

Thank you Senator. Will you remark further? Senator Fauliso.

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SENATOR FAULISO:

Mr. President, I consider this a health care measure. I believe we're imposing upon the clinics the same standards that are already imposed on the hospitals except for the fifth standard which says minimum qualifications for counsellors. I don't consider that a very significant standard. However, it's about time we addressed ourselves to that particular qualification. I think that we should know who these counsellors are and whether or not they're qualified. If they're going to give counsel, it seems to me that they should have at least minimum qualifications.

I don't know why anyone should get upset with this measure. It's a surgical procedure and what we're asking here is that clinics comply with certain standards. This is not abortion or anti-abortion measure. It's a health care measure. Where surgery is to be performed and where standards should be established. Now Senator Gunther makes a valid point but our experience teaches us that the legislature also must establish certain standards. I think the Commissioner would be without any guidance. I think he looks to the legislature for certain parameters. And what we have included from line 9 through 15 are the standards that he will use in promulgating and establishing the regulations concerning clinics. Now, I don't believe that we ought to instill any fear in people who are going to be using the clinics, that this is going to be an

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extraordinary measure where we're going to inhibit in any way the free exercise of a judgment, but in exercising that judgment I think that we ought to present and ought to equip and establish these clinics with the highest possible standards. These are already established in the hospitals and I think the clinics should observe the same. Yes, there is one slight departure and that is the 5th standard which is the minimum qualification for counselors and again, I repeat that is not so significant that we ought to ignore it and I think that the Amendment should be rejected and the Bill adopted.

THE CHAIR:

Senator Gunther.

SENATOR GUNTHER:

Mr. President, I rise for the second time. I didn't know I was being humorous up here but I guess everything is in the eyes of the beholder. Just, I thought the comparison was very clever on the massage parlor because that happened to be a Bill that both the President Pro Tem and myself very strongly supported and I would say that I question the competency at that time of the State Health Director to promulgate those and I guess we're right on that one, except that I believe this is a little different ball game. I do think that he should have some competency to know the type of regulation that should be promulgated for a control

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and regulation of clinics themselves. The courts have been quite succinct about the first trimester and they've been a lot more broad on what can be done in that first trimester from what they are in the second or third which is where we bring them into the hospital and require hospital facilities for that. I call your attention to the fact that when we adopted the - actually I shouldn't say when we adopted - when there was adoption of the parameters to control of abortion in the State of Connecticut, it wasn't done by the legislature. I was here. The Senator Pro Tem was here. We tried to get a Bill through here. We couldn't get a Bill through here to set up the parameters for abortion in the State of Connecticut. We couldn't get the legislators to face up to that. It was done by the Public Health Council and I question to this day, that they have the authority to take and do what they did, but that was the easy way to slough off on that particular one.

So the regulations that are in line right now for the hospitals I'd say technically have not taken the route that we're taking to regulate the clinics even. Now, as far as passing opinions on constitutionality, I've heard a lot of Supreme Court decisions up here Mr. President, since I've been up here. I've heard that things are Constitutional. We got it that the Blue Laws are Constitutional. We had so many damned opinions on Constitutionality up here that I think we almost have 36 Supreme Court Justices

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sitting around in this Circle. All I can tell you is there's plenty of case law in the areas of counselling and if you want to look it up the research department here - the our Legislative Management Committee has already done quite a paper on all the opinions, the legal opinions and the legal aspects of abortion related bills. It was done back in February of '79 of this year and you can find plenty of basis to take and say - look it, we can get into trouble and especially when it comes to this broad counselling that we're injecting into this particular Bill.

I think that we could stand to have a regulation or the authority to promulgate regulations by the Health Department with the Health Department taking the initiative and I'm sure that if Senator Smith will show the tenacity she has in Committee, towards the Health Director, I'd dare say that we might have the fastest regulation on line. Because if you'd ever read the recommendations for this particular Bill when it was in Committee and this compromise is just half way, but it should be, in my book, to pass the test of Constitutionality that we can get some regulations on the books that we can have some control in this area. And I dare say I'd like to predict if we adopt this without this Amendment, I'd like to predict we'll have another Blue Law situation. I'd like to predict that the courts will rule on it and I'd like to predict that we'll have no statute. I'd much

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prefer to see us adopt a Bill that will allow the Health Department to make those decisions, to put the regulations in there, to go over the law and make sure that we're not going to violate it and have something on the books that he can work with but I'm afraid if you adopt this Bill as it now stands, when we go down the line, we're going to have that test again and we'll be back here again trying to take and pass another law.

I would hope that you'd support the Amendment so that we could have a law on the books that will give the Health Department the right to regulate the clinics as they should be.

THE CHAIR:

Senator Smith.

SENATOR SMITH:

Thank you Mr. President. I would just like to remind Senator Gunther once again, they certainly have had the opportunity to do something about regulations over the past years and they haven't and there's no reason for us to believe that they will do anything simply because we pass those first few lines that you're suggesting in the original Bill.

When we're talking about the constitutionality of a language and Senator Gunther is predicting that this would be struck down, because of the language, I believe that this Bill has been very carefully considered. I think there could have been problems with some of the initial wording as far as the counselling which

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has been eliminated. If his concern is on the counselling area, we're talking about women who are going to an abortion clinic where they are going to be counselled by the providers of the abortion services. It's not that you're bringing in some other counsellors or you're requiring that they be counselled in a certain way. It simply says counselling, which I certainly believe is a reasonable expectation for anyone who is going to have any kind of a surgical procedure. Pre-operative instruction and counselling. I can't again, and obviously it was the feeling of the majority of the Committee members in Public Health, that this could not be construed to be interference in the abortion decision between the woman and her physician. It is a needed - these regulations are needed for quality health care for women.

I would like to just point to recent findings in the State of Illinois where a number of reporters carried on an investigation of I believe it was 5 abortion clinics in the City of Chicago. And these reporters reported on their findings of their investigation in the Sun Times in a series of articles this past November. They had uncovered in their investigation of the clinics in Chicago, that dozens of women had abortions who were not even pregnant; they uncovered at least 12 abortion related deaths. They reported that an alarming number of women were subjected to unsterile conditions; had massive infections, internal damage had been done and reproductive organs had to be removed in a number

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of them. After the first issue in the Sun Times of this report, by the investigators, the Governor of the State of Illinois formed a special task force of four State agencies to crack down on the abuses in the abortion clinics. The Governor said if present laws and regulations are not good enough to protect patients, then what we will do is draw up new ones and draw them up fast. I'd like to also point out comments from the Chairman of Planned Parenthood upon the revelations of the investigations in the clinics in Chicago. Planned Parenthood is an organization that owns and operates abortion clinics, including a clinic in the State of Connecticut and obviously are supportive of abortions.

The Chairman of the Board of Directors in that State, in referring to women seeking abortions, said, "women need to know where to turn for reliable information. She also needs to know that the government will protect her right to high quality care". She went on to say quoting again, "the answer to the substandard practices is adequate inspection, evaluation and enforcement." I think it's imperative for these procedures, when it is an area that can be very open to abuse, to be absolutely certain that we have regulations, basic regulations, health quality care regulations enacted in the State of Connecticut. Thank you Mr. President.

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THE CHAIR:

The Motion is on Senate Amendment, Schedule A. Will you remark further? Senator Knous.

SENATOR KNOUS:

Thank you Mr. President. Just very briefly Mr. President, I'd like to speak in opposition to Senator Gunther's Amendment. In deference to Senator Gunther's predictions of what may or may not happen in the future, I certainly would prefer to see these regulations in there and have the Commissioner have the authority to promulgate some regulations and have some direction. Therefore, I would oppose the Amendment and urge adoption of the Bill when it comes up. Thank you Mr. President.

THE CHAIR:

Thank you Senator. Will you remark further? Clerk will announce a Roll Call.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Would all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate. Would all Senators please be seated.

THE CHAIR:

The machine will be opened. Have all Senators voted? The machine will be closed.

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TOTAL NUMBER VOTING 35

NECESSARY FOR PASSAGE 18

YEAS 12

NAYS 23

The Amendment is defeated.

THE CHAIR:

Senator Ciarlone.

SENATOR CIARLONE:

Mr. President, I've already moved adoption of the Bill. However, I would like to state at this time when the vote be taken it be taken by Roll Call.

THE CHAIR:

Remark further? Senator Gunther.

SENATOR GUNTHER:

Mr. President, just to remark, I have great reservations about this. I'll support it, but I wish that we had the Amendment. I would like to take and remark that the statistics and that that were cited by Senator Smith here before is on Illinois. And Illinois had abuses. Connecticut has not and I don't think by any stretch of the imagination should we even imply that the clinics that are being run in the State of Connecticut are being done where they are not identifying the pregnancy exists, that they're having tremendous damage and that type of thing to the patients, that they are not counselling. In fact, we've had

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many, many correspondence from the various clinics around here that does show that counselling is done without regulation. They do determine pregnancies. They are very well self-disciplined in the State of Connecticut. What happened in Illinois is in Chicago and that they might have had the abuses, but I don't think that exists and in fact, I'm certain that these abuses do not exist in the State of Connecticut and by no way should be used as arguments to take and get the passage of a Bill of this nature. I hope I'm wrong, but I think we'll find out down the trail that because of the inclusion of the language you might be self defeating by passing the Bill in its present state.

THE CHAIR:

Senator Smith.

SENATOR SMITH:

Mr. President, thank you. I did not mean to imply that it was a fact that these same abuses were definitely going on in the State of Connecticut, Senator. The point I was trying to make is that it is an area that is open to abuse. The abuse that was reported in Chicago was just reported and it took that long for investigations to start to even be considered in some of these areas. Abuses have definitely been reported in other areas and I think that's the important point. It is an area that is open to abuse and that is why regulations are important. We now have five aborti-on clinics, outpatient clinics in this State. There

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probably may be more abortion clinics coming and there's no excuse why these clinics shouldn't all be controlled by health regulations at the very minimum. I am happy to hear that you will support the Bill, Senator Gunther. Thank you Mr. President.

THE CHAIR:

The Motion is on acceptance and passage. Senator Beck.

SENATOR BECK:

Mr. President, I would just like to say for the record that I do believe in regulating facilities for health purposes. I think that they should be investigated and under health code regulations. On the other hand, I do not feel that the State has a role in mandating counselling because of the sensitive nature of the issue. I do believe in counselling before one considers this terribly important, highly sensitive step and by that I mean counselling by one's clergyman or one's physician or preferably both, spouse if that is involved. I will not be supporting the Bill but I certainly do intend and believe that the Health Department should continue to regulate the sanitary nature of those facilities.

THE CHAIR:

Thank you Senator. Will you remark further? Will the Clerk please announce a Roll Call.

THE CLERK:

Immediate Roll Call in the Senate. Would all Senators please be seated. Immediate Roll Call has been ordered in the Senate.

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Would all Senators please take their seats.

THE CHAIR:

The machine will be opened. The Clerk will tally the vote.

(The President Pro Tem in the Chair.)

The Result of the vote:

33	TOTAL VOTING
18	NECESSARY FOR PASSAGE
<u>32</u>	<u>YEAS</u>
<u>3</u>	<u>NAYS</u>

The Bill is adopted.

THE CLERK:

Continuing on page five of the Calendar, Calendar 328, File 243, Favorable Report of the Joint-Standing Committee on Banks, Substitute for Senate Bill 1431, AN ACT CONCERNING A MORTGAGE SECURING FUTURE ADVANCEMENTS.

THE CHAIR:

Senator Skowronski.

SENATOR SKOWRONSKI:

Mr. President, prior to taking up this matter, Mr. President, could I ask the indulgence of the Chair to entertain a Motion to refer an item on the Calendar that doesn't presently bear a star do another Committee?

THE CHAIR:

What item are you referring to Senator Skowronski?

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC HEALTH
PART 2
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PUBLIC HEALTH

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MS. JOHNSON (Continued): at worst a vehicle for and propaganda for one point of view or another. I will skip the rest of my argument on that and go on to the next bill, which is 324, an Act Requiring Informed Consent Prior to an Induced Termination of Pregnancy in a Minor. This bill would prohibit a physician from performing an abortion on a minor without written informed consent of the minor's parent. As with SB 325, which was about the contraceptives for minors, a significant concern with the proposed legislation is its constitutionality. We oppose it on that basis.

SB 326, an Act Concerning Regulation of Facilities which Offer Abortion Services. This bill would require that the Department of Health Services to inspect facilities which offer abortion services every six months and prohibit the facility offering abortion services advertising itself as providing counseling to pregnant women and thus counseling the certain requirements of staffing and the factual information on fetal development must be given "in such a manner as not to be misleading." This latter is an open invitation to propagandizing for a particular point of view instead of counseling. That is enough I think for that.

I think I will stop now, I will present you a full argument later, right and I thank you very much.

REP. LA ROSA: If you will submit it to the committee. Members of the committee, do you have any questions of Lucy Johnson? I believe Senator Smith has a question.

SEN. SMITH: Rather than that, I really question how carefully you did read the bills and the bills were written to withstand Supreme Court Decision and subsequent decisions by the Supreme Court or any regulatory measures and it is felt that the language within these bills will certainly, at this point, withstand these decisions and could not be considered unconstitutional at any time. SB 324, 325

MS. JOHNSON: That, I believe, is your -- you and your lawyers' interpretation and ours goes in a different direction. I think it's a difference of opinion at this time.

REP. LA ROSA: Well, the only thing is -- it is not proper really to make statements in regards to constitutionality when you haven't had a legal opinion pertaining to this particular piece of legislation because under -- on Line 26 SB 324 it says the physician has obtained the informed written consent of the minor pursuant to a court order granting the minor the right to self consent or has received a court order

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DR. SIKER (Continued): conditions in statute. Appropriateness of procedures and medication is best determined by the medical profession. Bill 326, an Act Concerning Regulation of Facilities which Offer Abortion Services. This bill is not necessary. The Department of Health Services has regulations which set standards for abortions performed after the first trimester of pregnancy. Although under the Supreme Court ruling, the state cannot regulate abortions in the first trimester, the Department has guidelines for and licenses free standing abortion clinics. Hospitals and free standing clinics are licensed annually and visited more often as needed. In addition, any attempt to inspect physicians' offices aside from the possible unconstitutionality would require additional funding of \$40,000 to \$50,000 for staff, travel and other expenses. For this bill, as well as Bill No. 322, we again state that there is no scientific agreement at the present time regarding increased probability following abortion of premature birth, tubal pregnancies and stillbirth in subsequent pregnancies. Thank you for the privilege of being here.

REP. LA ROSA: Any questions? Any members of the committee? Representative DeZinno?

REP. DEZINNO: Thank you, Mr. Chairman. Dr. Siker, I do have one question for you. Regarding your statement on Senate Bill 322, that written consent is required when a surgical procedure known as an abortion is done on a minor. What happens if written consent is not received and the procedure is performed

DR. SIKER: ...

REP. ...

REP. ...

REP. ...

MS. MURPHY (Continued): also endorse this bill. In addition, we add our strong convictions that parental rights and responsibilities are of major importance when their minor daughter's medical care and physical and mental well-being are concerned. Without this parental involvement, the State seems to have more control over minor girl's physical mental well-being than do their parents, who are responsible for their daughter's actions in any other sphere. The present intrusion into what constitutes family prerogatives is unacceptable. Therefore, we urge your support of this bill.

Regarding Bill number 326, an act concerning regulation of facilities which offer abortion services. In light of the Chicago Sun-Times disclosure of the unethical medical practices discovered in several abortion clinics in Chicago, this Bill is absolutely necessary to insure proper counseling and informed consent to prevent unethical abortion referral practices and advertising and to insure safe and sanitary conditions within the clinics.

For the protection who, after counseling to the hazards and alternatives to abortion still seek an abortion, this bill offers guidelines regulating the clinics where she may seek an abortion. For these reasons, the Pro-Life Council urges this Committee to support the proposed bills as I requested. Thank you.

REP. LA ROSA: Are there any questions of Carol Murphy of any members of the Committee? Okay, thank you very much. Dr. Greenstein.

DR. GREENSTEIN: Mr. Chairman, Greenstein, members. Thank you very much for the opportunity to testify. I am Robert Greenstein. I am an associate professor of pediatrics in the Department of Pediatrics at the University of Connecticut Health Center and I am here to speak against 323.

As Chairman of the UConn Health Center's Human Research Committee for the past four years, I want to take this opportunity to reassure the Committee of the ethical character and scientific quality of research involving humans at the Health Center. However, I am deeply concerned that the purpose of protection, as indicated in Bill 323, is not consistent with the actual language of the Bill. 323 would eliminate, or interrupt, the systematic gathering of information to obtain knowledge that would apply to and benefit many individuals in the state. In fact, Federal regulations already exist to cover these issues while the cost to duplicate this system would be prohibitive.

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DR. FORTIN (Continued): should take issue with any of these -- any of the substance of the bills. However, I do have to register some concern regarding Bill 323. I know Dr. Greenstein and I know Dr. Mahoney professionally. I can tell you they are very reputable physicians. They're men of great stature in their field in this particular area. I can also tell you that I can remember as a very young man having ridden a tank with Joe Patten's Third Army into Bavaria in World War II, and I had occasion to liberate some of the concentration camps. And I can tell you that I had the opportunity, as unpleasant as it was, to see some of the heinous crimes that were perpetrated upon some of the inmates of these camps in the name of medical science. I can tell you that I had occasion also to see some of the physicians who perpetrated these crimes and I can tell you they were also good and reputable men who thought they were doing it in the interest of science.

So there's absolutely no question that I do think that the medical profession deserves regulation. However, I am not qualified to speak on the ramification of this bill when I think that some regulation certainly is indicated. I do feel, however, that we have to be extremely careful of the regulation of the physicians and that if we, there have been great advances made and there certainly needed to be great advances made, and but I'm afraid if we have a bureaucracy that is set up that's absolutely restrictive, they'll be procedures that will not be allowed to be performed, that will in no way effect the unborn fetus or the unborn child. So what I would like to urge, all of you present here today, to practice some degree of restraint in the consideration of this bill. Thank you for your time.

SEN CIARLONE: Any questions of the speaker by members of our committee? Thank you for joining us. The next speaker we have is Leonard Suzio.

MR. SUZIO: Yes, my name is Leonard Suzio and I speak for the Pro-Life Council of Wallingford Chapter, representing approximately 30 members in the Wallingford community. We would like to express our support for Bill Nos. 322, 323, 324 and 326. However, we would like to focus our brief presentation on the Informed Consent and Regulation of Abortion Facility Bill. It is a well documented medical fact that significant medical complications are involved with the abortion procedure. Infection, hemorrhage, perforation of the uterus and laceration of the cervix are a few of the complications that the patient should be aware of. In a series of 1182 legal abortions reported in

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MR. SUZIO (Continued): the British Medical Journal, Lancer, in December, 1971, it was stated, "It is disquieting that post abortal infection occurred in 27 percent of this series. Septicemia, peritonitis and paralytic ileus are potentially fatal complications." In regard to ectopic pregnancies which an earlier speaker had remarked that there is no well documented evidence relating to abortion, a Japanese study done in 1975, Y. Hayasaka and based on Japan's 22 years of experience with abortion, revealed that 3.9 percent with women of previous history of legal abortion had a subsequent ectopic pregnancy. This is eight times the incident of ectopic pregnancy reported in the United States by the World Health Organization at the same time. The risk of death in ectopic pregnancies in the United States reported by WHO in 1970 was 300 per 100,000.

These and many other medical studies which I have covered related abortion to medical hazards, are well documented and one of the most thorough documents regarding the medical hazards of legally induced abortion and written by Thomas Hilgers, M.D. In regard to counselling prior to abortion, it is important to note that in a 1973 study done in the American Journal Public Health, a report indicated that 50 percent of the gynecologists in New York State at that time, only 62 percent felt that women would need counselling and of these, 38 percent, felt such counselling would be a burden on their practice. We feel that this attitude indicates a tendency to perform a perfunctory counselling service and therefore, such counselling should be closely regulated by the state. We feel that these points, point to the real need for the passage of the legislation that's proposed and I thank you for the opportunity to present our views.

SEN. CIARLONE: Thank you very much, Mr. Suzio. Rep. Connolly, you have a question of the speaker?

REP. CONNOLLY: Yes. Rep. Connolly, you quoted an infection figure from Lancer magazine, could you repeat it, I didn't quite get that?

MR. SUZIO: Okay, the British Medical Journal, Lancer, in December, 1971 reported on 1182 legal abortions that were done in Britain and I'll quote it again, it says, "It is disquieting that post abortal infection occurred in 27 percent of this series. Septicemia, peritonitis and paralytic ileus are potentially fatal complications." Those were some of the infections that were involved.

REP. CONNOLLY: But, I think we have to put that in context.

REP. CONNOLLY (Continued): You know, I think if you look at other surgical rates and get a percentage of infection, I think that might be a more significant figure taken in isolation from that.

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MR. SUZIO: Well, we felt that this was a study of 1182 legal abortions. It was a fairly substantial study, it was done by a prestigious medical group and reported in a well respected medical journal. And we realize that there are other studies done, of course, but we feel that at least this should be pointed out to the public.

REP. CONNOLLY: I'm not taking dispute, Lancet is probably one of the most credible reporting for articles, however, I think you have to take that section figure in relation to others, if you take it in isolation and then it is not as significant as if you compare possibly other surgical rates or other surgical procedures, might be almost as high. Thank you.

SEN. CIARLONE: Thank you very much, Rep. Connolly, any other questions? Rep. Joyner.

REP. JOYNER: Rep. Joyner of the 12th, were these abortions that were performed legally in Britain, done in clinics or hospitals or what was it?

MR. SUZIO: They were done in hospitals.

REP. JOYNER: They were done in hospitals.

MR. SUZIP: Yes.

REP. JOYNER: Thank you.

SEN. CIARLONE: Thank you very much, further questions of the speaker? Now we'll recognize at this point, Patricia Brewer, to be followed by Donna Busik.

MS. BREWER: My name is Patricia J. Brewer, I'm a doctor of philosophy with a concentration in anthropology and folk life. I speak in favor of Senate Bill 322 to 326. Good laws rise from custom or from change. They are attempts to safeguard a traditional way of life with its concomitant traditional values or they are guides and protections to the citizenry as they take

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MS. MUZZI:

student, I am strongly opposed and appalled by the implications and contradictions inherent in Proposed Bill No. 326, an act concerning regulation of facilities which offer abortion services. All medical public facilities should be inspected on a regular basis by the Department of Health Services. However, sponsors and supporters of this bill deem it necessary to target on abortion clinics, placing them in a special category subject to special regulations which possess dubious and counter-productive measures. An analysis of the counseling stipulations provided for in this bill upon implementation would discourage and be a deterrent to its own statement of purpose which in part reads to insure that pregnant women considering an abortion will receive helpful and accurate counseling, prior to undergoing an abortion.

The phrase helpful and accurate is extremely ambiguous. The content of counseling called for in this proposed bill will negatively affect the client in her making an intelligent self-determined decision. Such an over-emphasis seriously threatens the delivery of quality counseling and results in offering only a value ridden, thereby bias persuasion session. The provision of counseling services should be guided by an individual's ability to address all influential areas and not the possession of a specific degree. Qualified counsellors may question validity of Proposed Bill 326's provisions mandating an explicit discussion of fetal development. Such a discussion delivered in a truly realistic manner would most likely be comprehensible by persons trained in the fields of embryology. This information would unjustifiably overload the clinic with highly technical and irrelevant information. Overloading a clinic with information is an unprofessional technique which serves only to confuse and obstruct the clinic's decision-making ability. Mandating, as Proposed Bill No. 326 does, that a thorough discussion of available services that this woman could choose not to have an abortion prior to a clinic's decision is askew with professional practice standards. Such a detailed discussion of the aforesaid mentioned services would be appropriate only as a referral service which follows the completion of the decision-making process. Also, upon engaging referral services, the practitioner is obliged to complete a service eligibility assessment, neglecting to assess a client's eligibility would serve to encourage

MS. KATZ (Continued): husband, her parents, or even her doctor. Much of the legislation under consideration has already been declared unconstitutional. It is a violation of the right to privacy to require parental consent to a minor's abortion or to the sale on contraceptives to a minor. It is a denial of freedom of speech and of the press which restrict abortion advertising. It is a violation of the First Amendment to single out for a special grant one religious view over another and I believe that that is what H.B. 6514 does. Although, I wish to state that the Union is and has always supported grants for family planning and safe contraceptive devices.

As to 322 and 326, they involve the most serious threats to the health as well as to the constitutional rights of women of all ages. They require selective counselling about the risks of abortion with no suggestion that we counsel pregnant women, women about the risk of childbirth or about the psychological trauma to a child of being born unwanted and uncared for, or the greater risk of child abuse for children whose birth is undesired. These bills interfere directly with the physician's right to practice medicine according to his or her best professional judgment. What is mandated will, in some cases, be malpractice. The terms of these bills are so vague that they place physicians and clinics at risk of violating the law without knowing just what behavior is forbidden. The Supreme Court has just last month struck down certain abortion legislation in Pennsylvania on just this ground. As a result of the burdens imposed upon the providers of abortion services, these bills will severely restrict access to that medical procedure. In practical terms, the results will be not fewer abortions but more back alley and self induced abortions. More women will die from lack of access to quality medical care.

And the main victims will be teenagers who are least able to seek out adequate alternatives on their own. In this regard, we feel that Bill No. 324 is particularly insidious and will not, as has been suggested, have constitutional muster. The state cannot require blanket parental consent for minors abortions. Legislation such as this, which provides for the minor to obtain a court order permitting the abortion has in fact recently been declared unconstitutional by lower courts whenever it has been considered and that issue is now pending before the Supreme Court. The reason that these bills are simply insufficient is that it is impossible to expect a minor or perhaps 11 or 12 years of age, who cannot obtain her parents consent to an abortion, to take herself to the courthouse and seek on her

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MS. SILLIN (Continued): health care. Quality health services are now being delivered in Connecticut at reasonable cost. These bills will have the consequence of raising the cost of delivering services. For example, Bill 325 would require parental consent for young women to receive the most effective type of contraceptive. Tying the use of the most effective contraceptives to parental consent will result in more unwanted conceptions as teenagers turn to less effective methods or to no method at all. There will, therefore, be added births and added abortions for young people.

We point out there that for a teenager giving birth runs the risks four times higher than teenagers using an oral contraceptive or an IUD. We furthermore believe this legislation is unconstitutional. That it would be challenged and would involve the state in further litigation.

Bill 322 is not necessary because adequate provisions for informed consent already exist and are contained in regulations of the Public Health Code. Bill 323 is opposed by Planned Parenthood on the grounds that it is vague and that it appears to be an infringement on medical practice.

While Planned Parenthood agrees it is desirable for a minor to confide in her parents, the courts have already ruled that minors have the right to make the decisions themselves.

Bill 326 on facilities providing abortions are already regulated by the State Department of Health Services. They already have the option of inspection health services whenever in their opinion this may be called for. Additional regulations are not needed and will simply add to health department costs. Other provisions of the bill interfere with the physician's judgment in counseling his patient.

Planned Parenthood League of Connecticut is the largest provider of family planning services in the state and one of the largest in the nation. Last year more than 30,000 women received medical contraceptive care of the highest quality from us. Our services meant that thousands of women were spared the choice between abortions and unwanted birth. We and the other Family Planning Agencies in Connecticut prevented far more abortions than did all the anti-choice organizations combined. Legal, safe access to reproductive health care must remain open and free of barriers to all women.

In Connecticut we are currently averaging 4,500 births and 4,500 abortions to teenagers each year including nearly 1,000 births to adolescents under the age of 16. Disturbing as these statistics are, the incidence of both teenage births

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MS. SILLIN (Continued): and abortions could be far higher. Based on the results of a major health department HEW funded study we estimate that without the current access to family planning programs and to the most effective contraceptives available, the teenage pregnancy rate would be one-third to one-half higher. This would mean at least 1,500 additional pregnancies and 1,000 additional abortions to teenagers each year in Connecticut.

The committee may also wish to keep in mind the following relative points. For medical contracepted care for a woman for one year approximately \$70. Prenatal care and delivery \$1,750. Public assistance for mother and child not including medical costs \$3,200. A first trimester abortion \$160. Thank you very much for the opportunity to speak.

SEN. CIARLONE: Thank you very much. Any questions of the speaker? Thank you. After recognizing JoAnn Turecek, I would like to also recognize Anne Taylor and Helen Groman, if I'm pronouncing that properly. JoAnn Turecek.

MRS. TURECEK: Yes, I believe my husband signed up immediately after me on that list.

SEN. CIARLONE: Right. We'll recognize Mr. Turecek.

MRS. TURECEK: Thank you. I am reading testimony submitted by Joseph and Susan Amaranti of Hamden, Connecticut. My name is JoAnn Turecek.

Dear Sirs: My wife and I are in our early 20's. We were married 18 months ago and did not wish to have children right away. We approached the Community Health Care Plan of which we were members and inquired about family planning measures. We were showed the usual sterile devices and pills that are seen as the only acceptable means of birth control. No mention was made of natural family planning. Indeed, in response to a question about natural family planning which I had read about in a somewhat obscure Catholic newspaper, the midwife we dealt with said she could not help us. She knew nothing about this and could not recommend it. We had read about the rhythm method and the Billings method, but we wanted to learn if there was anything else in that line. We also wanted medically advised help in learning the applications of natural birth control techniques.

There was no help available from the midwives or from the doctors we asked. So we settled on the use of the pill. A few months later after a check-up for a lump on her breast, my wife was told by her doctor that her blood pressure was higher than normal and that because she had a tendency

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MS. TAYLOR (Continued): of them do, would be forced to use the less effective means of contraception. The result would surely be more unwanted teenage pregnancies, therefore, increasing the demand for abortion and the number of unwanted children. The bill requiring parental consent before a minor receives an abortion would have equally undesirable effects. It would force many teenagers who are determined to have an abortion to seek them illegally increasing the number of unsafe abortions. SB 324

In short, these bills ignore the reality of today's world. We cannot prevent teenage sexuality by passing laws that limit minor's options regarding contraception and abortion. Teenagers must have the right to protect themselves against unwanted pregnancies without their parent's intervention. If they do not have this right, the consequences will be tragic.

Other bills are being considered by the committee would rule out research in the areas of prevention of pregnancies and mother-child health. Cutting back on access to knowledge in this important field is no way to solve a problem.

SEN. Finally, the proposed regulation of facilities which offer abortion services really boils down to harassment of the organizations providing these services and the compounding of emotional stress on young women already so burdened. SB 326
MRS. Thank you.

SEN. CIARLONE: Thank you. Any questions of the speaker by members of the committee? Thank you. Helen Groman. Am I pronouncing that properly?

MRS. GROMAN: My name is Mrs. Helene Groman and I live in New Britain. While I am a member of two Right to Life Societies, the Connecticut Right to Life and the Lutherans for Life, I'm speaking today for myself.

SEN. In regard to Bill 322, members of the committee, there is an abomination on this land today and it's title is, "Abortion on Demand." Six years ago the Supreme Court erased the right to life for our country's smallest citizens. Until the country regains its reason and restores that which our constitution guarantees for all, we must endeavor by legislative measures to correct some of the wrongs that were perpetrated by the 1973 decision. Abortionists and the profiteers of the bloody abortion business are deliberately withhold information from women who feel they have problem pregnancies. Dr. C. Everett Coop, Chief Surgeon of Children's Hospital in Philadelphia stated - while the word "fetus" is a perfectly good Latin