

Governor's Council for Women and Girls  
Health and Safety Subcommittee  
September 6, 2022 - Meeting Minutes

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**Attendees:** Sharonda Carlos, Stacy Dawes, Dr. Marie M Spivey, Jane Siegel, Steven Lazarus, Commissioner Manisha Juthani, Miriam Miller, Shelly Nolan, Maggie Adair, Adam Skowera, Commissioner Deidre Gifford, Dr. Nancy Stanwood, Executive Director Kim Martone, Ashley Starr Frechette, Lara Manzione, Megan Smith, Gretchen Raffa, Yvette Young, Janet Alfano, Corrinna Martin, Abby Alter, Marian A. Evans, Christine Jean-Louis, Commissioner Thomas Saadi, Rep. Jillian Gilcrest, Terra Volpe, Candace Phaire-Barriteau, Maryann Smith (recorder)

Meeting Started at 10:10 am

I. Opening Remarks - Cmsr Juthani. Thank you to those who have joined. This session and new year will focus on maternal and reproductive health and that is where our discussions are going to be guided for the next 6 sessions. Other agencies helping to coordinate to prepare for discussion topics.

Turn over to Miriam Miller, DPH Policy Director:

- Goal for today is to focus our discussion on reproductive access and rights. Lots of work done in last legislative session and there is always more we can be doing in the post-Roe world.
- Hearing from three different groups today. Planned Parenthood-policy in practice and what more the State can be doing and what should the policy next steps be.
- Reproductive Rights Caucus, Jillian Gilcrest, focus on the legislative effort of the past session and what they are considering for the next legislative session.
- Office of Health Strategy – Certificate of Need process and trend across the State with maternal care facilities closings and CNOs.

II. Presentation from Planned Parenthood of Southern New England –

- Gretchen Raffa, VP of Public Policy and Advocacy with Planned Parenthood of Southern New England – Dr. Nancy Stanwood CMO Planned Parenthood of southern NE. Healthcare and political arms, cover CT and RI.
- CT has lead country in productive rights. Grateful and fortunate to work in a state like CT where there is an administration that has been so outspoken about protecting and expanding reproductive healthcare.
- Federal rights to abortion have ended, and states may ban abortion leaving millions of women without the right to an abortion. Wrongful ruling is about power and control. 1/3 women have lost abortion access in their state and must travel to get healthcare they need. Goes against will of American people, 50 years of precedence when Roe overturned.
- Texas – total ban on abortion, surrounding states have seen 550% increase in abortion patients with Texas zip code. People are traveling 400+ miles from Florida, Illinois, Mexico, New Jersey, California +.
- As of August 31, 16 states with abortion bans, to 15-week abortion bans, 18-week abortion bans, etc. and its leaving people uncertain, scared, and being denied care.
- Forcing providers to not be able to give care that their patients need.
- What else is creating barriers in CT?
- Folks hardest hit by bans or systemic barriers to care are low income, blacks, Latino, indigenous and other people of color, including rural people.
- Time is a big barrier – look at statute, standards of care have changed, and legislature is outdated – modernize abortion statute and law.

Dr. Stanwood, Planned Parenthood of NE -

- Lift up as a physician that what is happening in post-Roe era is medically heartbreaking to see medical care denied.
- Already seeing patients traveling from other states for abortions.
- July 1 Reproductive Freedom Dissents Acts that went into effect. Thanks and gratitude to legislative partners for making this possible.

- Abortion care is time sensitive care – important for safety. Unnecessary barriers increase risks of medical safety.
- Started training program for our advanced practice clinicians. Started first cohort and going very well.
- Media coverage in CT Mirror of the initial simulation training program in first trimester
- Patients have been very supportive of training program.  
More updates to come in the fall and cohort training. Timeframe for cohort training program? Reach competency in next 4 to 6 weeks. Not rushing anything want to be ready for independent practice. REACH fund of CT, [The REACH Fund of Connecticut \(reachfundct.org\)](http://reachfundct.org), looking to help patients defray the cost of care.
- Plan to bring down wait time in clinics with more clinicians which it will reduce wait time.
- Big policy change is to look at Husky for immigrants and expanding program.
- Back to Gretchen -
- Additional items – session 2023 critically important – Medicaid coverage for immigrants. Regardless of immigration status it is a reproductive health rights and justice issue.
- Also thinking of ways that we are protecting patients and providers. Those coming to CT and the providers, Reproductive Freedom Defense Act. Looking at opportunities to provide providers’ protections so they are not targeted while providing care. Policy on books now added some provisions to mitigate threat.
- Working closely with Administration – reproduction and abortion rights website available with accurate information.
- Looking at opportunities for funding to ensure fees are covered for patient’s travel, security enhancements, OAG to ensure relevant laws are explicitly put out to public to ensure that people have accurate legal information.
- Looking at maternal health issues in our state. Doulas in CT working towards policy that would provide insurance coverage for Doula care.
- L&D units closing at some hospitals, Catholic affiliate hospitals.
- Acknowledged prior Planned Parenthood’s history of causing irreparable harm to black, Latino, and indigenous groups. We are listening carefully to women’s words about how reproductive oppression in this country has caused irreparable damage to generations of black women. Looking at issues and want to acknowledge injustices and strive to correct them by looking at other policies that will improve people’s abilities to have safe pregnancies.

Questions: Dr. Spivey – glad to hear all this work going on. I am so proud of CT and what you’re are doing legislatively. Want to talk about nurses. Nurse orgs here in CT – make contact with them for their feedback and work with them. How many individuals have come from out of state for abortions? Count? Demographics? Dr. Stanwood – not a number we have tracking to share publicly yet. We do have need to have additional aspiration abortion care providers which was existing before Roe downfall.

Chat questions from Marian Evans – M.Evans-ideas about what we do in CT before Roe was abolished vs. now. MM recent MMRC report will get shared with this group to examine maternal mortality, etc. Miriam –more recent MMRC report will be shared with group. Next meeting will focus on racial equity and maternal healthcare and maternal mortality is a significant component of that. M.Evans-old data from 2017--newer numbers? Miriam: will look into more timely data.

III. Presentation from Reproductive Rights Caucus, Rep. Jillian Gilcrest – Thank you for having me. Honored to work with Gretchen and Dr. Stanwood.

- 1990 codify Roe v Wade into state law. A lot has changed. The law that passed this year codified the 2021 Attorney General decision that medication abortion could be provided by advanced practitioners. We now allow advanced practitioners to perform aspiration abortions which fall within their scope of practice.
- Legal revisions – state agencies can’t assist in out of state investigations or prosecutions of reproductive healthcare that is legal in CT.
- Protects medical privacy by preventing the disclosure of health records or enforcement of out or state subpoena related to reproductive healthcare.
- Updated extradition statute to say that CT won’t hand over our residents to other states who are looking to prosecute them

- Any person being sued under another state's bounty law can now sue right back
- Work closely with advocates in the field including prochoice CT and national leaders, state leaders, etc.
- Contraception protections. Plan B vending machines on campus or elsewhere and allowing medication abortion on campuses.
- Waive residence requirement?
- Data privacy in terms of crises pregnancy centers—advertising appropriately.
- K-12 required sexual health and reproductive rights curriculum in schools.
- Ensure the preventative reproductive care and having babies in a safe environment.
- Endometriosis and protections in infertility care.
- No questions at this time.

IV. Presentation from Office of Health Strategy on Certificate of Need – Ex Dir Kimberly Martone. Introduced Lara Manzione, Staff Attorney and Manager of OHS Health Systems Planning Unit and Steven Lazarus CON supervisor who manages certificate of need program – (shared presentation). L & D hospital services that have been requesting to terminate l & d services. 3 hospitals with applications in at OHS. Windham Memorial Community Hosp – request to terminate L&D services denied. Day Kimball – proposal to be acquired by Covenant Health. Coalition has formed to advocate denying the acquisition citing restrictions on reproductive health & emergency contraception because of Catholic principles. Sharon Hospital – completed application to terminate services and public hearing has been scheduled.

- Reasons for termination of L & D services
  - difficulty in hiring or retaining medical staff
  - declining number of births
  - low frequency of births
  - less practice providing L&D services leads to worse medical outcomes
  - lack of adequate neonatal intensive care unit capacity at smaller/rural hospitals

Lara Manzione reviewed civil penalty proceedings. Windham Memorial Community Hospital (Hartford Healthcare) and Johnson Memorial Hospital (Trinity Health of NE). Proceedings are open to the public for viewing. SL – thank you, will take questions.

Steven shared some statistics:

1. CT is not unique in trend of terminating L&D services
2. Since 3/16/2022 – 11 hospitals nationwide have stopped providing L&D services either temporarily or permanently and are located in Florida, Illinois, Maine, Massachusetts, Mississippi, New York, Ohio and Wyoming.
3. Same reasons--not enough staffing, cost, utilization of the program, where they're located, support, etc.

Questions: NONE

V. Closing Remarks Cmsr Juthani - thank you speakers and Planned Parenthood with sharing your experiences and eager to hear how you are continuing to work. Eye-opening stories and remind us of where we live and what we have available. Appreciate these partnerships. Legislature has helped to improve safe healthcare for women. Going forward, we are expanding our discussion to other aspects of maternal care in general. Next session will focus on racial bias and equities that occur in maternal care. MMRC reports also will be highlighted.

Meeting adjourned at: 11:16.

Recording Link: [Governor's CoWaG Health & Safety Subcommittee \[not-secure\]-20220906\\_150953-Meeting Recording.mp4](#)