TO: Public Health Committee: Senator Saud Anwar and Representative Cristin McCarthy Vahey, Co-Chairs

FROM: Sydney Perlotto, MPH Candidate, Yale School of Public Health

DATE: March 15, 2024

RE: Written Testimony in Favor of Raised H.B. No. 5424: AN ACT PROHIBITING ADVERSE ACTIONS AGAINST HEALTH CARE PROVIDERS FOR PROVIDING CERTAIN HEALTH CARE SERVICES

Dear Senator Anwar, Representative McCarthy Vahey, Senator Kushner, Senator Marx, Representative Parker, Senator Somers, Representative Klarides-Ditria, and honorable members of the Public Health Committee:

Thank you for the opportunity to submit testimony in support of H.B. 5424: An Act Prohibiting Adverse Actions Against Health Care Providers for Providing Certain Health Care Services. My name is Sydney Perlotto, and I am a Master of Public Health Candidate at the Yale School of Public Health. I am also a permanent resident of Connecticut who is grateful to currently live in a state where access to essential, time-sensitive sexual and reproductive healthcare is a protected right.

Unexpectedly (yet relevantly), I am writing this testimony to you all from an inpatient care unit after experiencing a non-life-threatening but urgent health emergency. I arrived extremely ill at Yale Health on Tuesday morning with the expectation that any healthcare providers I encountered would be “acting in good faith, within the health care provider’s scope of practice, education, training and experience and within the accepted standard of care” to provide me with medically accurate services and information to address my condition and make informed decisions regarding my health and well-being. Because such care was delivered, I am feeling much better and was able to return home after a few days!

Had my emergency condition and location been different, however, so too might have been my experience seeking and receiving care. Since the 2022 Dobbs v. Jackson Women’s Health Organization decision by the U.S. Supreme Court, access to sexual and reproductive healthcare information and services across the country has been thrown into disarray. The negative repercussions of overturning Roe have cascaded beyond abortion, exposing long-standing inequities and injustices within our healthcare system and emboldening those seeking to maintain control over marginalized bodies. Every day, more stories and data emerge demonstrating the dire reality for patients and providers across the country seeking to access or deliver sexual and reproductive care. In states that have moved to restrict or ban abortion, providers are being forced to tell pregnant people to wait at home or in hospital parking lots until they are literally on the brink of death, as only then does the law allow them to act. But even in states protecting abortion, religiously affiliated institutions are openly discriminating against transgender individuals, barring them from accessing gender-affirming care or mental healthcare services. These ongoing attacks on sexual and reproductive healthcare from a variety of actors and institutions are not limited to one issue or one state—Connecticut included.
In moving forward H.B. 5424, Connecticut has an opportunity to protect both its patients and providers by ensuring that they can make healthcare choices based in evidence instead of ideology. While the federal government has numerous protections for individuals or institutions that refuse to provide certain types of healthcare services due to religious or moral convictions, no corresponding protections exist for individual healthcare professionals who chose to act against the religious or moral directives of their institutions. For decades now, concern has been growing surrounding the acquisition of hospital and healthcare facilities by religiously affiliated institutions, particularly Catholic-owned institutions, and the resulting implications for sexual and reproductive healthcare services. These religiously affiliated institutions frequently prohibit various sexual and reproductive healthcare services (e.g., abortion, contraception, gender-affirming care, etc.) and are increasingly the only type of hospital facility available in certain parts of the United States. As a result, numerous essential and life-saving routine and emergency services are disappearing for patients and providers because of where they live and work, rather than what they believe.

H.B. 5424 defends Connecticut’s healthcare professionals so that they can deliver high-quality, patient-centered care rooted in evidence and unencumbered by ideology—whether they are acting in emergencies or fulfilling their day-to-day responsibilities. These providers are showing up for their patients every day under immense institutional pressure and national uncertainty, and it is time that the state returns the favor by showing up for them. H.B. 5424 will protect these providers by ensuring that 1) they can deliver comprehensive and medically accurate information, counseling, and referrals for reproductive and gender-affirming healthcare services to patients within routine care contexts and 2) they can act in emergency situations to deliver evidence-based reproductive healthcare services related to complications of pregnancy, without fear of retaliation or discrimination due to institutional ideologies.

This bill also demonstrates Connecticut’s commitment to people across the state, who may need routine or emergency care in areas with limited healthcare options. Differences in geographic or spatial access to care are well-documented due to the fixed locational nature of healthcare delivery, with factors like travel time, transportation options, and cumulative costs giving rise to disparities in health outcomes. In areas with only religiously affiliated hospitals or healthcare networks, people’s access to comprehensive care is further hindered due to religious or moral institutional policies. Many people in these communities are likely unaware of these restrictions, as are people who are traveling and unexpectedly need care. As I experienced just this past week, in times of emergency people are putting their wholehearted trust in their healthcare professionals to deliver the best information and care without unnecessary restrictions endangering their health and well-being.

In Connecticut, 13.9% of hospitals are Catholic hospitals, accounting for almost a fifth of all available hospital beds in the state. However, as you can see from the maps I have created below, these hospitals may be the only option in certain areas. H.B. 5424 would help address these geographic health disparities in the state by ensuring healthcare professionals can deliver the appropriate information and services and that people can seek emergency sexual and reproductive healthcare with peace of mind—no matter where they are located.

Reproductive justice, a framework and movement created by Black women in 1994, reminds us that sexual and reproductive health is shaped not only by an individual's identities and experiences—but also by the conditions of their community. With sexual and reproductive inequality, oppression, and harm deepening across the United States following the overturn of Roe, we must do everything we
can to ensure the most marginalized of the marginalized can access essential sexual and reproductive health care. H.B. 5424 is one essential part of Connecticut’s contingency plan to ensure that the state remains a safe harbor for providers and patients everywhere. I highly encourage the Connecticut General Assembly to pass H.B. 5424 in pursuit of accessible, high-quality, and patient-centered sexual and reproductive health care for all.

Sincerely,

Sydney Perlotto (she/her)
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*Views expressed here are solely my own and do not necessarily represent the views or opinions of my university.

Figure 1: Hospital Locations in Connecticut by County

Data Sources: Acute Care Hospitals, Connecticut Hospital Association & American Hospital Directory
Figure 2: Service Area Zones of Responsibility by Hospital Type

Figure 3: Driving Time Distance to Connecticut Hospitals