

# Connecticut

## Chapter 368y Abortion (§§ 19a-600 — 19a-609)

Chapter 368y Abortion

[Conn. Gen. Stat. Title 19a, Ch. 368y](#)

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### Sec. 19a-600. Definitions.

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For the purposes of sections 19a-601 and 19a-602:

(1) “Counselor” means: (A) A psychiatrist, (B) a psychologist licensed under chapter 383, (C) a clinical social worker licensed under chapter 383b, (D) a marital and family therapist licensed under chapter 383a, (E) an ordained member of the clergy, (F) a physician assistant licensed under section 20-12b, (G) a nurse-midwife licensed under chapter 377, (H) a certified guidance counselor or school counselor, (I) a registered professional nurse licensed under chapter 378, or (J) a practical nurse licensed under chapter 378.

(2) “Minor” means a person who is less than sixteen years of age.

[Conn. Gen. Stat. § 19a-600 \(LexisNexis, Lexis Advance through all Acts from the 2022 Regular Session\)](#)

### Sec. 19a-601. Information and counseling for minors required. Medical emergency exception.

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(a) Prior to the performance of an abortion upon a minor, a physician or counselor shall provide pregnancy information and counseling in accordance with this section in a manner and language that will be understood by the minor. The physician or counselor shall:

(1) Explain that the information being given to the minor is being given objectively and is not intended to coerce, persuade or induce the minor to choose to have an abortion or to carry the pregnancy to term;

(2) Explain that the minor may withdraw a decision to have an abortion at any time before the abortion is performed or may reconsider a decision not to have an abortion at any time within the time period during which an abortion may legally be performed;

(3) Explain to the minor the alternative choices available for managing the pregnancy, including: (A) Carrying the pregnancy to term and keeping the child, (B) carrying the pregnancy to term and placing the child for adoption, placing the child with a relative or obtaining voluntary foster care for the child, and (C) having an abortion, and explain that public and private agencies are available to assist the minor with whichever alternative she chooses and that a list of these agencies and the services available from each will be provided if the minor requests;

(4) Explain that public and private agencies are available to provide birth control information and that a list of these agencies and the services available from each will be provided if the minor requests;

(5) Discuss the possibility of involving the minor’s parents, guardian or other adult family members in the minor’s decision-making concerning the pregnancy and whether the minor believes that involvement would be in the minor’s best interests; and

(6) Provide adequate opportunity for the minor to ask any questions concerning the pregnancy, abortion, child care and adoption, and provide information the minor seeks or,

if the person cannot provide the information, indicate where the minor can receive the information.

(b) After the person provides the information and counseling to a minor as required by this section, such person shall have the minor sign and date a form stating that:

(1) The minor has received information on alternatives to abortion and that there are agencies that will provide assistance and that a list of these agencies and the services available from each will be provided if the minor requests;

(2) The minor has received an explanation that the minor may withdraw an abortion decision or reconsider a decision to carry a pregnancy to term;

(3) The alternatives available for managing the pregnancy have been explained to the minor;

(4) The minor has received an explanation about agencies available to provide birth control information and that a list of these agencies and the services available from each will be provided if the minor requests;

(5) The minor has discussed with the person providing the information and counseling the possibility of involving the minor's parents, guardian or other adult family members in the minor's decision-making about the pregnancy;

(6) If applicable, the minor has determined that not involving the minor's parents, guardian or other adult family members is in the minor's best interests; and

(7) The minor has been given an adequate opportunity to ask questions.

(c) The person providing the information and counseling shall also sign and date the form and shall include such person's business address and business telephone number. The person shall keep a copy for such minor's medical record and shall give the form to the minor or, if the minor requests and if such person is not the attending physician, transmit the form to the minor's attending physician. Such medical record shall be maintained as otherwise provided by law.

(d) The provision of pregnancy information and counseling by a physician or counselor which is evidenced in writing containing the information and statements provided in this section and which is signed by the minor shall be presumed to be evidence of compliance with the requirements of this section.

(e) The requirements of this section shall not apply when, in the best medical judgment of the physician based on the facts of the case before him, a medical emergency exists that so complicates the pregnancy or the health, safety or well-being of the minor as to require an immediate abortion. A physician who does not comply with the requirements of this section by reason of this exception shall state in the medical record of the abortion the medical indications on which his judgment was based.

[Conn. Gen. Stat. § 19a-601 \(LexisNexis, Lexis Advance through all Acts from the 2022 Regular Session\)](#)

**Sec. 19a-602.** Termination of pregnancy prior to viability. Abortion after viability prohibited; exception.

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(a) The decision to terminate a pregnancy prior to the viability of the fetus shall be solely that of the patient in consultation with the patient's physician or, pursuant to the provisions of subsection (d) of this section, the patient's advanced practice registered nurse, nurse-midwife or physician assistant.

- (b) No abortion may be performed upon a patient after viability of the fetus except when necessary to preserve the life or health of the patient.
- (c) A physician licensed pursuant to chapter 370 may perform an abortion, as defined in section 19a-912.
- (d) An advanced practice registered nurse licensed pursuant to chapter 378, a nurse-midwife licensed pursuant to chapter 377 and a physician assistant licensed pursuant to chapter 370 may perform medication and aspiration abortions under and in accordance with said chapters.

### **History**

P.A. 90-113, S. 3; P.A. 22-19, § 7, effective July 1, 2022.

[Conn. Gen. Stat. § 19a-602 \(LexisNexis, Lexis Advance through all Acts from the 2022 Regular Session\)](#)

## AN ACT CONCERNING THE PROVISION OF PROTECTIONS FOR PERSONS RECEIVING AND PROVIDING REPRODUCTIVE HEALTH CARE SERVICES IN THE STATE AND ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES IN THE STATE.

### **Text**

*Be it enacted by the Senate and House of Representatives in General Assembly convened:*

### **Section 1. (NEW) (Effective July 1, 2022)**

(a) As used in this section:

- (1) “Reproductive health care services” includes all medical, surgical, counseling or referral services relating to the human reproductive system, including, but not limited to, services relating to pregnancy, contraception or the termination of a pregnancy; and
- (2) “Person” includes an individual, a partnership, an association, a limited liability company or a corporation.

(b) When any person has had a judgment entered against such person, in any state, where liability, in whole or in part, is based on the alleged provision, receipt, assistance in receipt or provision, material support for, or any theory of vicarious, joint, several or conspiracy liability derived therefrom, for reproductive health care services that are permitted under the laws of this state, such person may recover damages from any party that brought the action leading to that judgment or has sought to enforce that judgment. Recoverable damages shall include: (1) Just damages created by the action that led to that judgment, including, but not limited to, money damages in the amount of the judgment in that other state and costs, expenses and reasonable attorney’s fees spent in defending the action that resulted in the entry of a judgment in another state; and (2) costs, expenses and reasonable attorney’s fees incurred in bringing an action under this section as may be allowed by the court.

(c) The provisions of this section shall not apply to a judgment entered in another state that is based on: (1) An action founded in tort, contract or statute, and for which a similar claim would exist under the laws of this state, brought by the patient who received the reproductive health care services upon which the original lawsuit was based or the patient’s authorized legal representative, for damages suffered by the patient or damages derived from an individual’s loss of consortium of the patient; (2) an action founded in contract, and for

which a similar claim would exist under the laws of this state, brought or sought to be enforced by a party with a contractual relationship with the person that is the subject of the judgment entered in another state; or (3) an action where no part of the acts that formed the basis for liability occurred in this state.

**Sec. 2. (NEW) (Effective July 1, 2022)**

(a) Except as provided in sections 52-146c to 52-146k, inclusive, sections 52-146o, 52-146p, 52-146q and 52-146s of the general statutes and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, no covered entity, as defined in 45 CFR 160.103, shall disclose (1) any communication made to such covered entity, or any information obtained by such covered entity from, a patient or the conservator, guardian or other authorized legal representative of a patient relating to reproductive health care services, as defined in section 1 of this act, that are permitted under the laws of this state, or (2) any information obtained by personal examination of a patient relating to reproductive health care services, as defined in section 1 of this act, that are permitted under the laws of this state, unless the patient or that patient's conservator, guardian or other authorized legal representative explicitly consents in writing to such disclosure. A covered entity shall inform the patient or the patient's conservator, guardian or other authorized legal representative of the patient's right to withhold such written consent.

(b) Written consent of the patient or the patient's conservator, guardian or other authorized legal representative shall not be required for the disclosure of such communication or information (1) pursuant to the laws of this state or the rules of court prescribed by the Judicial Branch, (2) by a covered entity against whom a claim has been made, or there is a reasonable belief will be made, in such action or proceeding, to the covered entity's attorney or professional liability insurer or such insurer's agent for use in the defense of such action or proceeding, (3) to the Commissioner of Public Health for records of a patient of a covered entity in connection with an investigation of a complaint, if such records are related to the complaint, or (4) if child abuse, abuse of an elderly individual, abuse of an individual who is physically disabled or incompetent or abuse of an individual with intellectual disability is known or in good faith suspected.

(c) Nothing in this section shall be construed to impede the lawful sharing of medical records as permitted by state or federal law or the rules of the court prescribed by the Judicial Branch, except in the case of a subpoena commanding the production, copying or inspection of medical records relating to reproductive health care services, as defined in section 1 of this act.

**Sec. 3. (NEW) (Effective July 1, 2022)**

Notwithstanding the provisions of section 52-155 of the general statutes and section 46 of public act 22-26, a judge, justice of the peace, notary public or commissioner of the Superior Court shall not issue a subpoena requested by a commissioner, appointed according to the laws or usages of any other state or government, or by any court of the United States or of any other state or government, when such subpoena relates to reproductive health care services, as defined in section 1 of this act, that are permitted under the laws of this state, unless the subpoena relates to: (1) An out-of-state action founded in tort, contract or statute, for which a similar claim would exist under the laws of this state, brought by a patient or the

patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient; or (2) an out-of-state action founded in contract, and for which a similar claim would exist under the laws of this state, brought or sought to be enforced by a party with a contractual relationship with the person that is the subject of the subpoena requested by a commissioner appointed according to the laws or usages of another state.

**Sec. 4.** Subsection (b) of section 54-82i of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

**(b)** If a judge of a court of record in any state which by its laws has made provision for commanding persons within that state to attend and testify in this state certifies, under the seal of such court, that there is a criminal prosecution pending in such court, or that a grand jury investigation has commenced or is about to commence, that a person being within this state is a material witness in such prosecution or grand jury investigation and that the presence of such witness will be required for a specified number of days, upon presentation of such certificate to any judge of a court of record in the judicial district in which such person is, such judge shall fix a time and place for a hearing and shall make an order directing the witness to appear at such time and place for such hearing. If, at such hearing, the judge determines that the witness is material and necessary, that it will not cause undue hardship to the witness to be compelled to attend and testify in the prosecution or a grand jury investigation in the other state and that the laws of such other state and the laws of any other state through which the witness may be required to pass by ordinary course of travel will give to such witness protection from arrest and from the service of civil or criminal process, the judge shall issue a summons, with a copy of the certificate attached, directing the witness to attend and testify in the court where the prosecution is pending, or where a grand jury investigation has commenced or is about to commence at a time and place specified in the summons, except that no judge shall issue a summons in a case where prosecution is pending, or where a grand jury investigation has commenced or is about to commence for a criminal violation of a law of such other state involving the provision or receipt of or assistance with reproductive health care services or gender-affirming health care services, as defined in section 52-571n of this act, that are legal in this state, unless the acts forming the basis of the prosecution or investigation would also constitute an offense in this state. At any such hearing, the certificate shall be prima facie evidence of all the facts stated therein. If such certificate recommends that the witness be taken into immediate custody and delivered to an officer of the requesting state to assure the attendance of the witness in such state, such judge may, in lieu of notification of the hearing, direct that such witness be forthwith brought before such judge for such hearing, and, being satisfied, at such hearing, of the desirability of such custody and delivery, of which desirability such certificate shall be prima facie proof, may, in lieu of issuing a subpoena or summons, order that such witness be forthwith taken into custody and delivered to an officer of the requesting state. If such witness, after being paid or tendered by an authorized person the same amount per mile as provided for state employees pursuant to section 5-141c for each mile by the ordinary traveled route to and from the court where the prosecution is pending and five dollars each day that such witness is required to travel and attend as a witness, fails, without good cause, to attend and testify as directed in the summons, the witness shall be punished in the manner provided for the

punishment of any witness who disobeys a summons issued from a court of record in this state.

**Sec. 5.** Section 54-162 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

The Governor of this state may also surrender, on demand of the executive authority of any other state, any person found in this state who is charged in such other state in the manner provided in section 54-159 with committing an act in this state, or in a third state, intentionally resulting in a crime in the state whose executive authority is making the demand, and the provisions of this chapter not otherwise inconsistent shall apply to such cases, even though the accused was not in that state at the time of the commission of the crime and has not fled therefrom, provided the acts for which extradition is sought would be punishable by the laws of this state, if the consequences claimed to have resulted from those acts in the demanding state had taken effect in this state.

**Sec. 6. (NEW)** (Effective July 1, 2022)

No public agency, as defined in section 1-200 of the general statutes, or employee, appointee, officer or official or any other person acting on behalf of a public agency may provide any information or expend or use time, money, facilities, property, equipment, personnel or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil or criminal liability upon a person or entity for (1) the provision, seeking or receipt of or inquiring about reproductive health care services, as defined in section 1 of this act, that are legal in this state, or (2) assisting any person or entity providing, seeking, receiving or responding to an inquiry about reproductive health care services, as defined in section 1 of this act, that are legal in this state. This section shall not apply to any investigation or proceeding where the conduct subject to potential liability under the investigation or proceeding would be subject to liability under the laws of this state if committed in this state.

**Sec. 7.** Section 19a-602 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

- (a) The decision to terminate a pregnancy prior to the viability of the fetus shall be solely that of the patient in consultation with the patient's physician or, pursuant to the provisions of subsection (d) of this section, the patient's advanced practice registered nurse, nurse-midwife or physician assistant.
- (b) No abortion may be performed upon a patient after viability of the fetus except when necessary to preserve the life or health of the patient.
- (c) A physician licensed pursuant to chapter 370 may perform an abortion, as defined in section 19a-912.
- (d) An advanced practice registered nurse licensed pursuant to chapter 378, a nurse-midwife licensed pursuant to chapter 377 and a physician assistant licensed pursuant to chapter 370 may perform medication and aspiration abortions under and in accordance with said chapters.

## History

Approved by the Governor May 5, 2022

Effective date: July 1, 2022

[2022 Ct. ALS 19, 2022 Ct. P.A. 19, 2022 Ct. HB 5414, 2022 Ct. ALS 19, 2022 Ct. P.A. 19, 2022 Ct. HB 5414](#)

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[NEW] [Added by P.A. 22-19, S. 3]

Notwithstanding the provisions of section 52-155 of the general statutes and section 46 of public act 22-26, a judge, justice of the peace, notary public or commissioner of the Superior Court shall not issue a subpoena requested by a commissioner, appointed according to the laws or usages of any other state or government, or by any court of the United States or of any other state or government, when such subpoena relates to reproductive health care services, as defined in section 1 of this act, that are permitted under the laws of this state, unless the subpoena relates to: (1) An out-of-state action founded in tort, contract or statute, for which a similar claim would exist under the laws of this state, brought by a patient or the patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient; or (2) an out-of-state action founded in contract, and for which a similar claim would exist under the laws of this state, brought or sought to be enforced by a party with a contractual relationship with the person that is the subject of the subpoena requested by a commissioner appointed according to the laws or usages of another state.

## History

**P.A. 22-19, § 3, effective July 1, 2022.**

[Conn. Gen. Stat. NEW: Added by P.A. 22-19, § 3](#)

NEW] [Added by P.A. 22-118, S. 486]

Notwithstanding the provisions of section 52-155 of the general statutes and section 46 of public act 22-26, a judge, justice of the peace, notary public or commissioner of the Superior Court shall not issue a subpoena requested by a commissioner, appointed according to the laws or usages of any other state or government, or by any court of the United States or of any other state or government, when such subpoena relates to reproductive health care services or gender-affirming health care services, as defined in section 484 of this act, that are permitted under the laws of this state, unless the subpoena relates to: (1) An out-of-state action founded in tort, contract or statute, for which a similar claim would exist under the laws of this state, brought by a patient or the patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient; or (2) an out-of-state action founded in contract, and for which a similar claim would exist under the laws of this state, brought or sought to be enforced by a party with a contractual relationship with the person that is the subject of the subpoena requested by a commissioner appointed according to the laws or usages of another state.

## History

**P.A. 22-118, § 486, effective July 1, 2022.**

[Conn. Gen. Stat. NEW: Added by P.A. 22-118, § 486](#)

**Sec. 19a-911.** Council to protect women's health.

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**(a)** There is established a Council on Protecting Women's Health that shall advise the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance on strategies and any necessary legislative changes to ensure that the actions of the federal government do not impede the provision of health care to women in the state. The council shall monitor legislation at the federal level and any litigation relating to women's health and wellness that has the potential to negatively impact women's health in the state and immediately report, in accordance with the provisions of section 11-4a, to such joint standing committees on strategies, including, but not limited to, the initiation of legislation to protect women's health in the state.

**(b)** The Council on Protecting Women's Health shall be comprised of (1) the following ex-officio voting members: (A) The Commissioner of Public Health, or the commissioner's designee; (B) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (C) the Insurance Commissioner, or the commissioner's designee; (D) the Commissioner of Health Strategy, or the commissioner's designee; (E) the Healthcare Advocate, or the Healthcare Advocate's designee; and (F) the Secretary of the Office of Policy and Management, or the secretary's designee; and (2) fourteen public members, three of whom shall be appointed by the president pro tempore of the Senate, three of whom shall be appointed by the speaker of the House of Representatives, two of whom shall be appointed by the majority leader of the Senate, two of whom shall be appointed by the majority leader of the House of Representatives, two of whom shall be appointed by the minority leader of the Senate and two of whom shall be appointed by the minority leader of the House of Representatives, and all of whom shall be knowledgeable on issues relative to women's health care in the state. The membership of the council shall fairly and adequately represent women who have had issues accessing quality health care in the state.

**(c)** All appointments to the council shall be made not later than sixty days after July 1, 2019. Any vacancy shall be filled by the appointing authority. Members shall serve two-year terms and no public member shall serve for more than two consecutive terms.

**(d)** The council shall elect two cochairpersons from among its members. The council shall meet at least quarterly. Members of the council shall serve without compensation, except for necessary expenses incurred in the performance of their duties.

**(e)** The Joint Committee on Legislative Management shall provide administrative support to the chairpersons of the council and assistance in convening the council's meetings.

**(f)** Not later than January 1, 2020, and annually thereafter, the council shall submit a status report on protecting women's health care in the state, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance.

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**Sec. 19a-911a.** Accessing, continuing or completing assisted reproductive technology treatments or procedures or the performance of such treatments or procedures. Prohibition of or unreasonable limitation on prohibited.

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(a) As used in this **section**, (1) “assisted reproductive technology” has the same meaning as provided in 42 USC 263a-7, as amended from time to time, and (2) “assisted reproduction” has the same meaning as provided in **section** 46b-451.

(b) No person or entity may prohibit or unreasonably limit any person from (1) accessing assisted reproductive technology or assisted reproduction, (2) continuing or completing an ongoing assisted reproductive technology treatment or procedure or an ongoing assisted reproduction treatment or procedure pursuant to a written plan or agreement with a health care provider, or (3) retaining all rights regarding the use of reproductive genetic materials, including, but not limited to, gametes.

(c) No person or entity may prohibit or unreasonably limit a health care provider who is licensed, certified or otherwise authorized to perform assisted reproductive technology treatments or procedures or assisted reproduction treatments or procedures from (1) performing any such treatment or procedure, or (2) providing evidence-based information related to assisted reproductive technology or assisted reproduction.

**Sec. 19a-912.** Limited services pregnancy centers. Definitions.

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As used in this **section** and **sections** 19a-912a and 19a-912b:

(1) “Abortion” means the termination of a pregnancy for purposes other than producing a live birth. “Abortion” includes, but is not limited to, a termination of a pregnancy using pharmacological agents;

(2) “Client” means an individual who is inquiring about or seeking services at a pregnancy services center;

(3) “Clinical laboratory services” means the microbiological, serological, chemical, hematological, biophysical, cytological or pathological examination of materials derived from the human body for the purpose of obtaining information for the diagnosis, prevention or treatment of disease or the assessment of a health condition;

(4) “Emergency contraception” means one or more prescription drugs (A) used separately or in combination for the purpose of preventing pregnancy, (B) administered to or self-administered by a patient within a medically recommended amount of time after sexual intercourse, (C) dispensed for such purpose in accordance with professional standards of practice, and (D) determined by the United States Food and Drug Administration to be safe for such purpose;

(5) “Health information” means any oral or written information in any form or medium that relates to health insurance or the past, present or future physical or mental health or condition of a client;

(6) “Licensed health care provider” means a person licensed under the provisions of federal or state law to provide health care or other medical services;

(7) “Limited services pregnancy center” means a pregnancy services center that does not directly provide, or provide referrals for, abortions or emergency contraception;

(8) “Pregnancy-related service” means any medical or health counseling service related to pregnancy or pregnancy prevention, including, but not limited to, contraception and contraceptive counseling, pregnancy testing, pregnancy diagnosis, pregnancy options counseling, obstetric ultrasound, obstetric sonogram and prenatal care;

(9) “Pregnancy services center” means a facility, including a mobile facility, the primary purpose of which is to provide services to clients who are or have reason to believe they may be pregnant and that either (A) offers obstetric ultrasounds, obstetric sonograms, pregnancy testing or diagnosis or prenatal care to pregnant clients, or (B) has the appearance of a medical facility by virtue of having two or more of the following factors present: (i) Staff or volunteers who wear medical attire and

uniforms; (ii) one or more examination tables; (iii) a private or semiprivate room or area containing medical supplies or medical instruments; (iv) staff or volunteers who collect health information from clients; or (v) the facility is located on the same premises as a licensed health care facility or licensed health care provider or shares facility space with a licensed health care provider;

(10) "Premises" means land and improvements or appurtenances or any part thereof; and

(11) "Prenatal care" means services consisting of a physical examination, pelvic examination or clinical laboratory services provided to a client during pregnancy.

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**Sec. 19a-912a.** Deceptive advertising by limited services pregnancy centers. Prohibited.

No limited services pregnancy center, with the intent to perform a pregnancy-related service, shall make or disseminate before the public, or cause to be made or disseminated before the public, in any newspaper or other publication, through any advertising device, or in any other manner, including, but not limited to, through use of the Internet, any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive, whether by statement or omission, and that a limited services pregnancy center knows or reasonably should know to be deceptive.

**Sec. 19a-912b.** Deceptive advertising by limited services pregnancy centers. Injunctive relief. Civil penalty.

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(a) The Attorney General may apply to any court of competent jurisdiction for injunctive relief to compel compliance with the provisions of section 19a-912a and correct the effects of the deceptive advertising, provided the Attorney General gives written notice to the limited services pregnancy center in accordance with subsection (b) of this section. Any injunctive relief ordered by the court may include requiring the limited service pregnancy center to:

(1) Pay for and disseminate appropriate corrective advertising in the same form and using the same advertising device as used in the deceptive advertising;

(2) Post a remedial notice that corrects the effects of the deceptive advertising; or

(3) Provide such other narrowly tailored relief as the court deems necessary to remedy the adverse effects of the deceptive advertising on any clients seeking pregnancy-related services.

(b) Prior to commencing an action pursuant to subsection (a) of this section, the Attorney General shall give written notice to the limited services pregnancy center of the violation of section 19a-912a and allow the limited services pregnancy center to cure such violation not later than ten days after receipt of the written notice. The Attorney General may file an action pursuant to subsection (a) of this section after such ten-day period if the limited services pregnancy center does not respond to the written notice or refuses to cure the violation of section 19a-912a.

(c) Upon a finding by the court that a limited services pregnancy center has violated any provision of section 19a-912a, the state shall be entitled to recover (1) civil penalties of not less than fifty dollars and not more than five hundred dollars per violation, and (2) reasonable attorney's fees and costs.

(d) Nothing in this section shall prohibit the state or any political subdivision thereof from seeking any administrative, legal or equitable relief permitted by law, including, but not limited to, relief permitted by chapter 735a and the regulations adopted thereunder.

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