

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON THE JUDICIARY,
SUBCOMMITTEE ON THE CONSTITUTION**

The Honorable Steve Chabot, Presiding

March 3, 2005

**Prepared Testimony of
Professor Teresa Stanton Collett***

Good afternoon Mr. Chairman, Members of the Committee, and other distinguished guests. My name is Teresa Stanton Collett and I am a professor of law at the University of St. Thomas School of Law in Minneapolis, Minnesota.

I am honored to have been invited to testify on H.R. 748, the “Child Interstate Abortion Notification Act” (the “Act”). My testimony represents my professional knowledge and opinion as a law professor who writes on the topic of family law, and specifically on the topic of parental involvement laws. It also represents my experience in assisting legislators across the country in evaluating parental involvement laws during the legislative process and defending parental involvement laws in the courts. I have served as a member of the Texas Supreme Court Subadvisory Committee charged with proposing court rules implementing the judicial bypass of parental notification in that state. I testified before the House and Senate Judiciary Committees in 1998, 2001, and 2004 in support of “the Child Custody Protection Act” which is the predecessor to H.R. 748. My testimony today is not intended to represent the views of my employer, the University of St. Thomas, or any other organization or person.

It is my opinion that the Child Interstate Abortion Notification Act will significantly advance the state’s interest in promoting the health and safety of young girls experiencing an unplanned pregnancy, as well as the interests of parents seeking to provide support and guidance to their minor daughters during this difficult time.¹ In the

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¹ Cases evidencing the general rule that parents are legally entitled to make medical decisions on behalf of their children include *Newmark v. Williams*, 588 A.2d 1108 (Del. Super. Ct. 1991) (upholding parents’ rejection of chemotherapy in favor of prayer treatment where survival was not assured even with medical intervention.); *In re Eric B.*, 235 Cal Rptr. 22 (Cal. Ct. App. 1987) (requiring medical monitoring of child following court-ordered chemotherapy treatments over renewed parental objections); *In re Green*, 292 A.2d 387 (Pa. 1972) (dismissing court ordered medical intervention for seventeen-year-old poliomyelitis patient suffering from 94% curvature of the spine on basis that condition is not considered life-threatening); and *In re Baby K*, 832 F.Supp. 1022 (E.D. Va. 1993), *aff’d*, 16 F.3d. 590 (4th Cir.), *cert. denied*, 115 S.Ct. 91(1994) (court rejected petition by hospital and natural father to remove anencephalic child from life support over mother’s objection). See also Gina Kolata, *Battle over a Baby’s Future Raises Hard Ethical Issues*, NY TIMES, Dec. 27, 1994, at A1, and Michelle O. Ray, *Defying Death Sentence, Baby Ryan Heads*

cases where the pregnancy results from unlawful conduct by adult men, the Act will provide greater assurances that unlawful acts will come to the attention of law enforcement officials so that the perpetrators can be prosecuted.

Parental Rights to Control Medical Care of Minors

The United States Supreme Court has described parents' right to control the care of their children as "perhaps the oldest of the fundamental liberty interests recognized by this Court."² In addressing the right of parents to direct the medical care of their children, the Court has stated:

Our jurisprudence historically has reflected Western civilization concepts of the family as a unit with broad parental authority over minor children. Our cases have consistently followed that course; our constitutional system long ago rejected any notion that a child is "the mere creature of the State" and, on the contrary, asserted that parents generally "have the right, coupled with the high duty, to recognize and prepare [their children] for additional obligations." Surely, this includes a "high duty" to recognize symptoms of illness and to seek and follow medical advice. The law's concept of the family rests on a presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions.³

It is this need to insure the availability of parental guidance and support that underlies the laws requiring a parent is notified or gives consent prior to the performance of an abortion on his or her minor daughter. The national consensus in favor of this position is illustrated by the fact that there are parental involvement laws on the books in forty-four of the fifty states.⁴ Only six states in the nation have not attempted to legislatively insure some level of parental involvement in a minor's decision to obtain an abortion.⁵

Home, NEWS TRIB., Mar. 6, 1995, at A1 (news reports of successful effort by parents of premature handicapped infant to enjoin hospital from discontinuing dialysis without their consent).

² *Troxel v. Granville*, 530 U.S. 57, 120 U.S. Sup. Ct. 2054 at 2060 (2000)(overturning Washington visitation statute which unduly interfered with parental rights).

³ *Parham v. J.R.*, 442 U.S. 584 at 602 (1979)(emphasis added)(rejecting claim that minors had right to adversarial proceeding prior to commitment by parents for treatment related to mental health).

⁴ See Ala. Code § § 26-21-1 to-8 (Westlaw 2003 through organizational and 1st session); Alaska Stat. §§ 18.16.010(a)(3), .020, .030, .090(2) (Bender, WESTLAW through 2002 Replacement Set); Ariz. Rev. Stat. Ann. § 36-2152 (West, WESTLAW through May 2004); Ark. Code Ann. § § 20-16-801 to-808 (WESTLAW through end of 2003 Reg. Sess.); Cal. Health & Safety Code § 123450 (West 1996 & Supp. 1999); COLO. REV. STAT. ANN. §§ 12-37.5-101 to -108 (WESTLAW through ch. 18 of 2003 1st Reg. Sess.); H.B. 1376, 64th General Assembly, Gen. Sess. (Co. 2003); Conn. Gen. Stat. Ann. § 19(a)-601 (WESTLAW current with amendments received through 2003 Jan. Reg. Sess., June 30 Sp. Sess. and Sept. 8 Sp. Sess.); Del. Code Ann. tit. 24, § § 1780-1789B (WESTLAW current through 2003 Regular Session of the 142nd General Assembly); Fla. Stat. Ann. § 390.01115 (WESTLAW current through May 12, 2004); Ga. Code Ann. § § 15-11-110 to-118 (WESTLAW current through end of 2003 Reg. Sess.); Idaho Code § 18-609(6) (WESTLAW current through end of 2003 session); 750 Ill. Comp. Stat. 70/1-70/99

Of the forty-four states that have enacted laws, ten statutes have been determined to have state or federal constitutional infirmities. Therefore the laws of thirty-four states are in effect today.⁶ Ten of these remaining states have laws that empower abortion

(WESTLAW current through P.A. 93-673 of the 2004 Reg. Sess.); Ind. Code Ann. § § 16-18-2-267, 16-34-2-4 (WESTLAW current through P.L. 1 of 2004 2nd Regular Sess.); Iowa Code Ann. § § 135L.1-8 (WESTLAW current through end of 2003 1st Ex. Sess.); Kan. Stat. Ann. § 65-6705 (WESTLAW current through 2003 Reg. Sess.); Ky. Rev. Stat. Ann. § 311.732 (WESTLAW current through end of 2003 Reg. Sess.); La. Rev. Stat. Ann. § 40:1299.35.5 (WESTLAW current through all 2004 First Extraordinary Session Acts); Me. Rev. Stat. Ann. tit. 22, § 1597-A (WESTLAW current through 2003 First Special Session of the 121st Legislature); Md. Code Ann., Health-Gen. § 20-103 (WESTLAW current with laws from the 2004 Regular Session effective through May 11, 2004); Mass. Ann. Laws ch. 112, § 12s (WESTLAW current through Ch. 115 of the 2004 2nd Annual Sess.); Mich. Stat. Ann. § § 722.901 et seq. (WESTLAW current through P.A.2004, No. 102); Minn. Stat. Ann. § § 144.343 , 645.452 (WESTLAW current with 2004 Regular Session laws through Chapters 140, 144, 147, 150 to 152 and 158); Miss. Code Ann. § § 41-41-51 to-63 (WESTLAW current through end of 2003 Reg. Sess.); Mo. Ann. Stat. § § 188.015, 188.028 (WESTLAW current through the End of the First Regular and Second Extraordinary Sessions of the 92nd General Assembly (2003)); Mont. Code Ann. § § 50-20-201 to-215 (WESTLAW current through the 2003 Regular Session of the 58th Legislature); Neb. Rev. Stat. § § 71-6901 to- 6909 (WESTLAW current through First Regular Session of the 98th Legislature (2003)); Nev. Rev. Stat. § § 442.255-.257 (WESTLAW current through the 2003 Reg. Sess. Of the 72nd Legislature and the 19th and 20th Spec. Sess. (2003)); N.H. Stat. Ann. §§132.25 et seq. (WESTLAW current through end of 2003 Reg. Sess.); N.J. Stat. Ann. § § 9:17A-1 to-1.12 (WESTLAW current through L.2004); N.M. Stat. Ann. § § 30-5-1(C) (WESTLAW current through the Spec. Sess. Of the 46th Legislature (2004)); N.C. Gen. Stat. § § 90-21.6 et seq. (WESTLAW current through the 2003 Second Ex. Sess.); N.D. Cent. Code § § 14-02.1 to 03.1 (WESTLAW current through 2003 General and Spec. Sess.); OHIO REV. CODE ANN. §§ 2151.85, 2505.073, 2919.12, 2919.122 (WESTLAW current through 2004 File 76 of the 125th GA (2003-2004), apv. by 5/6/04); 18 Pa. Cons. Stat. Ann. § 3206 (WESTLAW current through Act 2004-21); R.I. Gen. Laws § 23-4.7-6 (WESTLAW current through Jan. 2003 Sess.); S.C. Code Ann. § § 44-41-10, 30 to-37 (WESTLAW current through end of 2003 Reg. Sess.); S.D. Codified Laws § § 26-1-1, 34-23A-7 (WESTLAW current through the end of the 2004 Reg. Sess.); Tenn. Code Ann. § 37-10-301 et seq. (WESTLAW current with laws from 2004 Second Reg. Sess. eff. April 30, 2004); Tex. Fam. Code Ann. § 33.001-.004 (WESTLAW current through the end of the 2004 Fourth Called Session); Utah Code Ann. § 76-7-304 (WESTLAW current through 2003 2nd Spec. Sess.); Va. Code Ann. § 16.1-241(V) as amended by Senate Bill 335 (WESTLAW current through 2003 Reg. Sess.); W. Va. Code § § 16-2F-1 et seq. (WESTLAW current with Laws of the 2004 Regular Session effective before April 15, 2004); Wis. Stat. Ann. § 48.375 (WESTLAW current through 2003 Act 137, published 3/4/04); Wyo. Stat. Ann. § 35-6-118 (WESTLAW current through 2003 Reg. Sess.).

⁵ These are Hawaii, New York, Oklahoma, Oregon, Vermont, and Washington. The proper classification of Connecticut and Oklahoma are debated between advocates and detractors of parental involvement laws, with Connecticut commonly being classified as having no parental involvement law and Oklahoma's abortion liability law being classified as a parental notice law.

⁶ One state law is not being enforced due to an attorney general's opinion that the statute is unconstitutional. Courts have enjoined the implementation of nine state statutes based on claims of state or federal constitutional infirmity. Three of these rulings are currently on appeal, and the citizens recently rejected one when they amended the Florida state constitution to clarify the state's ability to protect minors through the enactment of a parental involvement law.

See *Planned Parenthood v. State*, 3AN-97-6014 C1 (Alaska Super. Ct. Oct. 13, 2003) (decision on remand); appeal filed *State v. Planned Parenthood*, S-11365 (Alaska Supreme Court)(oral argument scheduled for April 13,2005); *American Acad. of Pediatrics v. Lungren*, 940 P.2d 797 (Cal. 1997) (parental consent statute violated state constitutional right to privacy); *North Florida Women's Health and*

providers to decide whether to involve parents or allow notice to or consent from people other than parents or legal guardians.⁷ These laws are substantially ineffectual in assuring parental involvement in a minor's decision to obtain an abortion. However, parents in the remaining twenty-four states are effectively guaranteed the right to parental notification or consent in most cases.⁸

Widespread Public Support

There is widespread agreement that as a general rule, parents should be involved in their minor daughter's decision to terminate an unplanned pregnancy. This agreement even extends to young people, ages 18 to 24.⁹ To my knowledge, no organizations or

Counseling Services, Inc. v. State, 866 So.2d 612 (Fla. 2003) (parental notification requirement violated state constitutional right to privacy) Florida citizens then passed a state constitutional amendment authorizing the legislature to enact a parental notice law which the state supreme court upheld in *ACLU of Fla. v. Hood*, SC04-1671 (Dec. 22, 2004) available at http://jweb.flcourts.org/pls/docket/ds_docket_search; *Planned Parenthood of Idaho, Inc. v. Lance*, No. CIV 00-0353-S-MHW (D. Idaho Mar. 8, 2002), aff'd in part and rev'd in part sub nom, *Planned Parenthood of Idaho, Inc. v. Wasden*, 376 F.3d 908 (9th Cir. 2004), petition for cert filed, 73 USLW 3338 (Nov. 24, 2004); *Zbaraz v. Ryan*, No. 84 C 771 (N.D. Ill. 1996) (Ill. Supreme Ct. refused to issue rules implementing Ill. Stat.); *Wicklund v. State*, No. ADV-97-671 (Mont. Dist. Ct. Feb. 25, 1999) (parental notification law violated state constitution) available at http://www.mtbizlaw.com/1stjd99/WICKLUND_2_11.htm; *Glick v. McKay*, 616 F. Supp. 322, 327 (D. Nev. 1985), aff'd, 937 F.2d 434 (9th Cir. 1991); *Planned Parenthood of Northern New England v. Heed*, 296 F.Supp.2d 59 (D.N.H. 2003) (striking down statute due to absence of health exception) aff'd by *Planned Parenthood of Northern New England v. Heed*, 390 F.3d 53 (1st Cir. 2004) petition for cert. filed sub nom *Ayotte v. Planned Parenthood of Northern New England* (Feb. 22, 2005); *Planned Parenthood of Central New Jersey v. Farmer*, 762 A.2d 620 (N.J. 2000) (parental notification law with judicial waiver violates state constitution). See also N.M. Op. Att'y Gen. No. 90-19 (Oct. 3, 1990) (opining that a pre-Roe N.M. parental consent law was unconstitutional).

⁷ See Conn. Gen. Stat. Ann. § 19(a)-601 (stating that the abortion provider need only discuss the possibility of parental involvement); Del. Code Ann. tit. 24, § 1783(a) (allowing notice to a licensed mental health professional not associated with an abortion provider); Kan. Stat. Ann. § 65-6705(j) (allowing a physician to bypass parental notice in cases where the physician determines that an emergency exists that threatens the "well-being" of the minor); Me. Rev. Stat. Ann. tit. 22, § 1597- A(2) (allowing a minor to give informed consent after counseling by the abortion provider); Md. Code Ann., Health-Gen. § 20-103(c) (allowing a physician to determine that parental notice is not in the minor's best interest); Ohio Rev. Code Ann. § 2919.12 (stating that notice may be given to a brother, sister, step-parent, or grandparent if certain qualifications are met); Utah Code Ann. § 76-7-304 (stating that a physician need notify only if possible); W. Va. Code § 16-2F-1 (stating physician not affiliated with an abortion provider may waive the notice requirement); Wis. Stat. Ann. § 48-375 (stating that the notice may be given to any adult family member).

⁸ The guarantee is qualified by the fact that every state with an effective parental involvement law has judicial bypass of parental involvement for mature and well informed minors and minors for whom the court determines that abortion is in their best interest.

⁹ A Kaiser Family Foundation/MTV Survey of 603 people ages 18-24 found that 68% favored laws requiring parental consent prior to performance of an abortion on girls under 18. *Sex Laws: Youth Opinion on Sexual Health Issues in the 2000 Election* (conducted July 5-17, 2000) available at <<http://www.kcts.org/productions/youthpolitics/issues/index.asp> > (visited June 1, 2004). Similar results are found in polls taken from September 1981 to January 2004, which consistently reflect over 70% of the American public support parental consent or notification laws. See, e.g., Gallup/CNN/USA Today Poll (released Jan. 15, 2004) (73% favor requiring parental consent for abortion "for women under 18"); CBS

individuals, whether abortion rights activists or pro-life advocates, dispute this point.¹⁰ On an issue as contentious and divisive as abortion, it is both remarkable and instructive that there is such firm and long-standing support for laws requiring parental involvement.

Various reasons underlie this broad and consistent support. As Justices O'Connor, Kennedy, and Souter observed in *Planned Parenthood v. Casey*,¹¹ parental consent and notification laws related to abortions "are based on the quite reasonable assumption that minors will benefit from consultation with their parents and that children will often not realize that their parents have their best interests at heart."¹² This reasoning led the Court to conclude that the Pennsylvania parental consent law was constitutional.

Voluntary Involvement of Parents by Minors in the Abortion Decision

Opponents of parental involvement laws commonly argue that, absent a parental involvement law, approximately 61 percent of all minors involve a parent in the decision to obtain an abortion, and the remaining minors have good reason to avoid involving a

News/ NY Times Poll (released Jan. 15, 1998) (78% of those polled favor requiring parental consent before a girl under 18 years of age could have an abortion); Americans United for Life, Abortion and Moral Beliefs, A Survey of American Opinion (1991); Wirthlin Group Survey, Public Opinion, May-June 1989; Life/Contemporary American Family (released December, 1981) (78% of those polled believed that "a girl who is under 18 years of age [should] have to notify her parents before she can have an abortion"). Other polling results are available in Westlaw, Dialog library, poll file.

¹⁰ "NARAL Pro-Choice America believes that loving and responsible parents should be involved when their daughters face crisis pregnancies." NARAL Pro-Choice America Foundation, WHO DECIDES? THE STATUS OF WOMEN'S REPRODUCTIVE RIGHTS IN THE UNITED STATES (2005) at http://naral.org/yourstate/whodecides/trends/issues_young_women.cfm. "Physicians should strongly encourage minors to discuss their pregnancy with their parents. Physicians should explain how parental involvement can be helpful and that parents are generally very understanding and supportive. If a minor expresses concerns about parental involvement, the physician should ensure that the minor's reluctance is not based on any misperceptions about the likely consequences of parental involvement." Council on Ethical and Judicial Affairs, American Medical Association, *Mandatory Parental Consent to Abortion*, JAMA 82 (January 6 1993) (opposing laws that mandate parental involvement on the basis that such laws may expose minors to physical harm, or compromise "the minor's need for privacy on matters of sexual intimacy.")

¹¹ *Planned Parenthood v. Casey*, 505 U.S. 833 (1992).

¹² 505 U.S. at 895. In *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52 (1976), the first of a series of United States Supreme Court cases dealing with parental consent or notification laws, Justice Stewart wrote, "There can be little doubt that the State furthers a constitutionally permissible end by encouraging an unmarried pregnant minor to seek the help and advice of her parents in making the very important decision of whether to have a child." *Id.* at 91. Three years later the Court acknowledged that parental consultation is critical for minors considering abortion because "minors often lack the experience, perspective and judgment to avoid choices that could be detrimental to them." *Bellotti v. Baird*, 443 U.S. 622, 640, (1979) (*Bellotti II*) (plurality opinion). The *Bellotti* Court also observed that parental consultation is particularly desirable regarding the abortion decision since, for some, the situation raises profound moral and religious concerns. *Bellotti II*, 443 U.S. at 635.

parent.¹³ These individuals and organizations base their assertions on the 1992 article, *Parental Involvement in Minors' Abortion Decisions* by Stanley K. Henshaw and Kathryn Kost.¹⁴ While the article may provide adequate empirical support for the first conclusion (61% of all minors will voluntarily involve a parent absent a parental involvement law), there are several limitations and qualifications that make the second conclusion highly suspect.

While the study purports to be "based on a nationally representative sample of more than 1500 unmarried minors having an abortion"¹⁵ no respondents from the twenty-one states requiring parental involvement at that time were included. Therefore no respondent was impacted by a parental consent or notification law. Further, the sample included only respondents who obtained abortions. There is absolutely no information from adolescents who, after consultation with a parent, decided to continue their pregnancies.

To gain an accurate understanding of the impact and value of parental involvement in minors' abortion decisions, it is necessary to have information from: **(a)** adolescents who terminated their pregnancies as well as adolescents who carried their pregnancies to term; and **(b)** the parents of adolescents who terminated their pregnancies as well as the parents of those adolescents who carried to term. Without information obtained directly from parents of those adolescents who responded to survey questions about their parents, there is no basis for assessing the accuracy of the adolescents' perceptions regarding their parents' knowledge, behavior and attitudes.

Notwithstanding these limitations, researcher bias is most evident in that the minors in study whose parents knew of their pregnancy were asked whether they experienced any of 11 possible "adverse" consequences from their parents' finding out, but were not asked about any possible positive outcomes. At a minimum, balanced research would require asking respondents to also report benefits of parents' finding out

¹³ "Sixty-one percent of the respondents reported that at least one of their parents knew about their abortion. Of those minors who did not inform their parents of their abortions, 30 percent had histories of violence in their families, feared the occurrence of violence, or were afraid of being forced to leave their homes." Planned Parenthood Federation of America, *Teenagers, Abortion, and Government Intrusion Laws* (2004) at <http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/abortion/fact-teenagers-abortion-intrusion.xml>. "Based on a national survey of more than 1,500 unmarried minors having abortions in states without parental involvement laws, 61% of young women discussed the decision to have an abortion with at least one of their parents." ACLU, *Laws Restricting Teenagers' Access to Abortion* (Apr. 1, 2001) at <http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=9034&c=223>. "Even in states that do not enforce mandatory parental involvement laws, 61 percent of parents know of their daughters' pregnancy." NARAL Pro-Choice America, *Facts and Myths about the "Child Custody Protection Act"* (Jan. 1, 2004) at <http://www.prochoiceamerica.org/facts/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=7963>.

¹⁴ Stanley Henshaw & Kathryn Kost, *Parental Involvement in Minors' Abortion Decisions*, 24 Fam. Plan. Persp. 196-213 (1992).

¹⁵ *Id.* at 196.

about their intended abortion and whether the minors are glad that their parents were involved in the decision making process.

The survey reported in the article asked respondents who had been involved in helping them decide or arrange for the abortion. Among those who reported that at least one parent knew of their pregnancy, 95% said their mother was involved, and 99% indicated at least one adult was involved (and 100% of those 15 and under said an adult was involved). Among those who reported that neither parent knew, 48% said that no adult was involved (and 53% of those 15 and under said that no adult was involved). Presumably the only adult involved for some of these minors who said that some adult was involved was a *boyfriend over age 21*.

Among those minors who reported that neither parent knew of the abortion, 89% said that a boyfriend was involved in deciding or arranging the abortion (and 93% of those 15 and under said that a boyfriend was involved). Further, 76% indicated that a boyfriend helped pay the expenses of the abortion. Clearly, a number of young girls who obtained abortions without their parents' knowledge were encouraged to do so by a boyfriend who could have been charged with statutory rape.

Discussing this study in litigation related to the Alaska parental consent statute, Dr. Henshaw reported, "Among minors whose parents found out about the pregnancy, 58% reported one or more adverse results of parental knowledge." The most common "adverse" result reported by adolescents was that their parents' stress increased (30%). Parental stress upon learning of a child's problem is hardly uncommon or indicative of family dysfunction. Another "adverse" result was that parents forced the respondent to stop seeing her boyfriend (14%). It is not clear whether this consequence was harmful to the child; it may have been both beneficial for the child and mutually agreed upon as in her best interests.¹⁶

Adolescents are often reluctant to inform their parents about any action that they know would displease or disappoint them. It is not surprising to hear that some adolescents are fearful of their parents' disapproval or disappointment. But fear does not justify empowering an adolescent to disregard the very people in her life who can provide her with informed, experienced input and sincere, selfless support during a most desperate time.

When parents are informed of their daughter's pregnancy, they may, indeed probably will, feel displeasure or disappointment. However such an initial reaction by parents is not grounds for labeling those families as a threat to their child's wellbeing. "[P]arents whose daughters told them about the pregnancy were understanding and supportive as often as they were upset and disappointed."¹⁷ In fact, when parents were

¹⁶ *Id.* at 204 Table 7.

¹⁷ *Id.* at 207.

told about the pregnancy by their daughter, 87% of mothers and 77% of fathers were supportive of an abortion, while only 5 or 6% were not supportive.¹⁸

As currently drafted the Act before this committee seeks to advance three substantial state interests: improved medical care for minors who decide to terminate their pregnancies, increased protection of minor girls against sexual exploitation by adult men, and decreased adolescent pregnancy rates.

Improved Medical Care of Minor Girls

Medical care for minors seeking abortions is improved by parental involvement in three ways. First, parental involvement laws allow parents to assist their daughter in the selection of the abortion provider.

As with all medical procedures, one of the most important guarantees of patient safety is the professional competence of those who perform the medical procedure. In *Bellotti v. Baird*, the United States Supreme Court acknowledged the superior ability of parents to evaluate and select appropriate healthcare providers.¹⁹

In this case, however, we are concerned only with minors who according to the record range in age from children of twelve years to 17-year-old teenagers. Even the latter are less likely than adults to know or be able to recognize ethical, qualified physicians, or to have the means to engage such professionals. Many minors who bypass their parents probably will resort to an abortion clinic, without being able to distinguish the competent and ethical from those that are incompetent or unethical.²⁰

Historically, the National Abortion Federation has recommended that patients seeking an abortion confirm that the abortion will be performed by a licensed physician in good standing with the state Board of Medical Examiners and that the doctor have admitting privileges at a local hospital not more than twenty minutes away from the location where the abortion is to occur in order to insure adequate care should complications arise.²¹ These recommendations were deleted after they were introduced into evidence in malpractice cases against abortion providers. Notwithstanding this change in the NAF recommendations, a well-informed parent seeking to guide her child is more likely to inquire regarding these matters than a panicky teen who just wants to no longer be pregnant.

¹⁸ *Id.* at 203, Table 6.

¹⁹ 443 U.S. 622 at 641 (1979) (*Bellotti II*).

²⁰ *Bellotti v. Baird*, 443 U.S. 622 at 641 (1979) (*Bellotti II*).

²¹ National Abortion Federation, *Having an Abortion? Your Guide to Good Care* (2000) which was available at <<http://www.prochoice.org/pregnant/goodcare.htm>>, (visited Jan. 1, 2000).

Second, parental involvement laws insure that parents have the opportunity to provide additional medical history and information to abortion providers prior to performance of the abortion.²²

The medical, emotional, and psychological consequences of an abortion are serious and can be lasting; this is particularly so when the patient is immature. An adequate medical and psychological case history is important to the physician. Parents can provide medical and psychological data, refer the physician to other sources of medical history, such as family physicians, and authorize family physicians to give relevant data.²³

Abortion providers, in turn, have the opportunity to disclose the medical risks of the procedure to the adult who can advise the girl in giving her informed consent to the surgical procedure. Parental notification insures that the abortion providers inform a mature adult of the risks and benefits of the proposed treatment, after having received a more complete and thus more accurate medical history of the patient.

The third way in which parental notification will improve medical treatment of pregnant minors is by insuring that parents have adequate knowledge to recognize and

²² In *Edison v. Reproductive Health Services*, 863 S.W.2d 621 (Mo. App. E.D. 1993), the court confronted the question of whether an abortion provider could be held liable for the suicide of Sandra, a fourteen-year-old girl, due to depression following an abortion. Learning of the abortion only after her daughter's death, the girl's mother sued the abortion provider, alleging that her daughter's death was due to the failure to obtain a psychiatric history or monitor Sandra's mental health. *Id.* at 624. An eyewitness to Sandra's death "testified that he saw Sandra holding on to a fence on a bridge over Arsenal Street and then jumped in front of a car traveling below on Arsenal. She appeared to have been rocking back and forth while holding onto the fence, then deliberately let go and jumped far out to the driver's side of the car that struck her. A second car hit her while she was on the ground. Sandra was taken to a hospital and died the next day of multiple injuries." *Id.* at 622.

The court ultimately determined that Sandra was not insane at the time she committed suicide. Therefore her actions broke the chain of causation required for recovery. Yet evidence was presented that the daughter had a history of psychological illness, and that her behavior was noticeably different after the abortion. *Id.* at 628. If Sandra's mother had known that her daughter had obtained an abortion, it is possible that this tragedy would have been avoided.

See also Anna Glasier, *Counseling for Abortion*, in MODERN METHODS OF INDUCING ABORTION 112, 117 (David T. Baird et al. eds., 1995) ("20% of women suffer from severe feelings of loss, grief and regret"); Jo Ann Rosenfeld, *Emotional Responses to Therapeutic Abortion*, 45 AM. FAM. PHYSICIAN 137, 138 (1992) ("Teenagers who do not tell their parents about their abortion have an increased incidence of emotional problems and feelings of guilt."); Mika Gissler, *Suicides After Pregnancy in Finland 1987-1994: Register to Linkage Study*, 313 BRIT. MED. J. 1431, 1433 (1996); H. David et al., *Postpartum and Postabortion Psychotic Reactions*, 13 FAMILY PLANNING PERSPECTIVES 889 (1981) and David C. Reardon, 95 So. Med. J. 834 (Aug. 2002) available at www.sma.org/smj/index.cfm. Additional sources are collected and discussed in Thomas R. Eller, *Informed Consent Civil Actions for Post-Abortion Psychological Trauma*, 71 NOTRE DAME L. REV. 639 (1996).

²³ *H.L. v. Matheson*, 450 U.S. 398 at 411 (1981). Accord *Ohio v. Akron Ctr. for Reproductive Health*, 497 U.S. 502, 518-19 (1990).

respond to any post-abortion complication that may develop.²⁴ While it is often claimed that abortion is one of the safest surgical procedures performed today, the actual rate of many complications is simply unknown because there is no coordinated national effort to collect and maintain this information.²⁵

Notwithstanding this failure by public health authorities, abortion providers have identified infection is one of the most common post-abortion complications.²⁶ The warning signs of infection typically begin within the first forty-eight to ninety-six hours after the abortion and can include fever, pain, pelvic tenderness, and elevated white blood count.²⁷ Caught early, most infections can be treated successfully with oral antibiotics.²⁸ Left untreated, it can result in death.

Similarly post-operative bleeding after an abortion is common, and even where excessive²⁹ can be easily controlled if medical treatment is sought promptly. However, hemorrhage is a one of the most serious post-abortion complications and should be evaluated by a medical professional immediately.³⁰ Untreated it can result in the death of the minor.³¹

Experts often characterize a perforated uterus is a “normal risk” associated with abortion.³² This complication also can be easily dealt with if detected early, but lead to serious consequences if medical help is not sought promptly.

²⁴ See *Ohio v. Akron Ctr. For Reproductive Health*, 497 U.S. 502, 519 (1990).

²⁵ "The abortion reporting systems of some countries and states in the United States include entries about complications, but these systems are generally considered to underreport infections and other problems that appear some time after procedure was performed." Stanley K. Henshaw, *Unintended Pregnancy and Abortion: A Public Health Perspective in A Clinician's Guide to Medical and Surgical Abortions* at 20 (Maureen Paul et al., eds. 1999).

²⁶ David A. Grimes, *Sequelae of Abortion*, in *MODERN METHODS OF INDUCING ABORTION* 95, 99-100 (David T. Baird et al. eds., 1995).

²⁷ See E. Steve Lichtenberg et al., *Abortion Complications: Prevention and Management*, in *A CLINICIAN'S GUIDE TO MEDICAL AND SURGICAL ABORTIONS* 197, 206 (Maureen Paul et al. eds., 1999).

²⁸ See *id.* at 206-07.

²⁹ Excessive bleeding is defined as “saturation of more than one pad per hour for more than three hours” under *Complications, Standard 3*, n 23. National Abortion Federation, *Clinical Policy Guidelines*, 40, http://www.prochoice.org/pubs_research/publications/downloads/professional_education/cpgs_2005.pdf (2005).

³⁰ *Id.* at 39-40.

³¹ See *Evans v. Mutual Assur., Inc.*, 727 So. 2d 66 (Ala. 1999) (discussing a dispute between a physician and the malpractice carrier regarding coverage for the death of an 18-year-old girl from hemorrhaging induced by abortion).

³² *Reynier v Delta Women's Clinic*, 359 So.2d 733 (La. Ct. App. 1978). “All the medical testimony was to the effect that a perforated uterus was a normal risk, but the statistics given by the experts indicated that it

Many minors may ignore or deny the seriousness of post-abortion symptoms or may lack the financial resources to respond to those symptoms.³³ This is because some of the most serious complications are delayed and only detected during the follow-up visit; yet, only about one-third of all abortion patients actually keep their appointments for post-operative checkups.³⁴ Absent parental notification, hemorrhaging may be mistaken for a heavy period and severe depression as typical teenage angst.

Increased Protection from Sexual Assault

In addition to improving the medical care received by young girls dealing with an unplanned pregnancy, parental notification will provide increased protection against sexual exploitation of minors by adult men. National studies reveal “[a]lmost two thirds of adolescent mothers have partners older than 20 years of age.”³⁵ In a study of over 46,000 pregnancies by school-age girls in California, researchers found that “71%, or over 33,000, were fathered by adult post-high-school men whose mean age was 22.6 years, an average of 5 years older than the mothers. . . . Even among junior high school mothers aged 15 or younger, most births are fathered by adult men 6-7 years their senior. *Men aged 25 or older father more births among California school-age girls than do boys under age 18.*”³⁶ Other studies have found that most teenage pregnancies are the result of predatory practices by men who are substantially older.³⁷

was an infrequent occurrence and it was rare for a major blood vessel to be damaged.” *Id.* at 738. Frequent injuries from incomplete abortions in Texas are discussed in *Swate v. Schiffers*, 975 S.W.2d 70, 26 Media L. Rep. 2258 (Tex.App.-San Antonio, 1998) (abortionist unsuccessful claim of libel against journalist for reports based in part upon one disciplinary order that doctor had failed to complete abortions performed on several patients, and that he had failed to repair lacerations which occurred during abortion procedures) *Compare Sherman v. District of Columbia Bd. of Medicine*, 557 A.2d 943 (D.C. 1989) “Dr. Sherman placed his patients' lives at risk by using unsterile instruments in surgical procedures and by intentionally doing incomplete abortions (using septic instruments) to increase his fees by making later surgical procedures necessary. His practices made very serious infections (and perhaps death) virtually certain to occur. Dr. Sherman does not challenge our findings that his misconduct was willful nor that he risked serious infections in his patients for money.” *Id.* at 944.

³³ *Parental Notification of Abortion: Hearings on H. 218 Before the House Comm. on Health and Welfare*, 2001-2002 Legis. Sess. (Vt. 2001) 33 (testimony of ASue@ an anonymous Vermont mother, on March 20, 2001).

³⁴ *See id.*

³⁵ American Academy of Pediatrics Committee on Adolescence, *Adolescent Pregnancy – Current Trends and Issues: 1998*, 103 PEDIATRICS 516, 519 (1999), also available on the worldwide web at <<http://www.aap.org/policy/re9828.html>>. See also Nat'l Ctr. for Health Statistics, *Report to Congress on Out-of-Wedlock Childbearing*, DHHS Pub. No. (PHS) 95-1257 (1995) available at <http://www.cdc.gov/nchs/data/misc/wedlock.pdf>.

In fact, data indicate that, among girls 14 or younger when they first had sex, a majority of these first intercourse experiences were nonvoluntary. Evidence also indicates that among unmarried teenage mothers, two-thirds of the fathers are age 20 or older, suggesting that differences in power and status exist between many sexual partners.

Id. at 12.

³⁶ Mike A. Males, *Adult Involvement in Teenage Childbearing and STD*, LANCET 64 (July 8, 1995)

In Virginia during 1999 and 2000, 219 births to girls age 13 and 14 were fathered by men over the age of eighteen.³⁸ A 1992 study of 535 teen mothers in Washington state revealed that two-thirds were victims of molestation, rape, or attempted rape prior to their first pregnancy³⁹ A study conducted by the Ounce of Prevention Fund in 1986 evaluated 445 teen mothers in Illinois who were pregnant by age 16. Sixty percent of these girls reported they had been forced into an unwanted sexual experience. The mean age for the first instance of abuse was 11 ½ years old, and more than half the mothers were abused by men more than ten years their senior.⁴⁰

Clearly, a number of young girls who obtained abortions without their parents' knowledge were encouraged to do so by a sexual partner who could be charged with statutory rape. Secret abortions do nothing to expose these men's wrongful conduct.⁴¹ In fact, by aborting the pregnancy abusive partners avoid the public evidence of their misconduct and are licensed to continue the abuse. Parental notification laws insure that parents have the opportunity to protect their daughters from those who would victimize their daughters further.

(emphasis added).

³⁷ *Id.* citing HP Boyer and D. Fine, *Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment*, FAM. PLAN. PERSPECTIVES at 4 (1992); and HP Gershenson, et al. *The Prevalence of Coercive Experience Among Teenage Mothers*, J. INTERPERS. VIOL. 204 (1989). "Younger teenagers are especially vulnerable to coercive and nonconsensual sex. Involuntary sexual activity has been reported in 74% of sexually active girls younger than 14 years and 60% of those younger than 15 years." American Academy of Pediatrics Committee on Adolescence, *Adolescent Pregnancy – Current Trends and Issues: 1998*, 103 PEDIATRICS 516 (1999), also available on the worldwide web at <<http://www.aap.org/policy/re9828.html>>.

³⁸ Va. Dept. of Health, *Estimating the Incidence of Statutory Rape in Virginia* 13 (2002) at <http://www.vahealth.org/civp/sexualviolence/statrape.pdf>

³⁹ HP Boyer and D. Fine, *Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment*, 24 FAM. PLAN. PERSPECTIVES at 4 (1992) (adolescent mothers and pregnant adolescents have high prevalence of sexual abuse, ranging from 43% to 62%).

⁴⁰ Ounce of Prevention Fund, *The Prevalence of Coercive Sexual Experience Among Teenage Mothers*, Chicago, IL, 1986.

⁴¹ See *Manning v. Hunt*, 119 F.3d 254 (4th Cir. 1997). In disposing of a constitutional challenge to a reporting duty imposed in the North Carolina parental consent statute, the court stated:

Appellants would have a judge, who is sworn to uphold the law, withhold vital information regarding rape or incest, which would allow state authorities to end the abuse, protect the victim, and punish the abuser. Not only would Appellants' position prevent the judge from helping the victim seeking the abortion, but it would prevent the judge from helping other juveniles in the same household under the same threat of incest. This Court does not believe that the Constitution requires judges be placed in such an untenable position. . . . Appellants' position would instead afford protection to rapists and perpetrators of incest. This can only serve the interests of the criminal, not the child.

Id. at 273-74.

Abortion providers are reluctant to report information indicating a minor is the victim of statutory rape.⁴² Failure to report may result in the minor returning to an abusive relationship. For example, a Planned Parenthood affiliate in Arizona was found civilly liable for failing to report the fact that the clinic had performed an abortion on a twelve-year-old girl who had been impregnated by her foster brother. The abortion provider did not report the crime as required by law and the girl returned to the foster home where she was raped and impregnated a second time.⁴³ Or consider the case of the Connecticut ten-year old girl impregnated by a seventy-five year old man. The child was examined by two physicians who failed to report the sexual abuse to public authorities, as required by Connecticut law.⁴⁴ Furthermore, by failing to preserve fetal tissue the abortion providers may make effective prosecution of the rape impossible since the defendant's paternity cannot be established through the use of DNA testing.⁴⁵

Secret abortions do not advance the best interests of most minor girls.⁴⁶ Parental involvement laws insure that parents have the opportunity to protect their daughters from those who would victimize their daughters again and again and again. This Act would insure that parents, as the natural protectors of the interests of their children, will have the knowledge necessary to insure their daughters' well-being..

Decline in Teen Pregnancies and Abortions

⁴² Patricia Donovan, *Caught Between Teens and the Law: Family Planning Programs and Statutory Rape Reporting*, 3 Family Planning Perspectives 5 (1998).

⁴³ See *Glendale Teen Files Lawsuit Against Planned Parenthood*, THE ARIZONA REPUBLIC, Sept. 2, 2001 and *Judge Rules Against Planned Parenthood* at www.12news.com/headline/PlannedParenthood122602.html

⁴⁴ Christine Walsh, *Conn. Doc Set to be Cleared in Abuse Case*, India New England (Jan. 15, 2003) available at <http://www.indianewengland.com/news/2003/01/15/Connecticut/Conn-Doc.Set.To.Be.Cleared.In.Abuse.Case-345711.shtml>

⁴⁵ Sharon G. Elstein and Barbara E. Smith, *Victim-Oriented Multidisciplinary Responses to Statutory Rape Training Guide* 22 (U.S. Dept. of Justice, Office for Victims of Crime & ABA Ctr. on Children and the Law 2000) ("If the girl has an abortion or miscarries, conduct a DNA test on the fetus before it is destroyed.") at <http://www.ojp.usdoj.gov/ovc/publications/infores/statutoryrape/traininguide/victimoriented.pdf>.

⁴⁶ See *Manning v. Hunt*, 119 F.3d 254 (4th Cir. 1997). In disposing of a constitutional challenge to a reporting duty imposed in the North Carolina parental consent statute, the court stated:

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Id. at 273-74.

During the first year of the Texas Parental Notification Act's enforcement, pregnancies by Texas minors dropped approximately five percent from 26,117 in 1999 to 24,665 in 2000. In 2001, pregnancies continued to fall from 24,665 to 23,416, representing an additional five percent decline.⁴⁷ In 2002, teen pregnancies continued to decline, dropping to 23,251.⁴⁸

Mothers aged 10-17 accounted for 5.7 percent of the births in 2000 compared to 6.1 percent in 1999.⁴⁹ In 2001 births to Texas mothers ages 10-17 numbered 19,754, comprising 5.66 percent of all births.⁵⁰ Teen births virtually held steady with 19,730 being reported in 2002.⁵¹

During 2000, the first year the Texas Parental Notification Act was implemented, induced abortions performed on minors declined approximately twenty percent from 4,798 in 1999 to 3,830.⁵² This decline is substantially higher than the overall 5.4 percent decline in abortions performed on all Texas residents during 2000 (73,155 abortions obtained by Texas residents in 2000, in contrast to the 77,291 obtained in 1999).⁵³ In 2001, abortions provided to minors declined 6.7% with only 3,573 minors terminating their pregnancies.⁵⁴ Abortions to minors declined only slightly to 3,499 in 2002.⁵⁵

⁴⁷ Texas Dept. of Health, Bureau of Vital Statistics, Summary of Vital Statistics for Texas, 2001 <www.tdh.state.tx.us/bvs/stats01/ANNR_HTM/01t14b.HTM>.

⁴⁸ Texas Dept. of Health Services, *Teen Births, Fetal Deaths, Induced Abortions, and Pregnancies, Texas Residents, 2002* at <http://www.tdh.state.tx.us/bvs/reports/teenpg02.htm>.

⁴⁹ Compare Texas Dept. of Health -- Bureau of Vital Statistics, Reported Pregnancies, Births, Fetal Deaths, and Abortions -- Women Aged 13-17, Texas 1999, Table 14B (last modified June 13, 2001); and Texas Dept. of Health -- Bureau of Vital Statistics, Reported Pregnancies, Births, Fetal Deaths, and Abortions -- Women Aged 13-17, Texas 2000, Table 14B (last modified Feb. 5, 2002).

⁵⁰ Texas Dept. of Health Services, *Teen Births, Fetal Deaths, Induced Abortions, and Pregnancies, Texas Residents, 2001* at <http://www.tdh.state.tx.us/bvs/reports/teenpg01.htm>.

⁵¹ Texas Dept. of Health Services, *Teen Births, Fetal Deaths, Induced Abortions, and Pregnancies, Texas Residents, 2002* at <http://www.tdh.state.tx.us/bvs/reports/teenpg02.htm>.

⁵² Compare Texas Dept. of Health -- Bureau of Vital Statistics, Resident Induced Termination of Pregnancy Texas, 1999, Table 33 (last modified June 18, 2001) <http://www.tdh.state.tx.us/bvs/stats00/ANNR_HTM/00t33.HTM>; and Texas Dept. of Health -- Bureau of Vital Statistics, Resident Induced Termination of Pregnancy Texas, 2000, Table 33 (last modified Feb. 5, 2002) <http://www.tdh.state.tx.us/bvs/stats00/ANNR_HTM/00t33.HTM>.

⁵³ See Texas Dept. of Health -- Bureau of Vital Statistics, Summary of Vital Statistics for Texas, 2000 (last modified Nov. 26, 2001) <http://www.tdh.state.tx.us/bvs/stats00/annr_htm/00summ.htm>.

⁵⁴ Texas Dept. of Health Services, *Teen Births, Fetal Deaths, Induced Abortions, and Pregnancies, Texas Residents, 2001* <http://www.tdh.state.tx.us/bvs/reports/teenpg01.htm>.

⁵⁵ Texas Dept. of Health Services, *Teen Births, Fetal Deaths, Induced Abortions, and Pregnancies, Texas Residents, 2002* at <http://www.tdh.state.tx.us/bvs/reports/teenpg02.htm>.

Other states have also experienced declines in teen pregnancies after passage of parental involvement laws. Following enactment of a parental notification act in Minnesota, the decline in birth rates was substantially greater among minors aged 15-17 and women ages 18-19 than it was among women aged 20-44.⁵⁶ In Indiana, the birth rate after the parental involvement law was enforced declined significantly more for girls under eighteen than for women over age eighteen.⁵⁷ A national study concluded that, “Our results cast considerable doubt on the concerns that recent restrictions in access to abortion are responsible for an increase in teen births. Our estimates suggest that, if anything, these restrictions have resulted in fewer teen births.”⁵⁸

In the Rare Case of Abusive Parents

In those few cases where it is not in the girl’s best interest to disclose her pregnancy to her parents, state laws generally provide the pregnant minor the option of seeking a court determination that either involvement of the girl’s parent is not in her best interest, or that she is sufficiently mature to make decisions regarding the continuation of her pregnancy. This is a requirement for parental consent laws under existing United States Supreme Court cases, and courts have been quick to overturn laws omitting adequate bypass.⁵⁹

The Supreme Court has not imposed a similar requirement on parental notification laws, similar to the requirements of this Act, recognizing that such laws do not provide parents a veto of the minor’s decision regarding the continuation or termination of the pregnancy. Although the Court has held that parents may not exercise an absolute, and possibly arbitrary, veto over that decision [by a minor to terminate her pregnancy], it has never challenged a State’s reasonable judgment that the decision should be made after notification to and consultation with a parent.⁶⁰

In the past, opponents to the predecessor of this Act, the Child Custody Protection Act, have argued that passage of federal legislation in this area would endanger teens

⁵⁶ Rogers, Boruch, Stoms, and DeMoya, *Impact of the Minnesota Parental Notification Law on Abortion and Birth*, 294 Am. J. Public Health 294-298 (1991).

⁵⁷ Ellertson, *Mandatory Parental Involvement in Minor’s Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana*, 87 Am J. Public Health 1372 at 1373 (1997).

⁵⁸ Thomas J. Kane and Douglas Staiger, *Teen Motherhood and Abortion Access*, 111 Quar. J. of Economics, 503 (1996).

⁵⁹ See n. 7 *supra*.

⁶⁰ *Hodgson v. Minnesota*, 497 U.S. 417, 445 (1990) (citation omitted). See also *Lambert v. Wicklund*, 520 U.S. 292 (1997). This case [does not] determin[e] the constitutionality of a statute which does no more than require notice to the parents, without affording them or any other third party an absolute veto. Id. at 296 n.3, citing *Bellotti II*, 443 U.S. at 654 n.1 (Stevens, J., concurring). For an extensive review of Supreme Court precedent on this issue, see *Planned Parenthood of the Blue Ridge v. Camblos*, 155 F.3d 352, 361-67 (4th Cir. 1998).

since parents may be abusive and many teens would seek illegal abortions.⁶¹ The Act specifically addresses this concern by its exception for minors who declare they are victims of parental abuse.

While this exception is prudent public policy, experience with existing parental involvement laws suggest it will rarely be utilized. Parental involvement laws are on the books in over two-thirds of the states, some for over twenty years, and there is almost no case where it has been established that these laws led to parental abuse or to self-inflicted injury.⁶² Similarly, there is no evidence that these laws have led to an increase in illegal abortions.⁶³

Conclusion

By passage of the Act before this Committee, Congress will protect the ability of the parents to be involved in the decisions of their minor daughters facing an unplanned pregnancy.

Experience in states having parental involvement laws has shown that, when notified, parents and their daughters unite in a desire to resolve issues surrounding an unplanned pregnancy. If the minor chooses to terminate the pregnancy, parents can assist their daughters in selecting competent abortion providers, and abortion providers may receive more comprehensive medical histories of their patients. In these cases, the minors will more likely be encouraged to obtain post-operative check-ups, and parents will be prepared to respond to any complications that arise.⁶⁴

⁶¹ See Donna Leusner, *Parental Notification of Abortion Approved*, The Star-Ledger (June 25, 1999) available online at www.nj.com/page1/ledger/c21e74.html. “They would go to New York. They would go to a back alley. They would do what they have to do to avoid telling their parents. . . . Don’t force them to do that,” said Sen. Richard C. Codey (D-Essex) who voted no [to passage of the Parental Notification of Abortion Act]. *Id.*

⁶² A 1989 memo prepared by the Minnesota Attorney General regarding Minnesota’s experience with its parental involvement law states that “after some five years of the statute’s operation, the evidence does not disclose a single instance of abuse or forceful obstruction of abortion for any Minnesota minor.” Testimony before the Texas House of Representatives on the Massachusetts’ experience with its parental consent law revealed a similar absence of unintended, but harmful, consequences. Ms. Jamie Sabino, chair of the Massachusetts Judicial Consent for Minors Lawyer Referral Panel, could identify no case of a Massachusetts’ minor being abused or abandoned as a result of the law. See *Hearing on Tex. H.B. 1073 Before the House State Affairs Comm.*, 76th Leg., R.S. 21 (Apr. 19, 1999) (statement by Jamie Sabino, JD).

⁶³ See *Hearing on Tex. H.B. 1073 Before the House State Affairs Comm.*, 76th Leg., R.S. 21 (Apr. 19, 1999) (statement by Jamie Sabino, J.D. testifying that there had been no increase in the number of illegal abortions in Massachusetts since the enactment of the statute in 1981).

⁶⁴ Compare the experience recounted in *Testimony of Marie P. Carter*, Public Hearing before N.J. Assembly Judiciary Committee, Oct. 16, 2000, at p. 90x (secret abortion by teen resulting in emotional harm).

If the minor chooses to continue her pregnancy, involvement of her parents serves many of the same goals. Parents can provide or help obtain the necessary resources for early and comprehensive prenatal care. They can assist their daughters in evaluating the options of single parenthood, adoption, or early marriage. Perhaps most importantly, they can provide the love and support that is found in the many healthy families of the United States.⁶⁵

Regardless of whether the girl chooses to continue or terminate her pregnancy, parental involvement laws have proven desirable because they afford greater protection for the many girls who are pregnant due to sexual assault. By insuring that parents know of the pregnancy, it becomes much more likely that they will intervene to insure the protection of their daughters from future assaults.

The Child Interstate Parental Notification Act has the unique virtue of building upon two of the few points of agreement in the national debate over abortion: the desirability of parental involvement in a minor's decisions about an unplanned pregnancy, and the need to protect the physical health and safety of the pregnant girl. I urge members of this committee to vote for its passage.

Thank you, Mister Chairman, for allowing me the time to appear before the committee and to extend my remarks in the form of this written testimony.

⁶⁵ See *Statement of Marie Sica, Constitutional Amendment ACR-2/SCR86*, Public Hearing before N.J. Assembly Judiciary Committee, Oct. 16, 2000, at p. 16x.