



HB0053 - Public Health – Contraceptives - Minors

Presented to the Hon. Shane Pendergrass and Members of the House Health & Government Operations
March 13, 2020 1:00 p.m.

POSITION: OPPOSE

NARAL Pro-Choice Maryland **urges the House Health & Government Operations Committee for an unfavorable report on HB0053 Public Health – Contraceptives – Minors**, sponsored by Delegate Neil Parrott.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every childbearing individual has the right to decide if, when, and how to form their families. We honor pregnancy in all its complexity. In doing so, we support youth as they navigate the challenges of building their families in good health, in safety, and with dignity. The ability to seek a variety of long-term reversible birth contraceptive (LARC) options in the State of Maryland is an important option for minors who are in need of safe and effective contraceptive methods to prevent unwanted or unplanned pregnancy. By requiring parental or guardian consent for specific types of contraceptive methods, HB0053 obstructs the rights of adolescents to access necessary reproductive healthcare.

[An individual with the ability to get pregnant will spend three-quarters of their reproductive life trying to avoid pregnancy.](#)ⁱ For many individuals in the U.S., this timeframe begins at puberty, which is on average around age 12 or 13 — long before they turn 18. ⁱⁱ Minors will have sex no matter what their parents or guardians say or do, and hopefully they will know to use—and will be able to access—contraceptives. Because minors engage in sexual activity, Maryland law currently permits minors to receive confidential reproductive healthcare services without consent from their parents or guardians. HB0053 would hinder the successful implementation of this law, thereby preventing minors from accessing contraceptive services. This barrier won't stop minors from having sex, but [instead will push minors toward engaging in sexual activity without protection against unwanted pregnancy](#), even in cases when the minor would like to obtain contraceptives.ⁱⁱⁱ

Unplanned pregnancy is a significant public health issue in Maryland, and according to the state department of health in 2010, an average of 58% of pregnancies in our state were reported as unintended. Furthermore, it is estimated that rates of unintended pregnancy are highest in those ages 15-19 when accounting for sexual activity.^{iv} [Of the 750,000 teen pregnancies each year in the U.S., approximately 82% of adolescents aged 15-19 report that the pregnancy was unplanned.](#) While these numbers are staggering, they are a significant improvement from 30 years ago, much of which is attributed to increased contraceptive access.

Both implants and contraceptives through insertion, known as inter uterine devices (IUDs), are not only extremely safe, but also very effective and economical. LARCs are especially effective because they require close to no user adherence, which is a common challenge when using other methods of contraception such as the oral hormonal pill. Implants or IUDs are effective for 3-10 years depending on the type of device. While the pill and condoms are effective and readily accessible, they are prone to user error and low adherence rates, especially among teens. When it comes to safety, [both IUDs and implants have extremely strong safety profiles](#); there are minor side effects such as headaches or nausea, but more extreme outcomes are exceptionally rare.^v

Every individual should be able to make decisions about their reproductive health. While parents and guardians play an important role in healthcare for many minors, not all minors have family members that they would feel comfortable or safe talking to about their sexual activity. Some minors may find it difficult to tell their parents that they are sexually active or that they want to be; or, some young people might know that their parents are against birth control, but recognize that effective contraception is essential to avoiding unwanted pregnancy. Other adolescents might be scared of the repercussions they could face if they ask their parents for contraceptives, be it emotional, mental, or physical abuse or distress; perhaps they are in living or social situation in which they are trying to protect themselves from unwanted sexual harassment or abuse. Regardless of the reason, respecting the needs and privacy of minors is crucial to creating a safe space for them to receive the healthcare that they need.

Minors will be sexually active regardless if they have access to contraceptives, and regardless if their parents or guardians are aware. The focus, therefore, should be on ensuring that young people can engage in safe sexual activity. Additionally, it is socially and economically beneficial for minors to have access to contraceptive services rather than having to seek abortion care or carry an unwanted pregnancy to term. In order to do this, minors should continue to be able to secure confidential reproductive healthcare services without obtaining consent from their parents or guardians. Concerned parents should engage in honest and nonjudgmental conversations with their children about sex and sexual health, which will be more effective than pushing teens away from receiving the care they need. However, we all know that it is impossible to legislate meaningful and safe communication between parent and child. There are always going to be families with a significant degree of physical, sexual, or emotional abuse in which interactions regarding sensitive topics such as sex is just not possible.

As of 2016, no states have policies requiring parental consent for minors to receive LARCs; let's not make Maryland the first.^{vi} For these reasons, NARAL Pro-Choice Maryland **urges an unfavorable committee report on HB0053**. Thank you for your time and consideration.

ⁱ "Unintended Pregnancy in the United States." Guttmacher Institute, January 9, 2019. <https://www.guttmacher.org/factsheet/unintended-pregnancy-united-states>.

ⁱⁱ Hernandez, Dominic. "The Decreasing Age of Puberty." Vital Record. Texas A&M University Health Sciences Center, February 7, 2019. <https://vitalrecord.tamhsc.edu/decreasing-age-puberty/>.

ⁱⁱⁱ Jones, Rachel K., and Heather D. Boonstra. "Confidential Reproductive Health Services for Minors: The Potential Impact of Mandated Parental Involvement for Contraception." Guttmacher Institute, March 9, 2018.

^{iv} Finer, Lawrence B. "Unintended Pregnancy Among U.S. Adolescents: Accounting for Sexual Activity." *Journal of Adolescent Health* 47, no. 3 (April 9, 2010): 312–14. <https://doi.org/10.1016/j.jadohealth.2010.02.002>.

^v "Current Research and Policy on Long-Acting Reversible Contraception (LARC): Key Points for Policymakers." Jacobs Institute of Women's Health, August 10, 2016.

https://publichealth.gwu.edu/sites/default/files/downloads/projects/JIWH/LARC_Key_Points.pdf

^{vi} Strasser, Julia, Liz Borkowski, Megan Couillard, Amy Allina, and Susan Wood. "Long-Acting Reversible Contraception: Overview of Research & Policy in the United States," n.d.