Testimony of Lee Hasselbacher JD, Senior Policy Researcher and Catherine Hennessey MD, Family Planning Fellow and OB/GYN at the University of Chicago in support of HB 370 Before the Senate Executive Committee October 26, 2021

Lee Hasselbacher is a senior policy researcher with Ci3, an academic research center at the University of Chicago. Ci3 conducts research to understand and address the individual, social and structural determinants of adolescent sexual and reproductive health. Ci3's mission is to create a world in which all youth emerge into adulthood with agency over their bodies and futures. Dr. Catherine Hennessey is an OB GYN focused on family planning that counsels young women about pregnancy options and provides abortion care at the University of Chicago Medical Center.

We are writing in support of this bill which repeals the Parental Notice of Abortion Act of 1995. Our research and that of others reveals the complicated lives of pregnant young people and suggests that they are the ones best able to identify the people in their lives who can help them make decisions about a pregnancy.

To begin with, we know that most young people already involve a parent or trusted adult in their abortion decision. 1,2,3,4,5 The youngest adolescents are more likely to involve a parent. 1,2,5,6 Young people seek out parental involvement because they want emotional support or logistical assistance, or because they have a close relationship and feel they can be honest. In general, young women want to involve parents and other trusted adults who are an important part of their lives and who will support them, regardless of their decision to seek abortion. A recent study by Ralph et al. in Illinois found that, among those who pursue judicial bypass instead of parental notification, 97% of young people spoke with someone other than clinic staff about their abortion decision, most commonly their partners, friends, and siblings, but also other adults in their lives. 7

Young women who do not want to involve a parent give very specific reasons for why they believe it will be unhelpful or harmful. When describing reasons for *not* wanting to involve a parent, young women most commonly talk about a parent's absence in their life, damaged family relationships, a fear of harmful reactions, and a desire to make sure they can make a decision for themselves. Prior to the enforcement of the Parental Notification of Abortion Act, we conducted interviews with young people seeking abortion. One of our study's strongest findings was that among those who did not involve either parent, most were concerned that one or both parents would directly interfere with their decision to get an abortion – either by pressuring them to change their mind or, in the words of young people, "not let them" get one. In this way, many viewed notification as an equivalent to a consent requirement.

**Furthermore, research has not shown that parental involvement laws lead to better health outcomes.** In fact, there is concern among the medical community that laws mandating parental involvement at the time of abortion can create a risk of harm. A number of leading professional medical organizations oppose these laws. The American Academy of Pediatrics summarized the literature in a recent policy statement and expressed concern that parental involvement laws can delay and obstruct pregnant adolescents' access to timely medical care and advice.<sup>9</sup>

Young people find the idea and practice of judicial bypass overwhelming and burdensome. When we talked to young people before the Illinois law was enforced, many expressed serious concerns about the judicial bypass process when it was explained to them. Specifically, young people talked about the difficulty of navigating the court process as an adolescent, a fear that they would be identified somewhere in the process, and reluctance to confide in a judge and share

personal information about their pregnancy and abortion decision. Research among young people who had gone through judicial bypass in Texas validate these concerns. Researchers there observed that young people described the process as full of logistical barriers, unpredictability, and humiliation.<sup>7</sup>

Even more recent research from Illinois documented an average 24.4 mile one-way distance that young people must travel to the courthouse for their bypass hearing. Young people also had to wait about a week on average to attend a court hearing. In addition, they waited an average of 6.3 days from their court hearing to the scheduled appointment for abortion care. In relation to the pregnancy, this explains the almost two week difference between when adolescents first sought help with judicial bypass and their scheduled abortion appointment (7.6 weeks vs. 9.5 weeks, on average). This delay in care, similar to a delay found in Massachusetts, pushed some young women into the second trimester and removed medical abortion as an option for others.<sup>7</sup>

We believe that encouraging parents to talk with their children about sexual and reproductive health earlier in adolescence is more likely to result in meaningful communication and support at the time of abortion. Research suggests that energy would be better spent giving families the tools and resources to hold conversations about sexual and reproductive health throughout adolescence. For instance, some of our research has shown that young, non-pregnant women who talk with parents about other sexual health topics (birth control and STIs) are more likely to discuss abortion openly.<sup>10</sup>

In the end, the weight of the evidence ultimately reinforces the importance of listening to young people and supporting efforts to encourage positive family communication about sexual and reproductive health throughout adolescence – not imposing one-size-fits-all parental involvement mandates only for those young people who need an abortion. Ci3 supports health policies that ensure young people can make reproductive health decisions for themselves, with support from their families and communities. We urge you to vote for repeal of the Parental Notice of Abortion Act.

<sup>&</sup>lt;sup>1</sup> Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. Am J Public Health. 2014: 1042207-2211.

<sup>&</sup>lt;sup>2</sup> Henshaw SK, Kost K. Parental involvement in minors' abortion decisions. Fam Plann Perspect. 1992; 24(5):196---207, 213.

<sup>&</sup>lt;sup>3</sup> Griffin-Carlson MS, Mackin KJ. Parental consent: factors influencing adolescent disclosure regarding abortion. Adolescence. 1993;28(109):1---11.

<sup>&</sup>lt;sup>4</sup> Ehrlich JS. Grounded in the reality of their lives: listening to teens who make the abortion decision without involving their parents. Berkeley Womens Law J. 2003;18:61-180.

<sup>&</sup>lt;sup>5</sup> Ralph L, Gould H, Baker A, Foster DG. The role of parents and partners in minors' decisions to have an abortion and anticipated coping after abortion. J Adolesc Health. 2014;54(4):428-434.

<sup>&</sup>lt;sup>6</sup> Ralph LR, King E, Belusa E, Foster DG, Brindis CD, Biggs MA. The impact of a parental notification requirement on Illinois minors' access to and decision-making around abortion. J Adolesc Health. 2018;62:281-287.

<sup>&</sup>lt;sup>7</sup> Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. J Adolesc Health. 2021 Jan;68(1):71-78. doi: 10.1016/j.jadohealth.2020.08.025. Epub 2020 Oct 8. PMID: 33041202.

<sup>8</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. J Adolesc Health. 2019 Jan;64(1):20-25.

<sup>&</sup>lt;sup>9</sup> AAP Committee on Adolescence. The Adolescent's Right to Confidential Care When Considering Abortion. Pediatrics. 2017;139(2):e20163861.

<sup>&</sup>lt;sup>10</sup> Sisco KM, Martins SL, Kavanagh EK, Gilliam ML. Parent-Daughter Communication About Abortion Among Nonpregnant African-American Adolescent Females. J Adolesc Health. 2014;55:835-841.