Currently in Massachusetts, if a woman who is under 18 becomes pregnant and wishes to terminate the pregnancy, her only options are to obtain consent from parents or from a court. However, many young women in this situation do not feel safe or comfortable going to their parents and the process of a court hearing compromises confidentiality and can be very humiliating. Because this process takes so long, it can also cause a young woman to delay necessary care or miss her chance to get a legal abortion while she is under 24 weeks pregnant. This bill will change the age of consent for abortion from 18 to 16 and will allow teenagers younger than 16 to turn to an adult family member over the age of 25, an authorized health care provider, or a professional counselor.

The Bill

H. 2070: An Act to improve health care for young women

Elevator Speech:

My name is Lieba Hall and this is my partner Ruth Fertig and we are students at Brandeis University in Waltham. In order to foster a healthy community, it is our responsibility to enable youth to make healthy and responsible decisions. Right now in Massachusetts, minors who become pregnant must obtain consent from their parents if they feel that it is not in their best interest to carry the pregnancy to term. Unfortunately, for multiple reasons, it is not always realistic for a young woman to go to her parents when she is in this situation. Studies have found that young women who do not feel safe or comfortable going to their parents will often delay necessary care, thus putting their health at risk or compelling them to obtain an unsafe procedure. Studies also show that parental consent laws do not lower abortion rates. So expanding the range of options for a young woman in this situation can only benefit our community by improving women’s health and safety.

The Act to improve health care for young women would give a young woman this important range of options to allow her to
make the best decisions regarding her health. This bill would lower the age of consent for abortion to sixteen so that older teenagers can make healthy, responsible decisions in confidence. It would also allow youth below the age of sixteen to turn to other family members who are better equipped to make responsible decisions regarding their health. In the case that a young woman feels she has no one in her family who will make a decision in her best interests, the bill would also allow her to seek guidance and consent from a professional counselor or authorized health care provider.

An Act to Improve Health Care for Young women will expand the opportunities and ensure the health of young women throughout Massachusetts. Will the representative speak to the chair of the Joint Committee on Public Health and ask them to give this bill a speedy hearing and vote it favorably out of committee?

Letter to the Legislator

My name is Lieba Hall and I am my fellow student, Ruth Fertig attend Brandeis University in Waltham. I study Sociology and Ruth studies Sexuality and Health Policy. Our studies have caused us to be passionate about the following bill, which would expand healthcare opportunities for young women. We are reaching out to you in support of the Bill H. 2070 “An Act to Improve Health Care for Young Women.” This bill would lower the age of consent for abortion from eighteen to sixteen, and allow teenagers under sixteen to get consent from members of their family other than parents, from a licensed counselor, or a professional counselor.

The current law mandating the age of consent for abortion is inconsistent with other Massachusetts laws regarding reproductive health. Young women do not need to be a certain age to consent to other health services, including prenatal care, childbirth, treatment of STDs and substance abuse, and medical care for their child. The fact that minors have the right to consent to medical procedures for their child, but not to certain procedures for themselves seems counterintuitive. If minors able to take on the responsibly of being a parent and make decisions for their child, so to they are clearly mature enough to decide for themselves if carrying the pregnancy to term is their best interest. Another issue with the parental consent law is that not all adolescents and young adults are comfortable discussing their health issues with their parents. Perhaps the most uncomfortable subject is sexual health. We both feel this dilemma on a personal level. Ruth has a sixteen-year-old sister, and she feels that her sister would only be comfortable confiding in her in this type of situation as opposed to their parents. I also remember being sixteen and I along with my peers, all growing up in very religious households, knew we could not turn to our parents in support of an abortion that our community vocally advocated against.

In addition, the American Medical Association and the American Association of Pediatrics have stated that young women who do not feel safe or comfortable going to their parents will often put their health at risk by delaying necessary care, or even obtain a dangerous back alley abortion. Studies have also shown that parental consent laws do not lower abortion rates. Furthermore, if a teenager who becomes pregnant is forced into motherhood because she is unable to obtain an abortion, it will greatly hinder her chances of even graduating from high school, let alone obtaining higher education. The Department of Health and Human services has found that by age 22, only about half of young women who become mothers in their teenage years receive a high school diploma, compared with 90% of women who do not give birth during adolescence. Giving these women more accessibility to obtain an abortion would directly correlate to their higher educational achievement and opportunity.

Thank you for taking the time to read our request. We are requesting you advocate for Bill H. 2070 “An Act to improve health care for young women” to be voted out of committee favorably and to go to a hearing. Please let us know your stance on this bill and feel free to come to us with any questions.

House Ways and Means Script

My name is Ruth Fertig, and I and my colleague, Lieba Hall are students at Brandeis University in Waltham. Today we would like to talk to you about fostering healthy communities. In order to do this, we must enable youth to make healthy and responsible decisions. This requires providing them with a large range of health-related options. Yet there is one group that is not afforded these options. Many young women in Massachusetts are unable to obtain certain necessary reproductive services.

Although young women may consent to most types of reproductive care at any age, those under 18 must have parental consent or the consent of a judge at court in order to terminate a pregnancy. Unfortunately, not all youth live in homes where it is safe for them to go to their parents with these types of issues. The only other choice currently available is for a young woman to take her plea to a court judge in hope of their consent. This process can be both overwhelming and scarring for a young teenager. In addition, a judge will not know the teenager personally and
may not be able to make a truly informed decision about their best interests. These problems with the current law are our reason for coming to you ask for your support with House Bill 2070, an Act to Improve Healthcare for young Women. In supporting this bill, you are helping expand the opportunities and ensure the health of young women throughout Massachusetts.

Young women in MA need more options to ensure that they have access to the type of health care that is in their best interests. This bill would provide that by permitting teenagers sixteen and over to consent to abortion for themselves. It would also allow those younger than sixteen to obtain consent from other adult family members or a professional counselor.

Studies have shown that parental consent laws are detrimental to the mental and physical health of young women. The American Medical Association and the American Association of Pediatrics have stated that young women who do not feel safe or comfortable going to their parents will often put their health at risk by delaying necessary care, or even obtain a dangerous back alley abortion. Additionally, contrary to the intent of the law, parental consent laws do not lower abortion rates. Furthermore, it has been found that since the parental consent law was adopted in 2009, the rate of minors going out of state for care has risen by 300%. At the same time, abortion rates in Massachusetts have not decreased significantly. Finally, it has been found that teenage childbirth greatly reduces a young woman’s education opportunities. The Department of Health and Human services has found that by age 22, only about half of young women who become mothers in their teenage years receive a high school diploma, compared with 90% of women who do not give birth during adolescence. Also, because many of these young women do not complete their education, they may end up with low-paying jobs or being supported by state welfare. Giving these youth more accessibility to obtain an abortion would directly correlate to their higher educational achievement and greater participation in the workforce in the future. This, in turn, would allow them to pay more in taxes and contribute to revenue for the state government rather than being paid for by it as adults.

Furthermore, in 2010, the Massachusetts state government paid $138.3 million to fund unintended pregnancies of women who could not afford reproductive care on their own. Greater access to abortion for youth would save the state money because there would simply be fewer pregnancies for it to fund.

Will the members of the House Ways and Means Committee speak to members of the Joint Committee on Public Health and ask them to bring this bill a speedy hearing and vote it favorably out of committee. Thank you.

**Excerpts from Campaign Journals**

**Ruth**

On our second visit to the statehouse, one office Lieba and I knew we had to go to was the office of the Committee on Public Health. Our bill had been sent to this committee and is still there now. We knew that the house chair, Representative Hogan, was identified as pro-choice by NARAL but hadn’t specifically backed our bill. So we wanted to make sure we spoke to her or her staff. We had called ahead, and when we came to the office and asked the secretary she actually got one of Rep. Hogan’s staff and a staff member of another representative to come out. They were all very nice and told them what bill we wanted to talk about and launched into our elevator speech. I said the first part of the speech, but our first try at presenting the bill was a little disjointed because we hadn’t specifically delegated who would say what. … When we finished the initial pitch, the staff that was not for Rep. Hogan told us that his representative already backed the bill [which we actually knew] and excused himself. Rep. Hogan’s staff stayed and listened intently to us, and took notes, which made us feel like we were really being heard. Lieba told one of the stories we had collected, and I illustrated a little more of what the bill would do. Then we got her card, thanked her, and left. Afterward we sent follow-up emails to her and everyone else we talked to with the fact sheet for our bill that we had gotten from NARAL.

**Lieba**

An influential meeting I had for my bill which is “An Act to Improve Health Care for Young Women”, was with Jamie Sabino on March 5, 2015, we had a two hour long phone conversation. Jamie Sabino is an attorney who has worked with Planned Parenthood since the 80’s. She is the co-chair for the “judicial consent for minors lawyer referral planning committee.” She has represented many minors and currently trains lawyers to take on minors’ cases. In addition she trains lawyers in other states to challenges unfair laws against minors including abortion laws. She relayed stories to me of individuals who could have been affected by my bill being passed and who suffered because of parental consent laws for abortion. After our conversation, she sent me follow up information on more stories. Overall, I collected many stories and was a lot more educated on my Bill and the many lives it being passed would affect. After our conversation I passed on the many stories to Hailey, my NARAL contact who logged the stories I collected for a bigger story telling campaign NARAL is working on. I felt that the meeting went well and that I had gained an ally. I emailed her later on with several questions she happily answered. I think that the
only thing that could have worked better is that I wish I could have met with her in person because sometimes hearing her on the phone was difficult.

**Update**
As of September, the official record noted that there was a hearing on the bill scheduled for June 2, 2015.