



**State Representative Kristin Boggs**

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**Minority Whip**

Health Committee

December 6, 2017

Sponsor Testimony HB 302

Chair Huffman, Vice Chair Gavarone and members of the Health committee, thank you for the opportunity to testify on HB 302, the Minor Maternal Healthcare Act. This legislation will allow pregnant women under the age of 18 to consent to healthcare intended to maintain and improve the health and well-being of the mother while supporting her pregnancy.

Unfortunately, it is not uncommon for pregnant teenagers to become estranged from their family if the family is unsupportive of her continuing the pregnancy. While I was initially approached by Columbus Public Health to introduce this legislation, I was surprised when advocates working with homeless youth reached out to me after we introduced this bill because they wanted to know how they could be supportive. I was shocked when I learned how many homeless youth are believed to be living in Columbus, and the significant number of them that are also pregnant.

While Ohio law currently allows minors to seek judicial emancipation from their guardians in order to make their own medical decisions, this is an inadequate remedy for many pregnant teenagers. Many pregnant teenagers are hopeful that a reconciliation with their family will occur after the baby is born. They are simply unwilling to take such legal action that could potentially worsen the relationships they are trying to repair.

Further, there are too many pregnancy-related medical conditions that need to be addressed immediately in order to have the best health outcomes. I was very lucky to have received the best prenatal care throughout my pregnancy. It was through that routine care that I discovered I had a mild thyroid dysfunction in my first trimester—doctors estimate over 60% of pregnant women experience thyroid dysfunction during this time because the baby's thyroid has yet to develop so it is putting extra stress on the mother's thyroid. If left untreated this thyroid dysfunction can double the chances of miscarrying, and it increase the chance of having a stillborn baby. The treatment is simple: take a daily thyroid pill until you are 20 weeks pregnant. However, under current law in Ohio, a pregnant minor would unlikely have thyroid screening and would not be able to consent to this treatment without a guardian accompanying her to the doctor.

Ohio is one of just 13 states that makes no exception for pregnant women under the age of 18 to consent to prenatal, delivery, and postnatal care. In Ohio, the only exception for minors to receive medical treatment without parental consent is when the care is for emergency services. This has a significant impact on the delivery care a pregnant teenager receives. In Ohio, a doctor cannot perform the cesarean section without parental consent, until her delivery condition is considered a “medical emergency”. This unnecessarily puts the health of the mother and the unborn child in a compromising situation. Also, a doctor cannot provide a minor an epidural during delivery without parental consent.

Maureen Sweeney, a constituent of mine who worked at a Cleveland-area hospital in the labor and delivery unit, contacted me about this issue. She has helped hundreds of women deliver their children, many of whom were minors in their early teens. She told me a specific story about a 15 year old girl who was going through labor. This young woman had no family and lived on the streets or between friends’ houses. Ms. Sweeney became this young women’s sole source of support through her labor and delivery.

As the labor progressed, the patient requested an epidural for the pain. However, the patient was denied an epidural as the hospital needed parental consent to perform it as it is considered an elective service rather than an emergency procedure. This young woman, who was already dealing with a serious medical procedure alone, had to endure a needlessly painful birth simply because her family refused to support her.

This legislation will allow the pregnant minor to consent to the best delivery and prenatal care that will help keep her, and her baby, healthy—which we believe is a non-partisan issue. Moreover, this legislation has support from both Planned Parenthood and Right to Life. We were able to get that support through the Sub Bill we have proposed today which simply states that this bill does not contradict current laws in the Ohio Revised Code regarding abortions.

With their support, we hope that this committee can unite behind promoting adequate maternal health for our most vulnerable group of women and their babies.

Thank you for your consideration, and we would be happy to take questions at this time.