

Approved 3/10/86
Date

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs

The meeting was called to order by Senator Edward F. Reilly, Jr. at
Chairperson

11:00 a.m./~~p.m.~~ on March 4, 1986 in room 254-E of the Capitol.

All members were present ~~except~~

Committee staff present: *Emalene Correll, Legislative Research*
Russ Mills, Legislative Research
Mary Torrence, Assistant Revisor of Statutes
Sharon Efird, Secretary

Conferees appearing before the committee:

Senator Reilly introduced a group of students who were visiting the Committee from Windom, Kansas.

The Subcommittee on SB 539 - amendments to real estate brokers' and salespersons' license act, was not able to meet on Monday so there was not a report as scheduled.

The Committee's attention was called to the balloon of SB 577 - consent to abortions performed on minors; defining crimes relating to abortion, which was distributed (Attachment #1). The amendment on page 2 seeks to clarify what information is to be included in "informed consent."

Senator Daniels made a conceptual motion to amend the bill in Section 2(c), with staff using the language as outlined in the balloon, and inserting, in the appropriate place, more information about the medical problem of abortion itself and about the possible complications of the surgical procedure of the abortion. Seconded by Senator Walker. Motion adopted.

There was Committee discussion about the change from "informed written consent" to "written acknowledgement of informed consent" as suggested in the balloon.

Senator Strick moved that the Committee recommend the bill be studied by an interim committee. Senator Morris seconded. Motion carried.

Senator Reilly pointed out that there is no assurance that the Legislative Coordinating Council will appoint an interim committee to study this matter without a resolution from the Committee to request them to do so.

Senator Strick moved that a resolution be adopted to request the Legislative Coordinating Council to appoint an interim study committee on SB 577. Seconded by Senator Hoferer. Senator Hoferer requested that included in that resolution be the Committee's desire that the whole issue of teenage pregnancy be studied. Motion carried.

Senator Reilly distributed an article from Population Today concerning the Wisconsin Abortion Prevention and Family Responsibility Act of 1985 (Attachment #2). Also distributed were copies of an article, "Teen-Age Pregnancy: Passing Controversial Legislation," which appeared in the February 1986 issue of State Legislatures (Attachment #3).

Senator Strick moved that SB 577 be tabled. Seconded by Senator Morris. On a vote of 5 to 5, the Chairman voted to not table the bill. The motion to table the bill failed.

The meeting adjourned.

Reilly

SENATE BILL No. 577

By Committee on Federal and State Affairs

2-7

Attachment #1

0017 AN ACT relating to abortion; imposing certain conditions and
0018 requirements on abortions performed on minors; prohibiting
0019 certain acts and prescribing penalties for violations; amending
0020 K.S.A. 21-3407, 38-123 and 38-123b and repealing the existing
0021 sections.

0022 *Be it enacted by the Legislature of the State of Kansas:*

0023 New Section 1. (a) It is the intent of the legislature in enact-
0024 ing this parental consent provision to further the important and
0025 compelling state interests of: (1) Protecting minors against their
0026 own immaturity; (2) fostering the family structure and preserving
0027 it as a viable social unit; and (3) protecting the rights of parents to
0028 rear children who are members of their household.

0029 (b) The legislature finds as fact that: (1) Immature minors
0030 often lack the ability to make fully informed choices that take
0031 account of both immediate and long-range consequences; (2) the
0032 medical, emotional and psychological consequences of abortion
0033 are serious and can be lasting, particularly when the patient is
0034 immature; (3) the capacity to become pregnant and the capacity
0035 for mature judgment concerning the wisdom of an abortion are
0036 not necessarily related; (4) parents ordinarily possess informa-
0037 tion essential to a physician's exercise of the physician's best
0038 medical judgment concerning the child; and (5) parents who are
0039 aware that their minor daughter has had an abortion may better
0040 ensure that she receives adequate medical attention after her
0041 abortion. The legislature further finds that parental consultation
0042 is usually desirable and in the best interests of the minor.

0043 New Sec. 2. For purposes of this act:

0044 (a) "Abortion" means the use of any instrument, medicine,
0045 drug or any other substance or device with intent to terminate

such information should include, as is appropriate in the particular case, information about the particular risks of the pregnancy, of the abortion technique to be used or recommended, and instructions on ~~the~~ proper post abortion care.

written acknowledgment of informed consent

0046 the pregnancy of a woman known to be pregnant with intent
0047 other than to increase the probability of a live birth, to preserve
0048 the life or health of the child after live birth or to remove a dead
0049 fetus.

0050 (b) "Emancipated minor" means any minor who is or has
0051 been married or has by court order or otherwise been freed from
0052 the care, custody and control of the minor's parents or legal
0053 guardian.

0054 (c) "Informed consent" means the giving of information, facts
0055 and data, either orally or in written or pictorial form, as to what
0056 would be done by the physician and the consequences of the
0057 abortion;

0058 (d) "Minor" means any person under the age of 18 years.

0059 (e) "Parent" or "parents" means a guardian, conservator or
0060 any person who is by law liable to maintain, care for or support
0061 the minor.

0062 (f) "Physician" means a person licensed to practice medicine
0063 and surgery pursuant to K.S.A. 65-2873 and 65-2873a, and
0064 amendments thereto.

0065 New Sec. 3. No physician shall perform an abortion upon a
0066 minor unless:

0067 (a) The minor is emancipated and the physician or the phy-
0068 sician's agents have first obtained the ~~informed written consent~~
0069 of the emancipated minor; or

0070 (b) the physician or the physician's agents, or another physi-
0071 cian (hereinafter called the "referring physician") or the refer-
0072 ring physician's agents, have first obtained the informed written
0073 consent of both parents or the legal guardian of the unemanci-
0074 pated minor, except that:

0075 (1) If the unemancipated minor's parents are divorced or if,
0076 after reasonable attempts to contact a parent, such parent is not
0077 available in a reasonable time or manner to the physician per-
0078 forming the abortion or the physician's agents, or to the referring
0079 physician or the referring physician's agents, the informed writ-
0080 ten consent of the parent with custody or of the parent who is
0081 available shall be sufficient; or

0082 (2) if the district court waives the consent requirement pur-

0083 suant to section 4 and the physician or the physician's agents
0084 have first obtained ~~an informed written consent~~, signed by the
0085 unemancipated minor, which sets forth the date of the court
0086 order waiving consent, the case number and a statement that the
0087 minor has been informed by the physician, the referring physi-
0088 cian or their agents of the status of the pregnancy, the develop-
0089 ment of the fetus and the physical and emotional effect that could
0090 result from the abortion.

0091 New Sec. 4. (a) The Kansas code for care of children shall not
0092 apply to proceedings under this section except as specifically
0093 provided herein. All proceedings under this section shall be civil
0094 in nature.

0095 (b) An unemancipated minor may petition the district court
0096 of the county where the abortion is to be performed for a waiver
0097 of the consent requirement of section 3 if:

0098 (1) After reasonable attempts to contact the persons whose
0099 consent is required, no such person is available within a reason-
0100 able time or manner to the physician performing the abortion or
0101 the physician's agents, or to the referring physician or the refer-
0102 ring physician's agents;

0103 (2) the persons whose consent is required refuse to consent
0104 to the performance of an abortion; or

0105 (3) the minor elects not to seek the consent of those whose
0106 consent is required.

0107 (c) The district court shall ensure that an unemancipated
0108 minor is given assistance in preparing and filing a petition
0109 pursuant to this section and shall ensure that the minor's identity
0110 is kept anonymous. Subsections (a)(1) and (2) of K.S.A. 1985
0111 Supp. 38-1506 and amendments thereto shall apply to this act.
0112 The petition shall include only the initials of the minor, her age,
0113 the address of each parent, the reasons for seeking the abortion
0114 and the reasons for seeking a waiver of the consent requirement.

0115 (d) The unemancipated minor shall participate in proceed-
0116 ings on her own behalf. The court shall advise her that she has a
0117 right to court-appointed counsel and shall provide her with such
0118 counsel upon her request.

0119 (e) All court proceedings under this section shall be any-

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0120 mous and shall be given such precedence over other pending
0121 matters as necessary to ensure that the court may reach a deci-
0122 sion promptly, but a hearing shall be held. The court shall enter
0123 judgment granting or denying the petition within 10 days of the
0124 filing of petition, unless the time is extended at the request of the
0125 minor.

0126 (f) The district court shall hear the merits of the petition. The
0127 court shall hear evidence about the minor's age, family, circum-
0128 stances of pregnancy, gestation of the fetus, emotional and
0129 physical stability and development of the minor, the alternatives
0130 to the abortion considered by the minor, whether the minor's
0131 parents have consented, previous pregnancies and any other
0132 matter which the court considers useful in determining if the
0133 minor's petition should be granted.

0134 (g) If the minor is under 14 years of age, the court may
0135 consider whether one or both parents of the minor should be
0136 consulted or should counsel the minor concerning the abortion.

0137 (h) The consent requirement shall be waived if the court
0138 finds that:

0139 (1) The minor is mature and well-informed enough to make
0140 the abortion decision for herself; or

0141 (2) the performance of the abortion would be in the minor's
0142 best interests.

0143 (i) An expedited anonymous appeal shall be available to any
0144 minor from a decision of the district court denying the petition.
0145 Such appeal shall be pursuant to article 21 of chapter 60 of the
0146 Kansas Statutes Annotated. A notice of appeal shall be filed
0147 within 3 days after entry of the judgment denying the petition.
0148 The clerk of the court shall prepare the entire official file before
0149 the district court and forward it to the court of appeals within 5
0150 days of the filing of the notice of appeal. The official file shall be
0151 the record on appeal. A hearing before the appellate courts shall
0152 be held within 10 days of the filing of appeal and an order shall
0153 be issued within 5 days of the hearing unless a longer time is
0154 requested by the minor. Any subsequent appeals shall follow
0155 these same procedures.

0156 (j) Any court that conducts proceedings under this section

0157 shall issue written and specific factual findings and legal con-
 0158 clusions supporting its decision and shall order that a confiden-
 0159 tial record of the evidence be maintained.

0160 (k) No fees or court costs shall be required of any minor who
 0161 avails herself of the procedures provided by this section. Ex-
 0162 penses for all proceedings under this section shall be paid in the
 0163 manner provided by subsection (b) of K.S.A. 1985 Supp 38-1511
 0164 and 38-1593, and amendments thereto, for expenses of proceed-
 0165 ings under the Kansas code for care of children.

0166 (l) The judicial council shall annually report to the legisla-
 0167 ture the number of proceedings conducted pursuant to this
 0168 section and the disposition of those proceedings.

0169 New Sec. 5. The requirements of sections 3 and 4 shall not
 0170 apply when, in the best medical judgment of the physician based
 0171 on the facts of the case, a medical emergency exists that so
 0172 complicates the pregnancy and would so impair the health of the
 0173 minor as to require an immediate abortion.

0174 New Sec. 6. Failure to obtain ~~informed written consent~~
 0175 when required under this section is prima facie evidence of
 0176 failure to obtain informed consent and of interference with
 0177 family relations in appropriate civil actions. The law of this state
 0178 shall not be construed to preclude the award of exemplary
 0179 damages in any appropriate civil action relevant to violations of
 0180 this section. Nothing in this section shall be construed to limit
 0181 the common law rights of parents.

0182 Sec. 7. K.S.A. 21-3407 is hereby amended to read as follows:
 0183 21-3407. (1) (a) *Aggravated* criminal abortion is the purposeful
 0184 and unjustifiable termination of the pregnancy of any female
 0185 other than by a live birth.

0186 (2) A person licensed to practice medicine and surgery is
 0187 justified in terminating a pregnancy if he believes there is
 0188 substantial risk that a continuance of the pregnancy would im-
 0189 pair the physical or mental health of the mother or that the child
 0190 would be born with physical or mental defect, or that the preg-
 0191 nancy resulted from rape, incest, or other felonious intercourse;
 0192 and either:

0193 (a) Three persons licensed to practice medicine and surgery,

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; Provided that a rebuttable presumption exists that the informed consent was obtained when the information, facts or data given to the pregnant female includes (a) the approximate stage of gestation expressed in the number of weeks elapsed from probable time of conception, based on the facts given by the female, (b) the description of the anatomical and physiological characteristics of the fetus, such as appearance, tactile sensitivity, brain and heart function, presence of internal organs and external members, (c) capability of survival of the fetus outside the womb at that stage of gestation, (d) abortion alternatives and counselling centers available in the immediate vicinity, (e) possible complications that might occur as a result of the abortion including, where appropriate, hemorrhage, perforated uterus, infection, menstrual disturbances, sterility, miscarriage, and future pregnancy effects, (f) post abortion care.

0194 one of whom may be the person performing the abortion, have
 0195 certified in writing their belief in the justifying circumstances,
 0196 and have filed such certificate prior to the abortion in the
 0197 hospital licensed by the state board of health and accredited by
 0198 the joint commission on accreditation of hospitals where it is to
 0199 be performed, or in such other place as may be designated by
 0200 law; or

0201 (b) An emergency exists which requires that such abortion be
 0202 performed immediately in order to preserve the life of the
 0203 mother.

0204 (3) For the purpose of this section pregnancy means that
 0205 condition of a female from the date of conception to the birth of
 0206 her child.

0207 (4) For the purpose of subsection (2) of this section all illicit
 0208 intercourse with a female under the age of sixteen (16) years
 0209 shall be deemed felonious any of the following acts:

0210 (1) The performance of an abortion by any person other than
 0211 a person licensed to practice medicine and surgery; (2) the
 0212 performance of an abortion without first obtaining the ~~in~~

0213 ~~formed written consent~~ required by section 3; (3) the perform-
 0214 ance of an abortion after the first trimester of pregnancy in any
 0215 place or location other than a licensed hospital or licensed
 0216 ambulatory surgical center, as defined by K.S.A. 65-425 and
 0217 amendments thereto;

0218 (5) (b) Aggravated criminal abortion is a class D B felony.
 0219 New Sec. 8. (a) Criminal abortion is the failure of any person
 0220 to perform any act which is required by the laws regulating
 0221 abortion but which is not an act which constitutes a felony.

0222 (b) Criminal abortion is a class A misdemeanor.

0223 (c) This section shall be part of and supplemental to the
 0224 Kansas criminal code.

0225 New Sec. 9. (a) It is a complete defense to a charge of
 0226 aggravated criminal abortion, as defined by K.S.A. 21-3407 and
 0227 amendments thereto, or a charge of criminal abortion, as defined
 0228 by section 8, that a medical emergency existed or that the
 0229 informed written consent could not be obtained because the
 0230 medical condition of the woman upon whom the abortion was

0231 performed prohibited or made the obtaining of such consent
0232 impractical and impossible.

0233 (b) This section shall be part of and supplemental to the
0234 Kansas criminal code.

0235 Sec. 10. K.S.A. 38-123 is hereby amended to read as follows:
0236 38-123. *Except as provided by section 3 and* notwithstanding any
0237 other provision of the law *to the contrary*, an unmarried preg-
0238 nant minor ~~where~~, *if* no parent or guardian is available, may give
0239 consent to the furnishing of hospital, medical and surgical care
0240 related to her pregnancy, and such consent shall not be subject to
0241 disaffirmance because of minority. *Except as provided by sec-*
0242 *tion 3*, the consent of a parent or guardian of an unmarried
0243 pregnant minor shall not be necessary in order to authorize
0244 hospital, medical and surgical care related to her pregnancy,
0245 ~~where~~ *if* no parent or guardian is available.

0246 Sec. 11. K.S.A. 38-123b is hereby amended to read as fol-
0247 lows: 38-123b. *Except as provided by section 3 and* notwith-
0248 standing any other provision of the law *to the contrary*, any
0249 minor ~~sixteen (16)~~ *16 or more* years of age ~~or over~~, ~~where~~, *if* no
0250 parent or guardian is immediately available, may give consent to
0251 the performance and furnishing of hospital, medical or surgical
0252 treatment or procedures and such consent shall not be subject to
0253 disaffirmance because of minority. *Except as provided by sec-*
0254 *tion 3*, the consent of a parent or guardian of such a minor shall
0255 not be necessary in order to authorize the proposed hospital,
0256 medical or surgical treatment or procedures.

0257 New Sec. 12. If any provision, word, phrase or clause of this
0258 act or the application thereof to any person or circumstances is
0259 held invalid, the invalidity shall not affect the provisions, words,
0260 phrases, clauses or applications of this act which can be given
0261 effect without the invalid provision, word, phrase, clause or
0262 application. To this end, the provisions, words, phrases and
0263 clauses of this act are declared to be severable.

0264 Sec. 13. K.S.A. 21-3407, 38-123 and 38-123b are hereby re-
0265 pealed.

0266 Sec. 14. This act shall take effect and be in force from and
0267 after its publication in the statute book.

In Wisconsin, Grandparents Held Responsible for Teen Progeny

The state of Wisconsin has taken the bull by the horns in the fight against teenage pregnancy. In a landmark statute, legislators there voted in November to make parents financially responsible for infants born to their unmarried children under 18. Under the law, both sets of grandparents are required to support the infant if its parents cannot.

The "grandparents' liability law" was part of a 10-part legislative package that united pro-and anti-abortion forces against a common foe: teenage abortion. The 16-member committee produced this wide-ranging law—adopted unanimously by the State Legislature—the "Abortion Prevention and Family Responsibility Act of 1985." Although both sides are uneasy about portions of the bill, neither wanted to cause its failure, thus producing a rare compromise in the battlefield of sex and abortion.

The objective of the act is to reduce the number of abortions by significantly reducing the number of teenage pregnancies, and when pregnancies do occur, by offering teenagers other options. Among other things, the law imposes new criminal penalties on those performing late-term abortions, repeals an obsolete statute imposing criminal penalties against women seeking abortions, removes prohibitions on the display and advertisement of contraceptives (though the sale of contraceptives through vending machines remains illegal), and establishes a state adoption center.

The rationale behind the grandparents liability law is to give parents a larger stake in educating their children about sexuality and contraception. By forcing parents to become more responsible for their children's sexual behavior, State Rep. Marlin D. Schneider, who sponsored the bill, hopes to take from the taxpayers the burden of children whose parents cannot afford to support them. However, the law may have a limited effect on the state's welfare expenditures because many parents of teenage parents are themselves on welfare. Under the statute the incomes of both mater-

nal and paternal grandparents would be considered before a teenage parent could receive public aid. In the past, the income of only the mother was taken into account. The law stipulates that parents are liable to pay "so far as [they] are able" until the teenager turns 18, marries, or joins the military. The law is up for review in three years.

Though the law was a product of the combined forces of both prolife and prochoice advocates, it has not been embraced by all since its passage. Proponents of the law say that it should reduce the welfare rolls, while opponents argue that it might unduly penalize the working poor.

Some Wisconsinites think the law will reduce sexual activity among teenagers, who (proponents hope) may think twice about unprotected intercourse when they know that their parents' pocketbooks are at stake. Others believe it will provide further inducement for abortions. Barbara Lyons of the Wisconsin Citizens Concerned for Life, a prolife group, said in the *New York Times* that girls may be pressured into having abortions because their parents "may see the financial responsibility as being something bigger and more unmanageable than actually it may be."

Guidelines and regulations for the law have yet to be written, however. Social service officials in Wisconsin do not know whether to deny benefits to girls or to grant them public assistance and try to collect later from the liable grandparents. Since the law took effect on Nov. 20, counties have been dealing with situations on a case-by-case basis. The state was expected to issue guidelines by mid-January.

Also in January, a seven-member Pregnancy Prevention board will start distributing \$1.7 million in grants to cover the next two years. The grant money will support health clinics in schools, a media campaign to discourage teen sex, adoption counseling, and role-model programs. This money supplements the \$1.5 million yearly the state currently spends on teen pregnancy programs, the *Washington Post* reported.

Sixteen-year-old Cindy Dorman said in

the *Post* that the prevention of teenage pregnancy "is so important, there should be classes for parents who have a hard time talking to their kids about sex."

—J.A.

Halley

Continued from page 3

much a hit-or-miss thing. In a second paper, Halley used the life table to propose a method of annuity calculation, and the way was now clear to calculate the experience of populations—and also make the books balance.*

Interestingly, Halley used his paper to get some pronatalist opinions off his chest:

The growth and increase of mankind is not so much stinted by any thing in the nature of the species, as it is from the cautious difficulty most people make to adventure on the state of marriage, from the prospect of the trouble and charge of providing for a family; nor are the poorer sort . . . to be blamed, since their difficulty of subsisting is occasioned by the unequal distribution of possessions, all being necessarily fed from the earth, of which so few are masters. . . .

. . . The strength and glory of a King consisting in the multitude of his subjects, I shall only hint, that above all things celibacy should be discouraged, as by extraordinary taxing and military service, and those who have numerous families of children to be countenanced and encouraged—especially by an effectual care to provide for the subsistence of the poor, by finding them employment---

Demography taken care for the time being, Halley went on to other tasks—the plotting of the earth's magnetic field, *Continued on next page*

*The modern life table takes a real population's age-specific death rates and applies them to a hypothetical population, usually 100,000, all born at the same time. As this hypothetical population ages, death causes it to shrink in number, until no one is left. Looking at such a table tells you many things about a population, most conspicuously its members' average life expectancy at any age.

Teen-Age Pregnancy: Passing Controversial Legislation

By Heather Fairburn Maggard

Can legislatures balance the right to life and the right to privacy when the issue is teen pregnancy? More and more states are trying, though legislative solutions are nearly always controversial.

Teen-age pregnancy bills elicit extreme reactions from constituents and legislators alike. While nobody disputes the extent of the problem and the gravity of its consequences, arguments arise when legislators start looking at solutions.

The United States has the highest rates of teen-age pregnancy, birth and abortion in the Western world. Of all 16-year-old unmarried girls, approximately one-third of whites and one-half of blacks reportedly have had sexual

“Some of your constituents will say, ‘These kids should not be having sex,’ rather than ‘How can we prevent teen-age pregnancy?’ That’s like watching a house burn down and saying, ‘Gee, the people in that house really ought to put in some smoke detectors.’ Well, sure they should have, but it’s too late now. What you have to do as legislators is focus on reducing the teen-age pregnancy rate—you can’t get the kids to stop having sex.”

—State Representative Mary Mushinsky, Connecticut, speaking at NCSL’s 1985 Annual Meeting

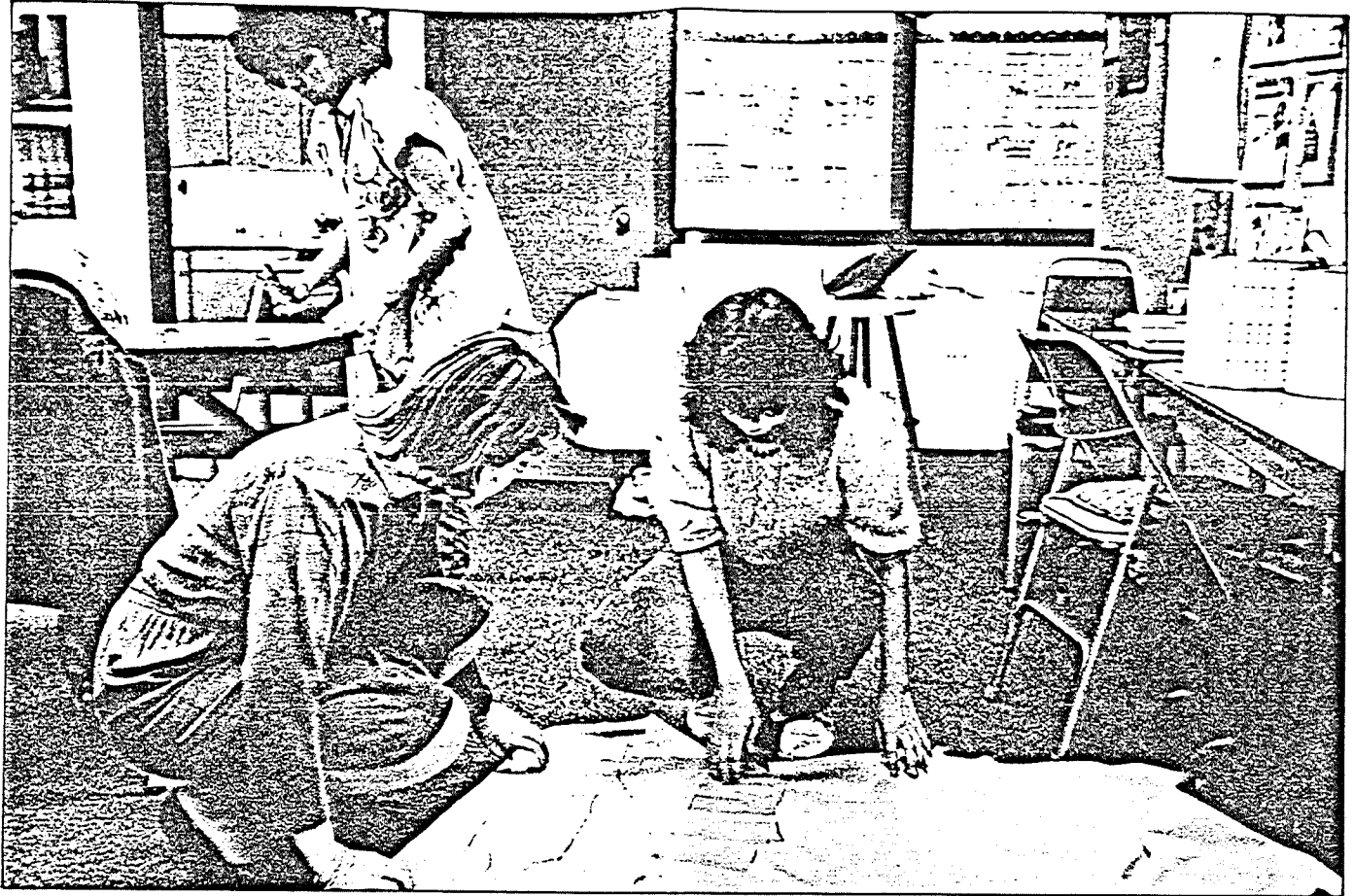
“I had a preacher come to me, very upset about our committee’s proposal for mandated sex education in the schools. He believed sex education belongs in the home and church. I asked him what kind of sex education programs his church had, and he said, ‘none.’”

—State Representative Marlin Schneider, sponsor of the Wisconsin Abortion Prevention and Family Responsibility Act of 1985

Heather Fairburn Maggard is a staff associate in NCSL’s Children and Youth program.

Photo: Cliff Grassmick





TAP-Aware programs for pregnant teens stress the importance of adequate nutrition and teach such basic skills as sewing.

intercourse. Over 25 percent of teen-agers never use contraceptives, and nearly 40 percent use contraceptives sporadically. As a result, each year more than one in 10 American girls aged 10 to 19 becomes pregnant.

Veronica, now 18 and the mother of a 1-year-old, is among this group. She and her boyfriend, Curtis, also 18, didn't bother to use contraceptives in the six months that they were sexually active. As a result, Veronica was also among the more than one in 20 American girls aged 10 to 19 who gave birth in 1985.

When Veronica became pregnant, Curtis tried to talk her into getting an abortion, an option chosen by nearly 40 percent of pregnant teen-agers. A high school junior, Curtis was not ready for marriage and fatherhood.

Veronica, on the other hand, wanted the baby. She pictured herself changing a rosy-cheeked, cooing infant from one doll-sized outfit to another, never mind how to keep that infant healthy and where the outfits would come from.

Veronica's mother tried unsuccessfully for several months to convince her to give up the baby for adoption, but finally accepted Veronica's decision to raise the child. When the baby was born, Medicaid paid for the delivery and for the costs of hospitalizing the four-weeks-premature infant.

Veronica and the baby lived with her mother and three younger sisters until she turned 18. Since her mother worked and child care costs were high, Veronica dropped out of school to be with her baby during the day and worked

part time evenings at a fast food restaurant. When she turned 18, Veronica and the baby moved to their own apartment so that she would be eligible to receive Aid to Families with Dependent Children (AFDC).

Veronica's situation is not unique, nor are her problems unusual. Teen-age pregnancy and parenthood are associated with numerous socioeconomic and medical problems. Rarely are pregnant girls prepared for the potential consequences of early parenting, such as low educational achievement, unemployment, single parenting, poverty and welfare dependency, pregnancy-related health complications, infant mortality and child abuse.

It is unlikely that Veronica will get her high school diploma. Only one-half of teen-age mothers complete high school by age 29. As a result, they are more likely to be unemployed or to have low-status, low-paying jobs. They are also more likely to be dependent on public assistance.

Family instability further complicates a teen-age mother's financial security and the future of her child. Like Veronica, nearly half of all teen-age mothers give birth out of wedlock; of these, 93 percent attempt to raise their babies themselves. This, combined with the fact that teen-agers suffer higher rates of divorce and separation than older couples, means that many female teen-agers are heading single-parent households. A majority of these households lack adequate subsistence; in fact, 75 percent of single mothers under age 24 live below the poverty line.



The problem of poverty is exacerbated by the fact that teen-age mothers have nearly twice as many children as older women. These children often continue the cycle of family instability and welfare dependency, and become pregnant themselves at an early age.

The states bear the burden of teen-age pregnancy in terms of lost human potential and welfare expenditures. Seventy-one percent of females under age 30 who receive AFDC had their first children as teen-agers. Moreover, deliveries to adolescents account for 30 percent of all hospital deliveries paid for by Medicaid.

Deliveries are only part of the medical bill paid by the states. Teen-age mothers are more likely to die or suffer from pregnancy-related health complications than mothers in their early 20s. The babies of teen-agers are at a 39 percent greater risk of having a low birth weight, a major cause of infant mortality and various illnesses, injuries and defects. Most doctors believe that many of these health problems could be prevented if teen-age mothers were receiving adequate prenatal care, but many are not.

In addition to physical problems, adolescent parents are at a high risk of having mental health problems and are more likely to abuse and neglect their children, according to Frank Bolton Jr., a noted child abuse investigator. He traces these problems to low self-esteem, low tolerance for frustration, fear of rejection, unrealistic expectations, isolation, ignorance about child care techniques, parenthood at a young age, low levels of education, successive birth of children, large family sizes, high rates of unemployment and low levels of occupation and family income.

Because teen-age pregnancy and parenthood can be linked to so many other problems in society, state legislatures are looking for ways to prevent teen-age pregnancy

and to minimize the adverse consequences of teen-age parenthood. While nearly everyone agrees that something must be done, legislative solutions are nearly always controversial.

"Any time a significant part of society has its basic ideas of right and wrong trampled on, there are going to be problems getting legislation passed," says Nevada state Senator Ray Rawson, sponsor of a 1985 law that requires parental notification before a minor can obtain an abortion.

"As a legislator, you must seek compromise. It's a dangerous issue and you can't win with the voters. You lose as many votes as you gain," he says.

Connecticut lawmakers locked horns over teen-age pregnancy legislation in the 1985 session. Representative Mary Mushinsky, sponsor of seven teen-age pregnancy bills, three of which passed, found that discussions of pragmatic teen-age pregnancy legislation can easily get side-tracked into philosophical discussions of morality.

"Some legislators feel that if they vote for a package of teen-age pregnancy bills, they are somehow condoning sexual activity among teen-agers," says Mushinsky. "We as legislators must get beyond the idea that we can prevent kids from having sex and use our office to reduce the pain and suffering caused by teen-age pregnancy and parenting."

Mushinsky maintains that most lawmakers working on teen pregnancy bills do not condone teen-age sexual activity, but do recognize that it exists. Rather than trying to change teen-agers' sexual mores, she argues that they are attempting to prevent the tragic consequences of irresponsible sexual behavior, namely pregnancy and abortion.

Mandates for public school courses on human sexuality and responsible decision making are often part of a teen-age pregnancy legislation package. Sponsors argue that the courses will help students see the benefits of postponing sexual activity or at least make students aware of contraceptives if they insist on being sexually active. Proponents also support increasing the accessibility of contraceptives to teen-agers, believing that the inaccessibility of contraceptives will not postpone sexual activity, and therefore, their use should not be impeded.

But the volatile issues of sex education and contraceptives strike at the strongly held beliefs of many legislators, parents and churches.

"The laws we pass affect the morals of our communities," says Connecticut state Representative Peter Nystrom, one of the leading opponents of Mushinsky's legislation. "We have to be careful that the bills we pass can't potentially increase promiscuity in teen-agers."

During debate on the Connecticut bills last year, Nystrom expressed concern that school sex education programs and increased availability of contraceptives will lead to increased sexual experimentation among teen-agers. He and other opponents of the bills contend that sex education is the responsibility of parents and religious leaders who can give young people moral guidance, as well as the physiological fundamentals.



Nystrom also opposes state intervention in an issue he believes is best handled at the local level.

"I'm not certain that the state should be taking away the autonomy of our communities by passing legislation mandating certain programs," he says.

Then there is the issue of funding.

"States only have a certain amount of money to appropriate," says Mushinsky. "Programs that are in any way controversial are not likely to be funded. This is what happened to many of the Connecticut teen-age pregnancy bills in 1985." Mushinsky's bills relating to welfare eligibility and establishing subsidized job training programs and a teen-age pregnancy prevention council passed, while bills concerning family life education programs, school-based health clinics and pregnancy prevention services and programs failed to pass.

In the face of controversy and political hurdles, state legislators have long been reluctant to intervene in this highly emotional issue. In the past few years, however, legislators, increasingly more alarmed by teen-age pregnancy statistics, have become more willing to tackle the problem. In almost every state that has passed significant teen pregnancy legislation, legislators have started the process by bringing a diverse group of people together in a task force to study the problem and to develop legislative recommendations.

New York's Teen-age Services Act of 1984 was the result of a commission to revise the social services law chaired by Senator William Smith. In Connecticut, a task force on adolescent pregnancy created by Representative Mushinsky led to the introduction of her seven bills.

The task force approach is successful, according to Mushinsky, if it includes moderate members of opposing viewpoints who are willing to examine the state's teen pregnancy statistics, keep the media and state officials apprised of their findings, listen to all sides and negotiate when they begin to make policy recommendations.

The task force approach met its most notable success in Wisconsin, where the Legislature passed a landmark bill last November that seeks to reduce the number of teen-age pregnancies and abortions in the state. The bill that was finally introduced contained a number of controversial provisions, all of which had been recommended by the task force that had worked on the problem for seven months. Because the sometimes bitter debate between the conflicting interests took place during the task force negotiations, when the bill reached the floor it passed unanimously in both houses within 24 hours. Republicans commended the Democratic legislation and members of the Assembly gave bill sponsor Representative Marlin Schneider a standing ovation.

According to its sponsors, the Wisconsin Abortion Prevention and Family Responsibility Act of 1985 strikes a



balance between the right to life and the right to privacy, and recognizes the rights and responsibilities of families. The most precedent-setting and controversial provision of the new law makes parents responsible for the support of their minor children's babies until the teen-age parent becomes an adult. Another controversial provision of the act requires that hospitals strongly encourage minors to consult their parents before having an abortion, but prohibits the notification of a parent about an abortion without the minor's written consent.

The act also earmarks \$1 million for adolescent pregnancy prevention programs and pregnancy services, requires school boards to set up local advisory committees to develop human growth and development curricula and repeals commercial restrictions on nonprescription contraceptives. The act expands the current school-age mothers' program to include school-age fathers and requires that the program include parenting skills education, family planning and information on adoption services. In this latter regard, the act creates a state adoption center that will provide information and referrals.

Representative Schneider believes that even if the Wisconsin law may not work in other states, "the process of bringing together people from opposite philosophical viewpoints into a task force is worth being duplicated."

Representative John Medinger was a member of the task force and a strong abortion foe in the Wisconsin Legislature. He says that the process was important because

people got to know each other and found out that "Planned Parenthood is not doing the devil's work, for example."

"We came to realize that pro-choice and pro-life advocates can find common ground. The result of our work is a nonpartisan piece of legislation that is defensible in terms of both the pro-choice and the pro-life viewpoint."

Everyone, however, is not entirely satisfied with the act. Barbara Lyons, a lobbyist for Wisconsin Citizens Concerned for Life, fears that the grandparent liability provision will increase the number of abortions, rather than reduce them, because parents will pressure their daughters into having abortions. She is also concerned that some of the \$1 million for pregnancy counseling may go to abortion referrals.

In the wake of Wisconsin's success with the task force approach in passing its new law, legislators in many other states are beginning to take a serious look at the problem of teen-age pregnancy and are optimistic that effective legislation is forthcoming.

"I'm confident that my four teen-age pregnancy bills that failed in 1985 will eventually pass," said Representative Mushinsky. "There is a huge groundswell at the community level on this issue right now that is bound to affect legislators.

"There have been big changes in our society over the past 25 years, especially when you look at the problem of teen pregnancy," she adds. "Legislatures must catch up with these changes or continue to pay for problems like teen-age pregnancy in dollars and human suffering." 