



Commentary

Call to Action: Healthcare Providers Must Speak Up for Adolescent Abortion Access



Amanda E. Bryson, M.D.^{a,*}, Areej Hassan, M.D., M.P.H.^a, Jessica Goldberg, J.D.^b, Ghazaleh Moayed, D.O., M.P.H.^c, and Atsuko Koyama, M.D., M.P.H.^{d,e}

^a Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, Massachusetts

^b Legal & Policy Team, If/When/How: Lawyering for Reproductive Justice, Oakland, California

^c Pegasus Health Justice Center, Dallas, Texas

^d College of Medicine- Phoenix, University of Arizona, Phoenix, Arizona

^e Camelback Family Planning, Phoenix, Arizona

On September 1, 2021, Texas Senate Bill 8 (S.B. 8) took effect as the most restrictive ban on abortion in the United States (U.S.) since its legalization in 1973. S.B. 8 prohibits abortion after detection of fetal cardiac activity, at around 6 weeks of pregnancy, which creates a nearly impossible window for a person to discover a pregnancy, make an appointment, comply with Texas's other medically unnecessary abortion restrictions, and receive abortion care. To circumvent judicial review, S.B. 8 deputizes private citizens to enforce the law through civil lawsuits against anyone assisting with or providing abortion care in violation of the law. Although civil action cannot be taken against the pregnant person, S.B. 8 seeks to intimidate and isolate those seeking abortion by threatening the people helping them obtain healthcare. The rise in extreme abortion restrictions is not confined to Texas, but is pervasive throughout the U.S. Given the relentless efforts to restrict abortion access, it is incumbent upon healthcare providers to be knowledgeable about local and national abortion restrictions, understand the impact of such restrictions, and take action on behalf of those seeking abortion care.

Abortion Restrictions in the U.S.

Although S.B. 8 is particularly egregious, we have been watching the road be paved for this moment over the last 5 decades since the landmark case of *Roe v. Wade* in 1973. Almost immediately Congress began to legislate restrictions on this constitutional and human right to distance the government's role in ensuring that all individuals have access to abortion with

the passage of the Church Amendment in 1973 and the Hyde Amendment in 1976. Over the last decade, there has been a steep increase in targeted regulation of abortion provider laws imposed under the guise of “protecting women from the dangerous consequences of abortion” [1]. These efforts and other barriers effectively make abortion available to only those who have the financial means to access this care in the majority of states.

During 2021 attempts to restrict abortion access have been widespread with over 500 abortion restrictions introduced throughout 47 states [2]. In addition to the unprecedented volume of proposed laws, the severity of such restrictions has amplified with nearly half (22) of states proposing legislation banning all or most abortions. Although Texas is the only state currently that has this ban in effect, similar legislation in South Carolina, Oklahoma, and Arkansas was passed and has been temporarily blocked by litigation [3]. Additionally, the state of Florida introduced a similar law in September 2021, and it is likely that other states will become emboldened to do the same. The evolving landscape of state-level abortion restrictions, in combination with national attempts to reverse *Roe v. Wade* (Supreme Court arguments for *Dobbs v. Jackson Women's Health Organization* scheduled for December 1, 2021), jeopardizes abortion access in the U.S. As such, it is imperative that healthcare providers take action against local and federal abortion restrictions and remain steadfast in support of adolescent access to comprehensive, confidential, and affordable abortion care.

Impact of Abortion Restrictions

Abortion restrictions do not affect everyone equally. A person's reproductive experience and ability to obtain comprehensive, confidential reproductive healthcare is impacted by intersecting oppressions. Historically, individuals

Conflicts of interest: A.H. and G.M. are Nexplanon clinical trainers for Organon.

* Address correspondence to: Amanda E. Bryson, M.D., Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, 333 Longwood Avenue, 6th floor, Boston, MA 02115.

E-mail address: Amanda.Bryson@childrens.harvard.edu (A.E. Bryson).

of color, people living in poverty, immigrants, individuals who are incarcerated or detained, transgender and gender nonbinary individuals, persons with disabilities, and adolescents have been disproportionately affected by restrictions and regulations imposed on reproductive healthcare [4–6]. The past 2 decades of regressive abortion legislation in Texas has shuttered abortion clinics across the state, increasing barriers for Texans who are Black, living in poverty, and living >100 miles from an abortion clinic [7]. It is undeniable that S.B. 8 will exacerbate these existing inequities in abortion care in Texas, with similar effects in states pursuing new abortion restriction legislation.

Adolescent Access to Abortion

Adolescents must have access to comprehensive, confidential, and affordable abortion care. However, adolescents in the U.S. experience a unique set of barriers accessing abortion [6,8,9], and near total bans on abortion, like S.B. 8, will likely make these barriers insurmountable. Despite the recommendations of medical professionals, adolescents in 38 states, including Texas, lack access to confidential care, as parental notification or consent is required before an abortion [9]. Eleven states require parental identification or a notarized consent, which requires the parent to possess government-issued identification. In 4 states parents are also required to have proof of parenthood, and in 5 states one parent's involvement is not enough. Notably, these barriers are amplified for adolescents in the foster care system and living in state facilities. Such laws do not improve outcomes for adolescents, but instead increase risks, including medical complications due to delays in care and psychological harm such as violence, coercion, and rejection [8,9]. Judicial bypass may be pursued to obtain an abortion without parental involvement; however, this is a complicated, onerous, and time-consuming process that is often traumatic for adolescents and ultimately leaves the fate of an adolescent in the hands of a judge without training in medicine or adolescent development [9]. In light of these barriers, severely restrictive abortion laws, such as S.B. 8, will most likely prevent almost all adolescents from being able to access their human right to abortion care.

It is crucial that healthcare providers advocate for comprehensive reproductive healthcare for all individuals centering those who are most affected by oppressive systems and reproductive injustices. Adolescents of color seek abortion care in the context of centuries of reproductive oppression and criminalization of individuals of color, particularly Black and Indigenous people [4]. Adolescents living in poverty experience financial barriers including inability to pay for abortion services and associated transportation costs. Transgender and nonbinary adolescents experience a high risk of discrimination and worsening gender dysphoria when seeking pregnancy care [6,10]. Adolescents who have immigrated to the U.S., both documented and undocumented, and those who do not speak English experience difficulty navigating the medical system due to language barriers and fear of deportation or criminalization [6]. Adolescents who are incarcerated or detained in immigration detention centers, a group disproportionately made up of those who are Black and Latinx, lack access to the

necessary reproductive health services to discover a pregnancy, obtain noncoercive care, and access abortion [5,6,11]. Survivors of rape and incest often delay presentation to care due to safety concerns, fear, and stigma.

Call to Action

Adolescents must have access to abortion services and be able to exercise their right to self-determined family planning. Abortion restrictions, such as S.B. 8, do not protect adolescents, but rather prevent adolescents from accessing comprehensive, confidential, and equitable reproductive healthcare, which threatens their physiologic and mental health. Therefore, we urge the adolescent healthcare provider community to oppose such laws and engage in abortion advocacy at local and national levels to protect the health and wellbeing of adolescents. Adolescent healthcare providers may advocate in their personal capacity or, if acting in their professional capacity, with clearance from their institution.

We recommend the following actions:

- Provide comprehensive reproductive healthcare.** Adolescent healthcare providers have a responsibility to practice medicine using evidence-based strategies, when such evidence is available, which includes ensuring patients have access to full-range reproductive health services. Provide patient-centered contraceptive counseling for adolescents who desire contraception and assist them in accessing their preferred method. To support your patients seeking abortion care, be knowledgeable about resources in your area, including the locations of abortion clinics (<https://www.abortionfinder.org/>). Teach your patients on how to recognize crisis pregnancy centers, which often provide misleading information to pregnant adolescents designed to deter them from seeking abortions [12]. Educate yourself on the safety, efficacy, and acceptability of self-managed abortions (abortions done outside a clinical setting) and support patients who pursue this route [10,13] (<https://www.plancpills.org/>). Be aware of the rights of pregnant adolescents in your state and know your local resources for judicial bypass (<https://judicialbypasswiki.ifwhenhow.org/>). Provide legal resources for your patients who may be unjustly criminalized (<https://www.reprolegalhelpline.org/sma-know-your-rights/>).
- Speak up against abortion restrictions.** On an individual level, healthcare providers can testify in legislative forums, engage with their government representatives, and write op-eds to shed light on the impacts of abortion restrictions. Professional medical societies can provide a unified voice when advocating for abortion access. Over 45 professional medical societies have formally opposed S.B. 8 including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American College of Physicians, asserting that the law limits a physician's ability to provide evidence-based care, threatens the patient-physician relationship, and compromises patient care [14,15]. Professional societies focusing on adolescent health should create formal position papers related to adolescent abortion, including barriers and access to care.

- **Promote and support research around improving abortion care for adolescents as well as research about the impacts of abortion restrictions.** Building a body of literature supporting adolescent access to full-range reproductive healthcare services is crucial. We also encourage research assessing the impacts of abortion restrictions, especially as they pertain to the lives of adolescents.
- **Stay up to date on legislation that impacts abortion at both the state and federal level.** The federal Women's Health Protection Act will protect pregnant people's right to abortion regardless of zip code (<https://reproductiverights.org/whpa-take-action/>). As critical as Women's Health Protection Act is, it does not eliminate forced parental involvement laws, so it is important to also stay up to date on legislation in your state. Reach out to your legislator via phone call or letter to show your support for abortion care.
- **Support funding for abortion services.** The Hyde Amendment significantly restricts access to abortion care. Although 16 states have expanded Medicaid funds to provide abortion coverage, more than 7 million people with reproductive capacity in 33 states and the District of Columbia cannot access abortion services utilizing Medicaid insurance [16]. Furthermore, the Hyde Amendment restricts access to federal employees, peace corps volunteers, military members, and Native American and Indigenous people utilizing Indian Health Services. The EACH Act is proposed legislation to expand coverage for abortion services (<https://allaboveall.org/resource/each-act-fact-sheet/>). Notify your congressperson of your support of funding abortion services.
- **Center reproductive justice.** Adolescents have the right to decide when, if, and how they become parents [4]. Reproductive justice cannot be achieved as long as individuals do not have control over their bodies or access to full-range reproductive services [4]. Although equitable access to abortion is imperative, it is only one of many factors influencing reproductive autonomy. Working toward reproductive justice will require consistent and dedicated involvement. We encourage adolescent healthcare providers to become knowledgeable about the reproductive justice movement and for the medical community to uplift the work of reproductive justice scholars and advocates (<https://www.sistersong.net/>).

Healthcare providers, both individually and collectively, can serve as strong advocates for adolescents who may become pregnant. Together we can leverage our collective power to protect the reproductive autonomy of adolescents, people of color, people living in poverty, survivors of rape, and others disproportionately affected by abortion restrictions.

Funding Sources

The authors have received no funding or financial support for this commentary. G.M. receives grant support from the Society of Family Planning Research Fund.

References

- [1] Guttmacher Institute. Targeted regulation of abortion providers (TRAP) laws. Available at: <https://www.guttmacher.org/evidence-you-can-use/targeted-regulation-abortion-providers-trap-laws>. Accessed October 9, 2021.
- [2] Guttmacher Institute. Is on track to become the most devastating anti-abortion state legislative session in decades. 2021. Available at: <https://www.guttmacher.org/article/2021/04/2021-track-become-most-devastating-anti-abortion-state-legislative-session-decades>. Accessed October 9, 2021.
- [3] Guttmacher Institute. State legislation tracker. Available at: <https://www.guttmacher.org/state-policy>. Accessed October 26, 2021.
- [4] Ross LJ, Solinger R. In: Solinger R, Bridges KM, Luna Z, Tapia R, eds. Reproductive justice: An introduction. Oakland, CA: University of California Press; 2017.
- [5] Hayes CM, Sufrin C, Perritt JB. Reproductive justice disrupted: Mass incarceration as a driver of reproductive oppression. *Am J Public Health* 2020;110:S21–4.
- [6] Increasing access to abortion: ACOG Committee opinion summary, number 815. *Obstet Gynecol* 2020;136:1240–1.
- [7] Goyal V, Wallace R, Dermish AI, et al. Factors associated with abortion at 12 or more weeks gestation after implementation of a restrictive Texas law. *Contraception* 2020;102:314–7.
- [8] Davis AR, Beasley AD. Abortion in adolescents: Epidemiology, confidentiality, and methods. *Curr Opin Obstet Gynecol* 2009;21:390–5.
- [9] Committee on Adolescence. The adolescent's right to confidential care when considering abortion. *Pediatrics* 2017;139:e20163861.
- [10] Moseson H, Fix L, Gerdtz C, et al. Abortion attempts without clinical supervision among transgender, nonbinary and gender-expansive people in the United States. *BMJ Sex Reprod Health* 2021. <https://doi.org/10.1136/bmjsexr-2020-200966>.
- [11] Sufrin C, Jones RK, Beal L, et al. Abortion access for incarcerated people: Incidence of abortion and policies at U.S. prisons and jails. *Obstet Gynecol* 2021;138:330–7.
- [12] Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology. Crisis pregnancy centers in the U.S.: Lack of adherence to medical and ethical practice standards. *J Adolesc Health* 2019;65:821–4.
- [13] Berro Pizarrossa L, Skuster P. Toward human rights and evidence-based legal frameworks for (self-managed) abortion: A review of the last decade of legal reform. *Health Hum Rights* 2021;23:199–212.
- [14] Council Medical Specialty Societies. CMSS statements on legislative interference. Available at: <https://cmss.org/cmss-statement-on-legislative-interference/>. Accessed September 22, 2021.
- [15] American College of Obstetricians and Gynecologists. Leading physician groups oppose Texas legislation that threatens access to reproductive patient care. Available at: <https://www.acog.org/news/news-releases/2021/09/physician-groups-oppose-texas-legislation-threatening-access-to-reproductive-patient-care>. Accessed October 9, 2021.
- [16] Guttmacher Institute. Medicaid coverage of abortion. Available at: <https://www.guttmacher.org/evidence-you-can-use/medicaid-coverage-abortion#>. Accessed October 28, 2021.