



Nnamdi O. Chukwocha
STATE REPRESENTATIVE
1st District

HOUSE OF REPRESENTATIVES
STATE OF DELAWARE
411 LEGISLATIVE AVENUE
DOVER, DELAWARE 19901

COMMITTEES
Health & Human Development, Chair
Veterans Affairs, Chair
Education,
Gaming & Parimutuels,
Appropriations,
Corrections
Delaware Legislative Black Caucus, Chair

House Health & Human Development Committee Minutes

3.26.25

House Committee Recording

Chair Nnamdi O. Chukwuocha called the meeting to order at 11:32 p.m.

Members present:

Rep. Chukwuocha, Chair

Rep. Burns

Rep. Heffernan

Rep. Johnson

Rep. Ross Levin

Rep. Kamela Smith

Rep. Snyder-Hall

Rep. Jones Giltner

Rep. Hensley

Rep. Hilovsky

Rep. Postles

Rep. Shupe

Rep. Michael Smith

Chair Chukwuocha introduced Agenda Item No. 1: **HB 87 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE SUICIDE PREVENTION COALITION.** *Time Stamp: 11:35*

HB 87, sponsored by Rep. Shupe, would add two members, appointed by the Governor, to the Delaware Suicide Prevention Coalition (DSCP). The two new members shall be: one member who has experienced suicide ideation or survived a suicide attempt, and one member who has lost a loved one to suicide. This change has been requested by the DSCP because these additional members can help elected officials better understand the real-life impact of suicide. Their perspectives will better equip the DSCP to address suicide prevention in Delaware.

Rep. Michael Smith brought to the committee's attention that the bill establishing the Office of Suicide Prevention was discussed last week. He asked how, if enacted into law, that legislation would integrate with the current proposal. Rep. Shupe responded that this legislation is separate,

as it pertains to a coalition recognized by the State of Delaware. He noted that, if the Office is established in law, it would need to be determined whether the DSCP falls under the purview of that Office. Rep. Michael Smith reiterated concerns raised during the prior week's discussion, emphasizing that the state has numerous coalitions and groups. He then asked how the state could potentially integrate or consolidate these initiatives in a way that conserves state resources while ensuring the greatest impact.

Chair Chukwuocha opened the floor for public comment. *Time Stamp: 11:37*

A motion was made by Rep. Johnson and seconded by Rep. Hilovsky to release HB 87 from committee; motion carried. Yes = 12 (Chukwuocha, Burns, Heffernan, Johnson, Ross Levin, K. Smith, Snyder-Hall, Jones Giltner, Hilovsky, Postles, Shupe, M. Smith); No = 0; Absent = 4 (Neal, Evelyn Harris, Morrison, Hensley). The bill was released from committee with a F=4, M=7, U=0 vote.

Chair Chukwuocha introduced Agenda Item No. 2: **HS 1 FOR HB 46 AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO PARENTAL CONSENT FOR MINORS SEEKING AN ABORTION.** *Time Stamp: 11:39*

HB 1 for HB 46, sponsored by Rep. Shupe, ensures that no physician or medically authorized person shall perform an abortion upon a child under the age of 16 without having obtained parental consent, except in cases of medical emergency or if the Family Court adjudicates that the minor is mature and well-informed enough to make the decision independently, or obtaining parental consent is not in the best interest of the minor, such as in cases of abuse, neglect, or coercion. This act differs from HB 46 by removing additional references to the former notice requirement in Chapter 17, Subchapter VIII, of Title 24, and by clarifying that a legal guardian may grant the consent required by this act. Rep. Shupe stated that this bill was brought to him by residents of his district, as well as from across the state. He highlighted several key points, beginning with the clarification that, under the bill, minors are defined as individuals under the age of 16. He explained that the fundamental purpose of the bill is to ensure that a major life decision, such as an abortion, is made with the guidance and support of a parent or legal guardian, rather than solely by a minor in consultation with an organization that performs the procedure. A decision of this magnitude, he noted, carries immediate and long-term consequences, making it critical that a child receives counsel from those who are legally and morally responsible for their well-being. Furthermore, Rep. Shupe noted that parental involvement ensures that all options and potential outcomes—including emotional, physical, and psychological impacts—are carefully considered. Abortion, like any medical procedure, involves risks such as infection, bleeding, and emotional trauma. If complications arise, a parent should be informed to help secure timely medical care and support. Rep. Shupe emphasized that guidance from trusted adults helps protect minors from external pressures and coercion, ensuring they are not forced into a decision without fully understanding all sides. Parents are legally and ethically responsible for their children's well-being, health, and major life decisions. This bill, he stated, reaffirms the importance of family support in decisions that have lasting consequences. Rep. Shupe concluded his remarks by introducing his witness, Danielle Pimentel, an expert in laws relating to state and federal reproductive rights.

Danielle Pimentel, Policy Counsel at Americans United for Life, voiced her support for this legislation. Pimentel shared the story of a young woman who had an abortion at 15 years old, which led to negative psychological impacts. Ms. Pimentel advocates for strong parental involvement laws and stated that HB 46 is necessary to strengthen Delaware's parental involvement laws to ensure adequate protection for pregnant adolescents seeking abortion. She stated that the bill recognizes the fundamental rights of parents to make healthcare decisions for and with their children. Ms. Pimentel explained that parental consent and notice are among the most accepted abortion regulations and are constitutionally permissible, which is why 35 states have enforceable parental involvement laws. Since the Supreme Court has overturned *Roe v. Wade* and lifted the undue burden standard, states are now free to draft parental consent laws to fully vindicate parental rights and safeguard the health and informed consent of minors. *Dobbs* held that states can indeed regulate abortion if doing so furthers a legitimate interest—one of which is preserving maternal health and safety. Ms. Pimentel stated that HB 46 meets the requirements laid out by the Supreme Court in *Dobbs* because it furthers the state's legitimate interest in protecting young adolescent girls. Ms. Pimentel highlighted that minors do not have full decision-making capacity, and that this can negatively impact young adolescents' well-being. She also noted that informed consent allows parents to ensure their child has a competent healthcare provider and that medical professionals can monitor for post-abortive complications, which can be life-threatening. She emphasized that parental consent laws are more important than ever and cited case law dating back to the 1920s, which declares that the U.S. Constitution protects the fundamental rights of parents over the care and upbringing of their minors. Pimentel concluded that HB 46 would ensure parental involvement by requiring written consent from a parent or guardian, engaging them directly in the informed consent process, and directly vindicating their constitutional rights to know about and participate in their minor's major medical decisions—leading to overall better outcomes for that minor.

Rep. Ross Levin asked Ms. Pimentel what her medical background was and how she was qualified to speak to the impact of this bill on the health of adolescents, both physically and mentally. Ms. Pimentel answered that she is an attorney and collaborates with medical professionals in her organizations. Therefore, any statistics or information she referenced are based on the opinions of medical experts, and she is speaking from her own legal background as to the benefits of this bill. Rep. Ross Levin sought to clarify that Ms. Pimentel did not have any actual medical expertise. Ms. Pimentel stated no, she is an attorney. Rep. Ross Levin wanted to note for the committee that national medical groups, including the American Academy of Pediatrics, the American Medical Association, and the American College of Obstetricians and Gynecologists, oppose mandatory parental involvement laws because they increase harm to young people by delaying access to critical care and threatening the privacy and safety of vulnerable young people. Rep. Shupe stated he wanted to reply and clarified that this bill does not delay access to critical care. He added that there are protections in Delaware law, and this legislation does not affect those protections. Rep. Ross Levin responded that this has not been the case in other states with similar laws. Rep. Shupe replied that they left all of the protections for medical emergencies, abuse, and neglect exactly the same as they are in Delaware right now. Rep. Ross Levin questioned whether it was his understanding that vulnerable adolescents would be able to navigate those challenges. Rep. Shupe answered that this is what is currently

happening in Delaware—that any case of abuse, neglect, or medical emergency is handled by the organization providing the abortion, and they walk her through those procedures. Rep. Shupe emphasized that this is the current procedure, and it would remain the same under the proposed legislation.

Rep. Kamela Smith asked the witness about her points regarding side effects and medical risks, and whether these factors change regardless of whether Delaware has consent or notification laws. Pimentel answered that there are inherent risks; however, if the parents are involved and there are post-abortive complications, parents can ensure their child receives the best treatment possible. Pimentel also stated that parents can work alongside their child’s doctor in trying to navigate the best course of action when dealing with an unplanned pregnancy. There may be many instances when parents and minors agree on what is best. Having parents involved ensures prompt and appropriate care. Rep. Kamela Smith asked whether the risk is greater if there is only notice and not greater if there is consent. Ms. Pimentel sought to clarify that it is her position that if a minor is going through the abortion process without parental involvement, there is a greater risk of harm to her. If the parents are involved, and provide parental consent, that can help lower the risk. However, if young pregnant adolescents go through the process without parental involvement and there are complications, then they might not have the support and care needed to address them. Rep. Shupe wanted to add more information to the public and individuals in this chamber to better understand the notification process right now. The process is meant to notify parents, and this is done by sending a certified letter to the address given by the minor. Then a signature is required for the certified letter, but all this means is that the letter has been delivered to that address, but that does not ensure parents are notified and have acknowledged the abortion is going to occur. Although the current law says notification, however, his constituents and residents in Delaware have reached out because as the current law stands, there’s no denotation that parent have to sign off on that notification to acknowledge that this is happening.

Rep. Burns asked the witness about line 59 of the legislation, specifically regarding cases where parental consent is not possible or is deemed inappropriate due to relevant proof of abuse or neglect. He inquired about what constituted proof of these circumstances under Delaware law and asked if that was adjudicated. Rep. Burns asked the witness to explain what that wording meant in terms of proof and how it would impact the process a minor must follow to pursue an alternative route to access the healthcare they are seeking. Ms. Pimentel responded that she is not a Delaware attorney and therefore cannot definitively speak to how that is defined under Delaware law. However, referring to the plain meaning of the language, she noted that the bill states the court can grant a waiver if there is clear and convincing evidence that parental consent is not in the best interest of the child. She interpreted this to mean that, in a typical court process, the child’s own testimony regarding neglect or abuse—along with testimony from other possible witnesses—would be considered. In general, she said, most of the evidence in such a legal process would come from that testimony and perhaps the testimony of additional witnesses. Rep. Burns then asked if Ms. Pimentel knew the timeline for a minor to go through that kind of process in the state of Delaware. Ms. Pimentel sought clarification, asking if he was referring to the judicial bypass procedure. Rep. Burns affirmed. Pimentel stated that minors can file immediately—whenever they choose—to seek a waiver of the parental consent requirement.

The court must rule on the petition within five days of receiving it. If the court does not rule within five days, parental consent is deemed waived. She emphasized that this is a very quick process to ensure that whatever decision the court reaches can be communicated to the minor promptly so she can move forward with whatever decision that may be.

Rep. Snyder-Hall expressed confusion regarding the sponsor's statement, noting that he said in the introduction that it is important for decisions to be made within the family unit, and that the child should be receiving counseling from the parents. However, she pointed out that this bill is not about notification but rather is a consent bill. Rep. Snyder-Hall then asked the witness whether she had any evidence regarding teenagers whose parents are involved in the decision-making process. She also inquired about the statistics on how many pregnant teenagers consult with their parents about pregnancy. Ms. Pimentel responded that she did not have an answer to that question and was not aware of any relevant statistics. She stated that it is common in medical practice to require parental consent and to involve parents in major medical decisions. This is considered best practice by leading experts because minors do not have fully developed decision-making capabilities. She explained that there is a general presumption that parents have their children's best interests in mind and are better equipped to speak to factors such as medical history that the patient may not be aware of. Therefore, the majority of states have parental involvement laws when it comes to abortion because, there is a recognized need to ensure that parents are involved. Ms. Pimentel reiterated that the purpose of this bill is to ensure that minors are protected in the informed consent process and that it involves the parents who know their child's medical history and background. She added that part of the informed consent process includes counseling, which explains what options are available to the minor and what her best option might be. Rep. Snyder-Hall emphasized that Delaware already has a parental notification requirement and therefore this legislation is unnecessary.

Rep. Hilovsky raised concerns about minors being coerced and asked how strengthening parental consent laws would impact a child potentially being coerced into undergoing a procedure. Ms. Pimentel responded that there are high rates of Intimate Partner Violence (IPV) among women seeking abortions, which is why the American College of Obstetricians and Gynecologists has noted that the prevalence of IPV among women seeking abortions is nearly three times higher than among women who continue their pregnancies. She stated that there is significant risk for young girls to face abuse and coercion from an intimate partner to obtain an abortion against their own wishes. Ms. Pimentel cited findings that 60 percent of women felt high levels of pressure to abort from one or more sources, including from an intimate partner. She asserted her position that HB 46 helps protect young girls against coercion by safeguarding pregnant minors and ensuring that whatever decision they make is made voluntarily, not under pressure or negative influence.

Rep. Hilovsky stated that he is struck by what actually happens during pregnancy, including the physical and chemical changes in the body. He noted that it is statistically irrefutable that this generation of children experiences more psychiatric and emotional problems than any previous generation. He expressed concern that parents would be excluded, given their integral role in their daughter's development and emotional support. He also pointed to potential complications, chemical changes, and the high levels of social and personal pressure a child may face. Rep.

Hilovsky stated his hope for a path forward that allows parents to be involved and support their child.

Rep. Heffernan asked the sponsor if he was aware that the American Academy of Pediatrics and the American Medical Association oppose mandatory parental involvement laws. She noted that these organizations oppose such laws because they can increase harm and delay critical care. Rep. Shupe responded that this specific bill does not delay access to critical care and maintains the protections currently in place under Delaware law for children who have been abused, neglected, or are in emergency situations. Rep. Heffernan clarified that she was asking whether he was aware that the two academies she cited are opposed to these types of bills. Rep. Shupe answered yes, but stated that this is not that kind of bill because it retains Delaware's existing protections.

Rep. Ross Levin highlighted the witness's statement referring to this kind of legislation as best practice, and stated her disagreement, noting that if this were truly best practice, then major medical associations would support these bill which they do not. She requested that the record reflect that this would not be considered best practice. Rep. Ross Levin also noted that parental consent is not required for prenatal care and questioned why abortion care is being singled out. Rep. Shupe replied that prenatal care is not addressed in this bill, but Rep. Ross Levin could bring that forward if she wished. Rep. Ross Levin called this inconsistent and stated that women should be trusted. She added that while it is ideal for minors to involve their parents, those who can already do, and those who do not often have a valid reason. Rep. Shupe responded that the bill concerns children ages 12 to 15, particularly those who may be isolated. He noted that the organizations cited are not their primary doctors and emphasized that under Delaware law, parents are responsible for their children's education and general welfare.

Rep. Kamela Smith sought clarification on the proposed legislation changing the requirement from notification to consent. She referenced line 34, which states that consent must be received 24 hours before the abortion and asked what happens if the parents deny consent. Rep. Shupe responded that if parents say no, and the child believes they are being abused, neglected, or otherwise meets the criteria under current Delaware law, they can access existing legal channels to seek an abortion. Rep. Kamela Smith clarified that this refers to the notarization process and asked if minors that young would be required to obtain a notarized document, which would likely require adult assistance. Rep. Shupe stated that this is already current law and that the bill does not change that process.

Rep. Johnson stated that she is baffled as to why they are here, given that Delaware law already requires medical providers to notify a parent, guardian, grandparent, or licensed mental health professional before providing abortion care to a minor. She noted that if a minor does not include a parent or guardian, it may be due to safety or security concerns. Rep. Johnson concluded that Delaware already has a functioning law and asserted that they should avoid doing additional harm to young people. Rep. Shupe requested to respond, stating that while there is a notification requirement, it does not ensure that the notification reaches the parent. He explained that the current law only certifies that a notice was delivered to an address, which he argues is not true parental notification. Rep. Shupe further stated that assumptions cannot be made about

the nature of parent-child relationships, as there are many reasons a child might choose not to tell their parents something. He emphasized that minors may not have the mental capacity to make significant life decisions on their own, which is why parental guidance is essential. Rep. Shupe concluded by cautioning against assuming every situation involves bad parenting and reiterated that current law provides protections for children who have legitimate safety concerns.

Rep. Michael Smith clarified that this is not an abortion bill, but a legal bill, aimed at closing a loophole. He referenced issues occurring in schools and noted that, with every other medical procedure, information is directed to parents. Rep. Michael Smith stated that he understands there are situations where adults cannot be trusted but emphasized that this legislation does not need to be viewed solely as an abortion bill.

Rep. Burns highlighted that, based on the American Medical Association's Code of Medical Ethics regarding confidential care for sexually active minors, the guidelines state that minors should be able to consent to medical care and that providers should not notify parents without the minors' consent. He noted that Delaware is already more restrictive by requiring notifications. Rep. Burns also reiterated concerns about the potentially unsafe conditions that some minors may face at home. Rep. Shupe responded that this appears to be a recurring point of contention and reiterated that protections are in place.

Rep. Snyder-Hall agreed with the sponsor that pregnancy is a life-changing event but emphasized that it ultimately comes down to the person whose life is being affected to make the decision.

Rep. Jones-Giltner stated that the legislation brings alignment to areas where Delaware's statutory language is currently incongruent, specifically by making the definition and treatment of a minor, as well as informed consent, more consistent. She raised concerns about the standards by which parents and minors are judged, highlighting that while minors are required to obtain parental consent for other medical procedures, such as the removal of cysts, they are not required to do so for abortion. She expressed the view that the state sometimes goes too far in its efforts to protect minors and emphasized the need to align the definition of who is recognized as a minor.

Rep. Kamela Smith acknowledged that there are inconsistencies in the law but expressed concern about interrupting access for individuals seeking necessary care. Rep. Shupe asked her to clarify where access would be prevented under the proposed legislation. Rep. Kamela Smith responded that if a parent does not consent, then a minor cannot receive treatment without going through legal hurdles. She questioned why the legislation could not instead focus on improving the current notification system. Rep. Shupe stated that the existing law already provides a process for minors to proceed without parental consent. He agreed that parts of the law are not effective at the ground level and stated that the proposed legislation addresses a loophole while also ensuring that families can be involved. He added that he has heard from parents who are troubled by decisions being made in isolation with the individual or the organization performing the abortion.

Rep. Ross Levin asked whether the concerns raised by parents were based on direct experiences with the notification system or were more theoretical. Rep. Shupe responded that he has heard both. He stated that some individuals have experienced the notification process firsthand, while others have reviewed the law and expressed concerns based on its implications. Rep. Ross Levin asked again how many individuals with direct experience of the notification system he had heard from. Rep. Shupe replied that dozens of people have reached out to him, but he was unsure if he could provide an exact number. Rep. Ross Levin noted that the rate of pregnancy among individuals under the age of 20 in Delaware is quite low and continues to decline. She stated that she is trying to understand what specific problem the legislation is intended to address. Rep. Shupe responded that the legislation is intended to address the issue of parents not being involved in the decision-making process. Rep. Ross Levin asked whether requiring parental involvement is the appropriate approach. Rep. Shupe stated that the bill allows parents to be informed and understand what is going on in their child's life. Rep. Ross Levin also responded to a comment made by Rep. Michael Smith, stating that calling this a loophole bill is misleading, as true loophole bills would not pose potential harm to Delawareans. Rep. Postles stated that this proposal is entirely consistent with Delaware law and asked why they would want to put young people at risk by not having parental consent involved.

Rep. Snyder-Hall noted that she had asked the expert witness for evidence showing that parents are not involved in minors' decisions and questioned whether there is any data or evidence that speaks to how it can be determined that parents are not involved. Rep. Shupe responded that current Delaware law does not provide a process for parents to be meaningfully involved. Rep. Snyder-Hall replied that this does not provide any information about whether minors are actually speaking with their parents. She emphasized that the law itself does not indicate the extent to which parents are involved.

Rep. Burns asked how many parental notifications are sent out each year and how many of those are signed for by someone other than the parent. Rep. Shupe responded that he does not know those statistics.

Chair Chukwuocha opened the floor for public comment. *Time Stamp: 12:41*

Members of the public, Donna LaTerri, Jennie Houser, Nandi Randolph (Delaware Family Policy Council), Bessie Mccaffrey, voiced their support for this legislation.

A member of the public, Nena Rapposelli (Planned Parenthood Delaware), Javanne Rich (ACLU Delaware), Rachel Kranz, Leonard Damico, opposed this legislation.

A motion was made by Rep. Jones Giltner and seconded by Rep. Postles to release HS 1 for HB 8 from committee; motion carried. Yes = 5 (Jones Giltner, Hilovsky, Postles, Shupe, M. Smith); No = 7 (Chukwuocha, Burns, Heffernan, Johnson, Ross Levin, K. Smith, Snyder-Hall); Absent = 4 (Neal, Morrison, Evelyn Harris, Hensley). The bill failed to be released from committee.

Chair Chukwuocha adjourned the meeting at 12:58 p.m.

Respectfully submitted by,
Katherine Bowman

Attendance List

- Donna LaTerri
- Jennie Houser
- Nandi Randolph (Delaware Family Policy Council)
- Bessie Mccaffrey
- Nena Rapposelli (Planned Parenthood Delaware)
- Javanne Rich (ACLU Delaware)
- Rachel Kranz
- Leonard Damico



**Written Testimony of Danielle Pimentel, Esq.
Policy Counsel, Americans United for Life
In Support of H.B. 46
Submitted to the House Committee on Health and Human Development
March 26, 2025**

Dear Chair Chukwuoha, Vice Chair Neal, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in early life issues, conscience rights, and bioethics law. AUL publishes pro-life model legislation and policy guides on beginning-of-life issues,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the states.³ Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law.

Thank you for the opportunity to submit written testimony in support of House Bill 46 (“H.B. 46” or “bill”). H.B. 46 strengthens the role of parents in helping their minor daughters make permanent, life-altering decisions about pregnancy and parenting. The bill also ensures that in the event of judicial bypass, the judge has fully evaluated the minor’s maturity and whether she is seeking abortion without being coerced by a parent, partner, or abuser.

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Mar. 24, 2025). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Mar. 24, 2025).

³ See, e.g., *What’s Next: The Threat to Individual Freedoms in a Post-Roe World Before the H. Comm. on the Judiciary*, 117th Cong. (2022) (testimony of Catherine Glenn Foster, President & CEO, Americans United for Life).

I. Parental Involvement Laws Are Constitutionally Permissible.

From the earliest abortion laws, states have protected the need for parents to guide, support, and make decisions with their minor daughters who are unexpectedly pregnant. Parental consent and notice laws are among the most accepted regulations of abortion in the United States.⁴ The United States Supreme Court has repeatedly reviewed statutes requiring parental consent or notification before a minor may obtain an abortion and has emphasized that states have a compelling interest in protecting both minors and the rights of parents to direct the upbringing of their unemancipated children.⁵

Furthermore, parental rights have a rich history of constitutional protection under the Due Process Clause of the Fourteenth Amendment, which states that no State shall deprive “any person of life, liberty, or property, without due process of law.”⁶ “The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.”⁷ “[Supreme Court] decisions establish that the Constitution protects the sanctity of the family precisely because the institution of the family is deeply rooted in this Nation’s history and tradition.”⁸

H.B. 46 is consistent with America’s legal history and tradition of protecting both minors and the rights of parents. The bill prohibits a physician from performing an abortion upon an unemancipated minor until written consent has been obtained from a custodial parent or guardian at least 24 hours beforehand, with an exception for medical emergencies. The bill also allows for a waiver of parental consent if the minor obtains an order by a judge allowing her to do so. Parental consent laws ensure the protection of the health and welfare of minors as well as protect the constitutional rights of parents to raise their children. Today, this Committee can affirm its commitment to protecting parental rights and the welfare of minors by voting in favor of H.B. 46.

⁴ At least thirty-five states have parental involvement laws currently in effect.

⁵ See *Bellotti v. Baird* (*Bellotti I*), 428 U.S. 132 (1976); *Planned Parenthood v. Danforth*, 428 U.S. 52 (1976); *Bellotti v. Baird* (*Bellotti II*), 443 U.S. 622 (1979); *H.L. v. Matheson*, 450 U.S. 398 (1981); *City of Akron v. Akron Center for Reproductive Health* (*Akron I*), 462 U.S. 416 (1983); *Planned Parenthood v. Ashcroft*, 462 U.S. 476 (1983); *Hodgson v. Minnesota*, 497 U.S. 417 (1990); *Ohio v. Akron Center for Reproductive Health* (*Akron II*), 497 U.S. 502 (1990); *Planned Parenthood v. Casey*, 505 U.S. 833 (1992); *Lambert v. Wicklund*, 520 U.S. 292 (1997); *Ayotte v. Planned Parenthood*, 546 U.S. 320 (2006).

⁶ U.S. CONST. amend. XIV, § 1.

⁷ *Wisconsin v. Yoder*, 406 U.S. 205, 233 (1972).

⁸ *Moore v. E. Cleveland*, 431 U.S. 494, 504 (1977).

II. Parental Involvement Laws Protect Minor Girls and Families from the Harms of Abortion.

Parental involvement laws recognize the fundamental rights of parents to make healthcare decisions for and with their children. These laws also protect the physiological and emotional wellbeing of children who, facing the stress and uncertainty of an unexpected pregnancy, need love and guidance from the people who care about them most, not the “quick fix” of a secret or coerced abortion.

Currently, Delaware only has a parental notification law. In states without laws requiring sufficient parental involvement in a minor’s abortion decision, minors are obtaining abortions without being adequately and accurately informed of the short-term and long-term risks of abortion, the alternatives to abortion, and material assistance that may be available to them. This leads to grave consequences for minor girls because the emotional and psychological consequences of abortion are often serious and can be lasting, particularly when the patient is still immature.

a. Abortion Subjects Girls to Psychological Harm

Abortion has a negative impact on women’s and girls’ mental health. Scholarship shows that “both sides agree that (a) abortion is consistently associated with elevated rates of mental illness compared to women without a history of abortion; [and] (b) the abortion experience directly contributes to mental health problems for at least some women.”⁹ Recent research on the impact of elective abortions on women’s mental health has even indicated “increased correlation to the genesis or exacerbation of substance abuse and affective disorders including suicidal ideation.”¹⁰

Similarly, “[s]everal recent international studies have demonstrated that repetitive early pregnancy loss, including both miscarriage and induced abortions, is associated with increased levels of distress, depression, anxiety, and reduced quality of life scores in social and mental health categories.”¹¹ Given the negative impact of abortion on minor girls’ mental well-being, parental involvement is critical. Parents can help their daughters understand the

⁹ David C. Reardon, *The Abortion and Mental Health Controversy: A Comprehensive Literature Review of Common Ground Agreements, Disagreements, Actionable Recommendations, and Research Opportunities*, 6 SAGE OPEN MED. 1, 1 (Oct. 2018).

¹⁰ Kathryn R. Grauerholz et al. *Uncovering Prolonged Grief Reactions Subsequent to a Reproductive Loss: Implications for the Primary Care Provider*, 12 FRONTIERS IN PSYCH. 1, 2 (2021).

¹¹ *Id.*; see, e.g., Louis Jacob et al., *Association Between Induced Abortion, Spontaneous Abortion, and Infertility Respectively and the Risk of Psychiatric Disorders in 57,770 Women Followed in Gynecological Practices in Germany*, 251 J. AFFECTIVE DISORDERS 107, 111 (2019) (finding “[a] positive relationship between induced abortion . . . and psychiatric disorders”); see also James Studnicki et al., *A Cohort Study of Mental Health Services Utilization Following a First Pregnancy Abortion or Birth*, 15 Int’l J. Women’s Health 955, 959 (2023).

physical and psychological risks of undergoing an abortion and parents usually possess information essential to a physician's exercise of his or best medical judgement concerning the minor.

b. Abortion Subjects Girls to Physical Harm

Further, pregnant adolescent girls are a vulnerable population, especially given their continuing physical development. Adolescent girls seeking abortions therefore face unique challenges, which is why it is important for the state to provide extra safeguards.

It is common knowledge that adolescents do not have fully developed decision-making capabilities, as the prefrontal cortex, which helps with decision-making, does not fully develop until the mid-to-late twenties.¹² This is true when a minor is facing an unplanned pregnancy. Indeed, “[t]he medical, emotional, and psychological consequences of an abortion are serious and can be lasting; this is particularly so when the patient is immature.”¹³

Generally, “[a]ppropriate decisional capacity and legal empowerment are the determinants of decision-making authority in medicine.”¹⁴ But “[a] reliance on individual liberties and autonomy in the pediatric patient is not realistic or legally accepted, so parents or other surrogates provide ‘informed permission’ for diagnosis and treatment, with the assent of the child as developmentally appropriate.”¹⁵

Consequently, parental guidance is instrumental for an adolescent patient's informed consent.¹⁶ Parental involvement helps an adolescent patient select a competent healthcare professional who prioritizes her health.¹⁷ Parents may “provide additional medical history and information [regarding their minor daughter] to abortion providers prior to [the] performance of the abortion,” safeguard that an adolescent girl understands the medical risks of the procedure, and give her advice during the informed consent process.¹⁸ Moreover,

¹² *The Teen Brain: 7 Things to Know*, NAT'L INST. MENTAL HEALTH, [https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know#:~:text=The%20brain%20finishes%20developing%20and,prioritizing%2C%20and%20making%20ood%20decisions](https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know#:~:text=The%20brain%20finishes%20developing%20and,prioritizing%2C%20and%20making%20good%20decisions) (last visited Mar. 24, 2025).

¹³ *H.L. v. Matheson*, 450 U.S. 398, 411 (1981) *overruled on other grounds by Dobbs v. Jackson Women's Health Organization*, 142 S. Ct. 2228 (2022).

¹⁴ Aviva L. Katz et al., *Informed Consent in Decision-Making in Pediatric Practice*, 138 PEDIATRICS, e1, e2 (Aug. 2016).

¹⁵ *Id.*

¹⁶ See *Yoder*, 406 U.S. at 232 (“The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.”).

¹⁷ *Child Interstate Abortion Notification Act: Hearing on H.R. 2299 Before the Subcomm. on the Const. of the H. Comm. on the Judiciary*, 112th Cong. 19 (2012) (statement of Teresa Stanton Collett, Professor of Law, University of St. Thomas School of Law).

¹⁸ *Id.* at 26–27.

parental involvement “ensures that the parents have the ability to monitor for post-abortion complications.”¹⁹

Many adolescents have high risk pregnancies and often delay prenatal care. “Adolescence is a critical period marking phenomenal changes including rapid physical, psychosocial, sexual and cognitive maturation, and nutrient needs of adolescents are higher than at any other stage in the lifecycle.”²⁰ And during pregnancy, “adolescent girls are a particularly vulnerable group since the demands of regular growth and development are augmented by the heightened nutritional requirements of supporting a fetus.”²¹ Because of this, they have a “biological predisposition for high-risk pregnancies.”²²

The high-risk nature of adolescent pregnancy is compounded by the fact that pregnant adolescent patients often delay care.²³ There are multiple reasons adolescent patients delay care, including:

lack of knowledge about the importance of prenatal care and lack of understanding of the consequences of its absence; history as a victim of violence, desire to hide pregnancy, fear of potential apprehension of the baby, contemplation of abortion services; concerns about lack of privacy or judgmental attitudes from health care providers or adults; and financial barriers.²⁴

Unfortunately, “[l]ack of, or delayed, adolescent prenatal care is associated with adverse maternal, obstetrical, and neonatal outcomes.”²⁵ Because of the unique risks pregnant adolescent girls face, it is essential for the state to strengthen parental involvement so that parents can advocate for their vulnerable daughters.

Moreover, delay of care may also lead minors to seek an abortion when they are farther along in their pregnancies, which subjects them to increased risks of health complications. Gestational age of the preborn child is the strongest risk factor for abortion-related mortality to the pregnant women and girls, and the incidence of major complications is significantly higher after 20 weeks’ gestation.²⁶ For example, compared to an abortion at 8 weeks’ gestation, the relative risk of mortality to the mother increases exponentially (by 38 percent for each additional week) at higher gestational ages.²⁷

¹⁹ *Id.* at 19.

²⁰ Nadia Akseer et al., *Characteristics and Birth Outcomes of Pregnant Adolescents Compared to Older Women: An Analysis of Individual Level Data from 140,000 Mothers from 20 RCTs*, 45 *ECLINICALMED* 1, 3 (Feb. 26, 2022).

²¹ *Id.*

²² *Id.* at 12.

²³ Nathalie Fleming et al., *Adolescent Pregnancy Guidelines*, 37 *J. OBSTETRICS & GYNAECOLOGY Can.* 740, 743 (2015).

²⁴ *Id.*

²⁵ *Id.*

²⁶ Linda A. Bartlett et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, 103 *OBSTETRICS & GYNECOLOGY* 729, 731 (2004).

²⁷ *Id.* at 731; PRO. ETHICS COMM. OF AM. ASSOC. OF PRO-LIFE OBSTETRICIANS & GYNECOLOGISTS, *Induced Abortion & the Increased Risk of Maternal Mortality*, Comm. Op. 6 (Aug. 13, 2019).

Further, researchers have concluded that it may not be possible to reduce the risk of death to the mother in later-term abortions because of the “inherently greater technical complexity of later abortions.”²⁸ This is because later-term abortions need to dilate the cervix to a greater degree, and the increased blood flow predisposes women to hemorrhage, and the myometrium relaxes and is more subject to perforation.²⁹

Some immediate complications to the mother from abortion include blood clots, hemorrhaging, incomplete abortions, infection, and injury to the cervix and other organs.³⁰ Immediate complications from abortions overall affect approximately 10% of women undergoing abortion, and approximately one-fifth of these complications are life-threatening.³¹

H.B. 46 responds to the need to protect the welfare and safety of minors by ensuring that at least one parent consents to their daughter’s desire to obtain an abortion, which will help lead to minors receiving proper, prompt care from a physician for their pregnancy.

III. H.B. 46 Protects Minor Girls from Coercion and Intimate Partner Violence

Minor girls seeking an abortion may be facing intimate partner violence (IPV) or coercion. There are “[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n abortion].”³² For women seeking abortion, the prevalence of IPV is nearly three times greater than women continuing a pregnancy.³³ Post-abortive IPV victims also have a “significant association” with “psychosocial problems including depression . . . , suicidal ideation . . . , stress . . . , and disturbing thoughts.”³⁴

Similarly, intimate partners, family members, and sex traffickers may be asserting reproductive control over the woman, which are “actions that interfere with a woman’s reproductive intentions.”³⁵ In the context of abortion, reproductive control not only produces coerced abortions or continued pregnancies, but it also affects whether the

²⁸ Bartlett, *supra* note 26, at 735.

²⁹ *Id.*

³⁰ See Planned Parenthood, *How Safe Is an In-Clinic Abortion?*, <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion> (last visited Mar. 24, 2025) (“The chances of problems get higher the later you get the abortion, and if you have sedation or general anesthesia.”).

³¹ REPORT OF THE SOUTH DAKOTA TASK FORCE TO STUDY ABORTION 48 (2005).

³² Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, PLOS Med., Jan. 7, 2014, at 1, 15.

³³ Comm. on Health Care for Underserved Women, Am. Coll. of Obstetricians & Gynecologists, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022).

³⁴ Hall, *supra* note 32, at 11.

³⁵ Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 61, 62, 65 (2019).

pregnancy was intended in the first place.³⁶ Reproductive control is a prevalent issue for women. “As many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”³⁷

Studies highlight the prevalence of coerced abortions. In a 2017 study on women’s abortion experiences, 73.8% of women said that they “disagreed that their decision to abort was entirely free from even subtle pressure from others to abort,” and 28.4% of women said that they “aborted out of fear of losing their partner if they did not abort.”³⁸ Additionally, in a 2023 national study published in *Cureus* medical journal, researchers found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.³⁹ These women also reported having higher levels of mental health issues after having an abortion.⁴⁰

All women, whether they are a minor or an adult, may face IPV or reproductive control and be forced to obtain an abortion. Given the prevalence of coercive abuse among women and girls seeking abortions, it is likely that some minors are still being forced to obtain an abortion or administered chemical abortion drugs against their own will. H.B. 46 aims to protect against this coercive abuse and deter abusers from trafficking minor girls.

IV. Conclusion

Parental involvement laws save lives. In the 1990’s, when most parental involvement laws were initially passed, they accounted for a 15%-20% decrease in the number of abortions done on minors.⁴¹ With the loving support of their parents, many young women can bring their babies into the world and not face the physical risks and emotional devastation of abortion. H.B. 46 strengthens Delaware’s laws and provides for greater transparency and more opportunities for women to understand that abortion is never the best “choice.”

³⁶ *Id.* at 62–63.

³⁷ *Id.* at 62.

³⁸ Kaitlyn Boswell et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 J. AM. PHYSICIANS & SURGEONS 113, 115 (2017); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, CHARLOTTE LOZIER INST., Mar. 2022, at 2, https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that “[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that ‘they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.’”).

³⁹ David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, 15 CUREUS e34556 (Jan. 31, 2023).

⁴⁰ *Id.*

⁴¹ Theodore J. Joyce et al., *The Impact of Parental Involvement Laws on the Abortion Rate of Minors*, 57 DEMOGRAPHY 323, 323 (2020).

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Danielle Pimentel". The signature is fluid and cursive, with the first name "Danielle" written in a larger, more prominent script than the last name "Pimentel".

Danielle Pimentel, J.D.
Policy Counsel
AMERICANS UNITED FOR LIFE

From: Kate Banaszak

Sent: Sunday, March 23, 2025 7:56 PM

To: HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>; Snyder-Hall, Claire (LegHall) <claire.snyder-hall@delaware.gov>

Subject: Comment for March 26th Meeting

Dear Committee Members,

I am submitting this comment in reference to HS 1 for HB 46. I urge the committee to reject this proposed legislation, as it is a blatant attempt to chip away at the right to safe and legal abortions for women in Delaware.

The ACLU reported in 2001 that the majority of teen girls do involve their parents in their decision to have an abortion. More importantly, those that do not tend to have good reason for doing so ([Laws Restricting Teenagers' Access to Abortion | American Civil Liberties Union](#)). I know how it feels to be a scared, young girl facing an unwanted, unplanned pregnancy. I know how it feels to understand the gravity of this situation, and knowing that becoming a mother at a young age will forever change your life, long after childhood, and long after your parents have any say in your choices or decisions as an adult. I know how it feels to be secure in your decision. And thankfully, I knew how it felt to be able to go forward with my decision, without having to invite the opinions and personal beliefs of others into my choice. I do not regret my choice - nor do I regret my choice to not involve my family at that time.

I am certain that the ONLY reason a young girl would NOT involve her assumed primary support system, is because she knows that the support she needs can't be found there. While this is a sad situation, it is NOT the failure of government, doctors, or the young girl. The onus is on parents to make their child feel safe, protected, and supported - no matter the situation. When they do this, rest assured, their children will come to them on their own, without government mandates.

To tell a scared, overwhelmed young girl that she MUST confront her likely unsupportive parents with a decision that will affect HER far more than it will ever affect them, is a clear tactic by the Republican party to "save a baby," with no regard for that young girl who still has her entire life ahead of her. Furthermore, to expect a young girl to navigate the legal system alone if her parents do not support her decision to abort, is an even MORE obvious tactic to block her access to an abortion.

KFF.org reports that in Delaware in 2022, only 10 percent of abortions for that year were for women under the age of 19 (roughly 244 women). Therefore, it is safe to assume that LESS than 10 percent of abortions that year were performed on young women under 16. However, the Milford School District, comprised of roughly 4500 kids, is currently ranking in the bottom half of school districts in the state. It seems that Rep. Shupe should be asking parents to be more involved in their child's education, rather than focusing on the reproductive rights of Delaware's young women.

Kate Banaszak