



# STATE LEGISLATIVE REPORT

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**TEEN-AGE PREGNANCY LEGISLATION IN  
THE STATES: 1988**

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## TEEN-AGE PREGNANCY LEGISLATION IN THE STATES: 1988

### INTRODUCTION

Teen-age pregnancy and parenting pose major economic and social problems for state lawmakers. Nearly 500,000 births to teen-age mothers occur each year, costing taxpayers billions of dollars annually in health, welfare and social services.

The results of a 50-state NCSL survey on teen-age pregnancy issues indicate that teen-age pregnancy and parenting have received substantially more attention in the past two years than ever before in state legislatures. A total of 275 bills related to the problems were introduced in 1987 and 1988. They represent a wide range of philosophies and approaches. By the end of 1988, teen-age pregnancy legislation had been enacted in 38 states, compared to only nine states three years ago. In 1988 alone, teen-age pregnancy legislation was introduced in 34 states, compared to 23 states in 1985. Legislative task forces to study the teen-age pregnancy problem have been proposed in nearly one-third of the states. (See Appendix A matrix reflecting state activity according to topic; Appendix B depicts geographic distribution of state activity).

Although the number of teen-age pregnancy bills introduced and passed decreased slightly in 1988 over the previous three years, the number of such bills had increased steadily through 1987. Since 1985, the most frequently enacted legislation includes the topics of: parental consent or notification for abortion (25); family life or health education (18); legislative task forces, committees or studies on the teen-age pregnancy problem (18); alternative education/dropout prevention strategies (14); and maternal and child health (12).

These numbers reflect not only a concern for primary prevention--preventing teen-age pregnancy in the first place--but also an interest in "secondary prevention" strategies. Such strategies aim to prevent pregnant teen-agers from dropping out of school, neglecting their health, or engaging in other activities that carry some risk.

The steady increase in teen-age pregnancy legislation from 1985 through 1987 reflects three legislative trends. First, legislators generally appear to be interested in school-based pregnancy prevention and intervention strategies. Lawmakers and taxpayers alike are concerned about the economic impact of an estimated 51 percent to 74 percent of teen-age mothers dropping out of school. Studies show that just as early childbearing can lead to school drop-out, less education can in turn lead young women to lower status occupations and lower wages. Since 33 percent of teen-age mothers are single heads-of-households, this places many young families at-risk for poverty and dependence on public assistance.

Second, a number of bills emphasize comprehensive services for pregnant and parenting teen-agers. Many dropout prevention strategies, for example, not only promote the advantages of obtaining a high school degree, but also help teen parents complete their education by assisting with child care while they attend school or offering job training to help provide incentives to graduate.

Third, legislators are proposing better coordination of services and programs for the pregnant and parenting teen population and more efficient and economical delivery of those services. For example, some new statutes require alternative education programs to coordinate their services and eligibility requirements with maternal and child health services. Or a teen parent's eligibility for AFDC may by law become contingent on her participation in educational or job training programs.

Legislation least often passed since 1985 has been related to: group residential facilities (4); family planning (3); counseling/transportation services (2); school nurse programs (2); teen-age male programs (1); and school-based health clinics (0).

### LEGISLATIVE ACTIVITY: 1988

Bills most frequently passed in 1988 focus on education issues: alternative education/dropout prevention (8); family life education (6); prohibiting schools from dispensing contraceptives (6); health/sex education (4); and comprehensive education strategies (4). Bills most frequently introduced in 1988 fall into the categories of: family life education (13); parental consent/notification for abortion (12); alternative education/dropout prevention (11); financial liability of teen-age fathers (10); prohibition of selling or dispensing of contraceptives in public schools (10); and health/sex education (8). The fewest number of bills introduced were in the areas of: family planning services (2); job training programs (2); group residential facilities (2); and school nurse programs (1). Overall, these 1988 bills fall into four main categories: education, health care, social services and legislative task forces, which are described in more detail below.

### EDUCATION LEGISLATION

Legislators are emphasizing prevention strategies that are implemented in schools in order to best reach at-risk youth. School programs have an impact on teen-agers' decision-making skills, which in turn, are important in preventing many at-risk behaviors, including sexual activity, and can provide students with basic information on sexuality.

Family Life Education. Family Life Education (FLE) is a distinctly comprehensive approach to teaching human sexuality. It typically covers the topics of human development and reproduction, family planning, interpersonal relations, decision-making skills and positive role-modeling. Instruction is provided as part of the regular school curriculum and can be adapted to any grade level.

Thirteen FLE bills were introduced in 1988, six of which were enacted in Iowa (1988 Iowa Acts, Chap. 1018, Sec. 3), Kentucky (1988 Ky. Acts, Chap. 147), Rhode Island (1988 R.I. Pub. Laws, Chap. 414), South Carolina (1988 S.C. Acts, Act 437), Vermont (1988 Vt. Acts, Chap. 270) and Virginia (1988 Va. Acts, HJR 104). The Iowa act requires school districts to offer life skills and human development as part of the curriculum in grades K-12. Topics covered include: human sexuality, self-esteem, stress management, interpersonal relations, suicide prevention and AIDS education. Parents are provided an outline of the curriculum and may excuse their child from classes.

Alternative Education/Dropout Prevention. Dropout prevention and alternative education legislation targets "at-risk" youth--teen-agers who run away from home, engage in unprotected sex, abuse alcohol and drugs and become involved in criminal activity. These teen-agers often have backgrounds that include poverty, learning disabilities, academic failure and families made dysfunctional by alcohol and drug abuse, and they exhibit low self-esteem, loneliness and a sense of hopelessness about their futures. Such at-risk teen-agers often fail to complete their high school educations.

Legislation drafted to assist at-risk teens who are pregnant or parenting usually attempts to help these students obtain a high school degree or its equivalent. Eleven such bills were introduced in 1988 and eight were passed: Colorado (1988 Colo. Sess. Laws, HJR 1026), Connecticut (1988 Conn. Acts, P.A. 88-10), Illinois (1988 Ill. Laws, P.A. 85-1315, Sec. 8), Minnesota (1988 Minn. Laws, Chap. 689/718), North Carolina (1988 N.C. Sess. Laws, Chap. 1086), Virginia (1988 Va. Acts HJR 124), Washington (1988 Wash. Laws, Chap. 43) and West Virginia (1988 W. Va. Chap. 7 Ex. Sess.).

The Washington statute requires that a "family opportunity advisory council" develop a plan for helping pregnant or parenting students complete their high school education. The council is also charged with developing a state child care plan to assist teen parents in making child-care arrangements and to motivate "those who are discouraged to seek self-sufficiency through work, education or training."

Health Education. Health education is designed to teach adolescents the biological facts of human sexuality and the risks of sexually transmitted diseases. Unlike the more comprehensive FLE, little training in decision-making or self-esteem building is provided. Although some health education statutes refer to "family life" education and implement provisions similar to those found in FLE laws, health education initiatives generally place primary emphasis on teens' *knowledge* about reproductive health, as opposed to their *abilities* to communicate and make responsible decisions.

Eight states introduced health education legislation in 1988, with four states--California (1988 Cal. Stats., Chap. 1337), Georgia (1988 Ga. Laws, p. 36, Sec. 1-2), Indiana (1988 Ind. Acts, P.L. 134) and Mississippi (1988 Miss. Laws, Chap. 512)--passing bills. The Georgia initiative requires local boards of education to prescribe a course in sex education and AIDS prevention. The new law also authorizes supplemental instruction regarding peer pressure, self-esteem, local community values and abstinence as an effective prevention method.

Comprehensive Education Strategies. Legislation in this area usually combines education programs with specialized programs such as parenting courses, counseling services for teen parents or outreach to teen-age males. Eight states introduced bills of this type in 1988, with two states--Connecticut (1988 Conn. Acts, P.A. 88-331) and Tennessee (1988 Tenn. Pub. Acts, Chap. 1011)--passing bills. The Connecticut act orders the state Departments of Human Resources and Education to implement a "demonstration family resource center program" to provide child care, remedial education and support services for AFDC recipients and other qualifying parents. Components of the family resource center program include full-day child care, support services for parents of newborn infants, literacy services and a teen pregnancy prevention program.

## HEALTH CARE LEGISLATION

Teen-age mothers are at high risk for pregnancy complications and deliver more low birthweight babies than older mothers. These health risks have prompted legislative activity related to parental consent for abortion services, comprehensive medical care, dispensing of contraceptives, pre- and postnatal care, well-baby care and school-based health clinics.

Parental Consent/Notification for Abortion Services. Parental consent or notification for abortion services is one of the most controversial teen-age pregnancy issues. Such legislation requires unemancipated minors to receive parental permission or to notify parents before receiving abortion services. Of 12 states introducing bills in 1988, three--Florida, (1988 Fla. Laws, Chap. 97), Georgia (1988 Ga. Laws, Chap. 1229) and Tennessee (1988 Tenn. Pub. Acts, Chap. 929)--passed legislation. The Georgia law requires that a minor sign a consent form and that her parents receive written notification before she may obtain an abortion. The law grants exceptions for minors with court-ordered waivers and medical emergencies.

It should be noted that a number of parental consent or notification laws are being challenged in the federal courts on the basis of undue hardship, mental anguish and potential schedule delays in providing abortions. Of the seven states passing consent or notification legislation in 1986 and 1987, five--California, Georgia, Kentucky, Mississippi and Ohio--have been under court injunction since the time they were scheduled to go into effect. Of the three parental consent or notification statutes passed in 1988, the Florida and Georgia statutes are currently subjects of litigation and the Georgia statute is under court injunction. The Tennessee law is not scheduled to go into effect until July 1, 1989.

Comprehensive Medical Care. Comprehensive medical care programs provide combined services to meet health, social services and education needs of pregnant or parenting teens. Five comprehensive medical care bills were introduced in 1988 and two states--Connecticut (1988 Conn. Acts, P.A. 88-238) and Oklahoma (1988 Okla. Sess. Laws, Chap. 308)--passed legislation on this topic. The Oklahoma law provides funding for a demonstration project for prevention and prenatal services in a county with a high teen-age pregnancy rate. Services include transportation, case management, social work and nutrition, public education and follow-up services.

Dispensing of Contraceptives. Legislation to prohibit dispensing of contraceptives to minors in schools and in community clinics received more attention during 1988 than in previous years. Ten states introduced legislation with six states--Georgia (1988 Ga. Laws, p. 36, Sec. 1-2), Indiana (1988 Ind. Acts, P.L. 156), Kentucky (1988 Ky. Acts, Chap. 158.797), North Carolina (1988 N.C. Sess. Laws, Chap. 1086), South Carolina (1988 S.C. Acts, Act 167) and Utah (1988 Utah Laws, Chap. 50)--enacting bills. The Kentucky law, for example, prohibits the distribution of condoms or other contraceptives in public schools except at schools for pregnant or parenting students.

Maternal and Child Health. Providing for teen-agers' pre- and postnatal health needs and medical care for their infants is the primary goal of maternal and child health legislation. Seven bills were introduced in 1988, with legislation enacted in five states: Alaska (1988 Alaska Sess. Laws, Chap. 119); Idaho (1988 Idaho Sess. Laws, HCR 31); Indiana (1988 Ind. Acts, P.L. 71-1988); Massachusetts (1988 Mass. Acts, Chap. 23); and Oklahoma (1988 Okla. Sess. Laws, Chap. 308). In Massachusetts, the new law establishes a medical care and assistance program for pregnant women and minors who are ineligible for Medicaid and who do not have private insurance.

School-Based Health Clinics. School-based health clinics (SBHCs) provide comprehensive health services to students in or near the schools they attend. Although there are more than 100 such facilities in 28 states, minimal legislative activity has occurred in this area. Four states introduced bills to establish and fund SBHCs in 1988, but none was enacted. Most SBHCs are currently developed by local community groups and foundations.

## **SOCIAL SERVICES LEGISLATION**

Social services legislation provides for financial support, career and personal counseling, job training, child care for the children of teen-age parents, case management services and coordinated services strategies. Faced with expanding welfare costs and state budget constraints, legislators are proposing more programs to help parenting teen-agers attain financial independence.

Financial Liability. Requiring that parents be financially responsible for the offspring of their minor children is a relatively new legislative strategy. Ten bills were introduced during the last session requiring financial assistance or insurance coverage from the parents of teen-age parents. Three states--Idaho (1988 Idaho Sess. Laws, Chap. 132), Virginia (1988 Va. Acts, Chap. 782) and Wisconsin (1987 Wis. Laws, Chap. 399/413)--enacted laws that provide for financial liability of either the parents of a minor or the minor father himself. The Wisconsin statute amends grandparent liability provisions passed in 1985 by clarifying that parental grandparents will be liable to support a grandchild until the minor father turns 18, even if paternity isn't determined until after the father turns 18. The 1987 amendments also specifically authorize a grandparent or minor parent to bring an action against another grandparent who fails to pay child support.

Counseling Services. Counseling services for personal problems, career planning and job placement received less legislative attention in 1988 than in previous years. Four bills were introduced, and two states--Minnesota (1988 Minn. Laws, Chap. 689) and Tennessee (1988

Tenn. Pub. Acts, Chap. 1011)--enacted legislation. The Tennessee act directs an "interdepartmental coordination council" to help implement teen peer counseling groups for "the prevention of student behavior patterns" that jeopardize physical and mental health and "hamper social, educational and personal development."

Job Training. Job training legislation assists teen-age parents in obtaining the necessary skills for entry into the work force. Two states introduced job training legislation in 1988, with Minnesota (1988 Minn. Laws, Chap. 689) enacting legislation. The Minnesota law requires that a minor parent receiving AFDC cooperate with a social services plan that includes job training and developing work skills.

Child Care Services. Teen-age parents often lack the money and information needed to obtain assistance with child care so that they can continue their education or seek employment. Eight bills were introduced during the 1988 session in this regard, with two states--Tennessee (1988 Tenn. Pub. Acts, Chap. 1006) and Washington (1988 Wash. Laws, Chap. 43)--passing legislation. The Tennessee law requires the Departments of Education and Human Services to develop a technical assistance program for local education agencies who offer or want to provide day care to teen-age parents.

Case Management Services. In four states, lawmakers considered legislation to improve case management for pregnant and parenting teen-agers in 1988. Usually this involves having one counselor, or case manager, assist the teen client in obtaining needed services from a variety of sources. Alaska (1988 Alaska Sess. Laws, Chap. 119) and Minnesota (1988 Minn. Laws, Chap. 689)--enacted legislation. Alaska's law allows pregnant women under the age of 21 to receive case management and nutritional services through the Department of Health.

Coordinated Services Legislation. Because the problem of teen-age pregnancy contains educational, health and social service elements, more than one approach is necessary to combat the problem. In response, a number of lawmakers are sponsoring bills to improve programs by coordinating state departments in a comprehensive, statewide approach. Seven bills were introduced during the 1988 legislative session, with three states--Rhode Island (1988 R.I. Pub. Laws, Chap. 414), Tennessee (1988 Tenn. Pub. Acts, 1005/1021), and Washington (1988 Wash. Laws, Chap. 43)--passing legislation to coordinate service delivery. In addition, Virginia approved House Joint Resolution 103, calling for a "coordination of overlapping responsibilities" by the state Departments of Health, Social Services, Children and Mental Health, Mental Retardation and Substance Abuse Services. The resolution requests that the state Secretary of Human Resources supervise the coordination of departments in an effort to increase the accessibility of services to teen-agers and promote cooperation between parents, public schools and community groups.

## **LEGISLATIVE TASK FORCES, COMMISSIONS, BOARDS AND STUDIES**

By 1988, 18 states had created legislative study groups to examine either particular aspects of teen-age pregnancy issues, or the issue as a whole: California, Connecticut, Delaware, Hawaii, Kentucky, Louisiana, Maryland, Missouri, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee and Virginia. Typical of these statutes is the Louisiana act (1988 La. Acts, P.A. 796), which establishes a commission to develop a statewide comprehensive, coordinated plan to reduce teen-age pregnancy. The plan is required to integrate health and parenting programs with educational and vocational counseling programs.

## **POLICY IMPLICATIONS**

While current legislative initiatives tackle many of the difficult issues related to teen-age pregnancy, most state legislatures have not fully responded to the teen-age pregnancy problem

in a comprehensive way. Legislators may therefore wish to consider prevention programs and policies that incorporate all aspects of education, health and social services.

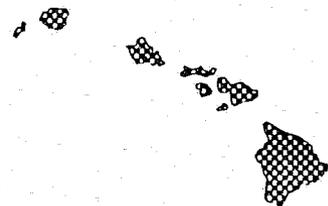
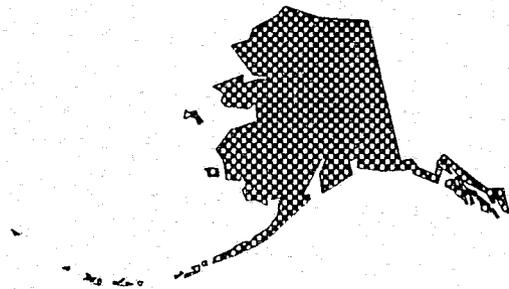
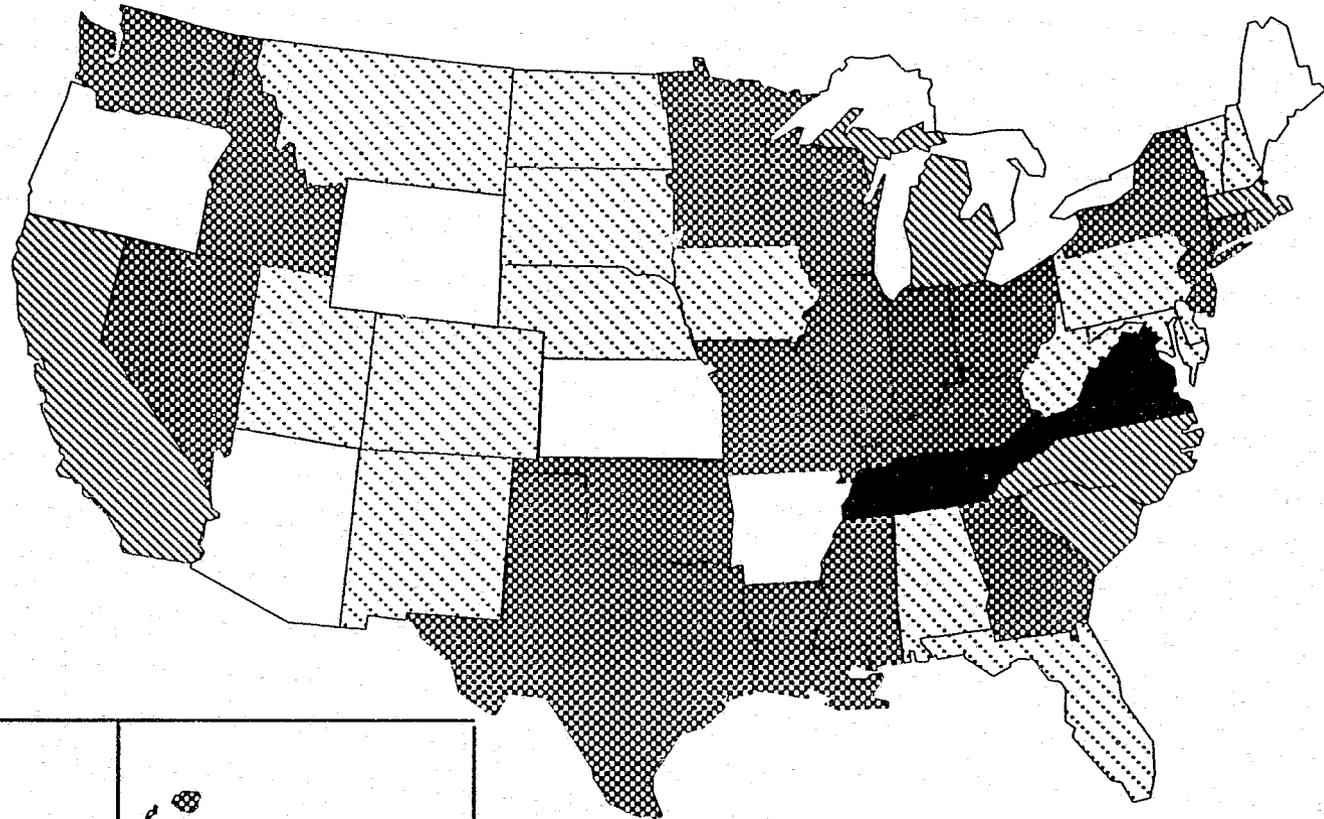
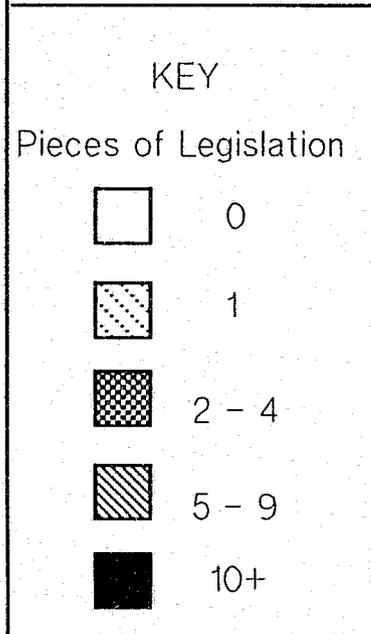
Education and training programs seek to 1) help teen-agers delay sexual activity, and 2) increase awareness of their options in life, so that those who are already sexually active will be more motivated to avoid pregnancy. Strategies for helping teen-agers delay sexual activity include family life education, assertiveness and decision-making training, peer counseling and changing the media depiction of irresponsible sexual behavior. Strategies for increasing teens' awareness of their options in life include life-planning seminars, school-dropout prevention, employment and job-training, and role model and mentoring programs.

Health programs are important for both preventing unintended pregnancies and ensuring healthy pregnancies. Some such programs include making contraceptives physically and financially accessible to sexually active teen-agers, coupled with media campaigns and school health education programs that encourage consistent and proper contraceptive use. Some programs also make pregnancy testing and perinatal counseling available and accessible and encourage teens to involve an adult in their decision-making. Teens who choose to give birth need access to early and regular prenatal care, health education, nutrition services, affordable labor and delivery services, and follow-up family planning services. Many legislators are considering policies that provide medical, psychological and social services to those teen-agers who choose to relinquish their infants for adoption.

Social services programs seek to increase the economic and social self-sufficiency of teen-age families. Policy options include strengthening child support enforcement remedies, implementing welfare reform, providing life management training, educational support and remediation, and employment and job training, and improving access to child care and transportation services. Also important, for the well-being of children of teen-age parents, are parenting education programs, pediatric health care and nutrition services.



## B. TEEN-AGE PREGNANCY ACTS PASSED THROUGH 1988



## National Conference of State Legislatures Children, Youth, and Families Program

The Children, Youth, and Families Program of the National Conference of State Legislatures is designed to meet the needs of state legislatures in developing policy and programs related to children and families. The following services are available at no cost to legislators and staff:

- o information clearinghouse
- o research assistance
- o publications
- o technical assistance

Technical assistance includes testimony at committee hearings, briefing sessions for state legislators and their staffs, and bill drafting and analysis. Resources and expertise are provided by NCSL staff, national experts, and legislators.

### Project Areas

**Child Care/Early Childhood Education.** Funded by the Carnegie Corporation of New York, the project facilitates coordinated policymaking for early childhood issues among legislators on education and social services committees. Issue areas include: employer-supported child care, licensing and regulation, child care in the public schools, welfare reform, funding of child care and early childhood education programs, resource and referral systems, public/private partnerships, program quality, child care for state employees, early childhood programs for special needs children.

**Child Support Enforcement.** With the passage of the 1988 Family Support Act, states will be required to strengthen laws for establishment and enforcement of child support and improve paternity establishment records. The project, under contract with the federal Office of Child Support Enforcement, answers information requests regarding issues that include child support enforcement, paternity establishment, enforcement techniques, welfare reform, guidelines, and custody and visitation.

**Child Welfare.** Funded by the Edna McConnell Clark Foundation and the Foundation for Child Development, this project assists state legislators in improving state child welfare systems serving children and families in crisis. Out-of-home placement is the most expensive form of service and contributes to trauma for the child and instability for the family. With increasing placements and costs states are exploring service alternatives. Information is available on family preservation services, adoption, other placement alternatives, interagency coordination, financing child welfare services, and child abuse and neglect.

**Teen Pregnancy.** The Teenage Pregnancy Project, funded by the Ford Foundation, provides state legislators and legislative staff with information and resources from state experience related to teenage pregnancy and parenting. The project responds to information requests regarding topics that include: family life education; school-based health clinics; youth-at-risk and dropout prevention; dispensing of contraceptives; abortion and related parental consent issues; outreach to teen males; and financial liability.

For more information, call or write Shelley Smith, Program Manager, Children, Youth, and Families Program, National Conference of State Legislatures, 1050 Seventeenth Street, Suite 2100, Denver, Colorado 80265, (303) 623-7800.