



**2020 SESSION
POSITION PAPER**

BILL: HB 53 - Public Health – Contraceptive Devices – Minors
COMMITTEE: Health and Government Operations Committee
POSITION: Letter of Opposition
BILL ANALYSIS: HB 53 would prohibit a health care provider from inserting or implanting a contraceptive device into the body of a minor unless the minor’s parent or guardian provides written authorization.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) is a consistent champion of adolescent health. The State’s Local Health Officers **strongly oppose HB 53**. This bill would limit access to important reproductive health care, and as a result, increase the rate of unintended pregnancies in a vulnerable population. Unrestricted access to both intrauterine devices (IUDs) and contraceptive implants by all minors of reproductive age, is supported by both the American Academy of Pediatrics¹ and the American College of Obstetricians and Gynecologists². The methods that would be restricted by HB 53 are the most effective means of contraception approved by the FDA.³

Minors are not always in emotionally supportive family structures. As a result, requiring consent from a parent or guardian is equivalent to denying these teens access to vital health services. Consultation for contraception is often an opportunity for clinicians to initiate conversations about other important health topics including mental health, substance misuse, and intimate partner violence. In addition, somatic health problems such as diabetes and hypertension are typically diagnosed at a younger age in women than men as a result of more consistent medical visits that are tied to reproductive health.

Adolescent pregnancies are known to increase school dropout rates, incidence of intimate partner violence, and long-term dependence on social welfare programs. Public costs associated with the first year of life for a child born to a minor are over \$15,000. The methods of contraception targeted by this bill have proven to be the most effective means of birth control for teens. As the popularity of these forms of contraception has grown over the past decade, teen pregnancy rates have fallen significantly. As a result, costs to Maryland taxpayers for expenses related to teen births have decreased by over \$70 million/year during this period.⁴

For these reasons and more, the Maryland Association of County Health Officers submits this **letter of opposition to HB 53**. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-614-6891. *This communication reflects the position of MACHO.*

1 Ott et. al. Contraception for adolescents. Pediatrics. October 2014, 134 (4) e1244-e1256; DOI: <https://doi.org/10.1542/peds.2014-2299>

2 <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception>

3 <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices>

4 Power to Decide. Progress Pays Off. Jan. 2018. <https://powertodecide.org/sites/default/files/cost-fact-sheets/savings-fact-sheet-MD.pdf>