



**Written Testimony of Danielle Pimentel  
Policy Counsel, Americans United for Life  
In Support of House Bill 1895  
Submitted to House Population Health Subcommittee  
February 13, 2024**

Dear Chair Carringer 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 abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,<sup>1</sup> tracks state bioethics legislation,<sup>2</sup> and regularly testifies on pro-life legislation in Congress and the states.<sup>3</sup> 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 testify in support of House Bill 1895 (“H.B. 1895”). H.B. 1895 provides necessary protections for pregnant minors in Tennessee. The bill ensures that pregnant minors are protected against abortion violence, it acknowledges the increased health risks pregnant minors face, and it is consistent with the Nation’s history and tradition of protecting parental rights. For these reasons, I urge this committee to support H.B. 1895.

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<sup>1</sup> *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Feb. 12, 2024). 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/](http://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. 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.”).

<sup>2</sup> *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Feb. 6, 2024).

<sup>3</sup> See, e.g., *Revoking Your Rights: The Ongoing Crisis in Abortion Care Access Before the H. Comm. on the Judiciary*, 117th Cong. (2022) (testimony of Catherine Glenn Foster, President & CEO, Americans United for Life); *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. H.B. 1895 Safeguards Against Abortion Trafficking of Minor Girls and Coerced Abortions

Minor girls seeking an abortion may be facing intimate partner violence (IPV). There are “[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion.”<sup>4</sup> For women seeking abortion, the prevalence of IPV is nearly three times greater than women continuing a pregnancy.<sup>5</sup> Post-abortive IPV victims also have a “significant association” with “psychosocial problems including depression . . . , suicidal ideation . . . , stress . . . , and disturbing thoughts.”<sup>6</sup>

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.”<sup>7</sup> In the context of abortion, reproductive control not only produces coerced abortions or continued pregnancies, but it also affects whether the pregnancy was intended in the first place.<sup>8</sup> 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].”<sup>9</sup>

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.”<sup>10</sup> 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.<sup>11</sup> These women also reported having higher levels of mental health issues after having an abortion.<sup>12</sup>

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<sup>4</sup> 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.

<sup>5</sup> Comm. on Health Care for Underserved Women, Am. Coll. of Obstetricians & Gynecologists, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022).

<sup>6</sup> Hall, *supra* note 4, at 11.

<sup>7</sup> Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ Sexual & Reprod. Health 61, 62, 65 (2019).

<sup>8</sup> *Id.* at 62–63.

<sup>9</sup> *Id.* at 62.

<sup>10</sup> 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](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.’”).

<sup>11</sup> David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, CUREUS (Jan. 31, 2023).

<sup>12</sup> *Id.*

All women, whether they are a minor or an adult, may face IPV or reproductive control and be forced to obtain an abortion. Pregnant minors, however, are already a vulnerable population, discussed *infra* Section II. The Tennessee Department of Health’s most recent abortion data from 2020 showed that 207 girls between the ages of 15 and 17 obtained abortions in the state.<sup>13</sup> Although the 2020 data is from before the Supreme Court’s decision to overrule *Roe v. Wade*,<sup>14</sup> 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. 1895 aims to protect against this coercive abuse and deter abusers from trafficking minor girls.

## II. H.B. 1895 Protects the Physical and Psychological Health of Minor Girls

Pregnant adolescent girls are a vulnerable population, especially given their developing bodies and limited decision-making capabilities. Adolescent girls seeking abortions therefore face unique challenges, which is why it is important for the state to provide extra safeguards to protect minor girls from coercion and abuse.

Adolescents do not have fully developed decision-making capabilities. As the Supreme Court acknowledged in *H.L. v. Matheson*, “[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.”<sup>15</sup> Generally, “[a]ppropriate decisional capacity and legal empowerment are the determinants of decision-making authority in medicine.”<sup>16</sup> Nevertheless, “[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.”<sup>17</sup> Consequently, parental guidance is instrumental for an adolescent patient’s informed consent.<sup>18</sup> Parental involvement helps an adolescent patient select a competent healthcare professional who prioritizes her health.<sup>19</sup> 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

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<sup>13</sup> *Induced Termination of Pregnancy Statistics*, TN. DEP’T HEALTH, <https://www.tn.gov/health/health-program-areas/statistics/health-data/itop.html> (last visited Feb. 6, 2024).

<sup>14</sup> 410 U.S. 113 (1973), *overruled by* *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2242 (2022).

<sup>15</sup> 450 U.S. 398, 411 (1981) *overruled on other grounds by* *Dobbs*, 142 S. Ct. at 2228.

<sup>16</sup> Aviva L. Katz et al., *Informed Consent in Decision-Making in Pediatric Practice*, *Pediatrics*, Aug. 2016, at e1, e2.

<sup>17</sup> *Id.*

<sup>18</sup> *See* *Wisconsin v. Yoder*, 406 U.S. 205, 232 (1972) (“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.”).

<sup>19</sup> *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).

process.<sup>20</sup> Moreover, parental involvement “ensures that the parents have the ability to monitor for post-abortion complications.”<sup>21</sup>

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.”<sup>22</sup> 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.”<sup>23</sup> Due to adolescent patients’ developing bodies, they have a “biological predisposition for high-risk pregnancies.”<sup>24</sup> The high-risk nature of adolescent pregnancy is compounded by the fact that pregnant adolescent patients often delay care.<sup>25</sup> 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 judgemental attitudes from health care providers or adults; and financial barriers.<sup>26</sup>

Unfortunately, “[l]ack of, or delayed, adolescent prenatal care is associated with adverse maternal, obstetrical, and neonatal outcomes.”<sup>27</sup> 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.

By penalizing individuals for recruiting, harboring, or transporting pregnant minors to obtain or conceal illegal abortions, H.B. 1895 institutes necessary safeguards for minor girls who have increased physical and psychological risks when pregnant. For example, if an individual takes a minor girl to procure an abortion without her parents’ knowledge and consent, and the minor girl subsequently suffers complications from the abortion, there could be devastating consequences to her health. This situation could leave both her parents and medical professionals in the dark as to the cause of the complications, *i.e.*, that they’re post-abortive complications. Without this medical history, the pregnant minor might receive

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<sup>20</sup> *Id.* at 26–27.

<sup>21</sup> *Id.* at 19.

<sup>22</sup> 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*, ECLINICALMED., Feb. 26, 2022, at 1, 3.

<sup>23</sup> *Id.*

<sup>24</sup> *Id.* at 12.

<sup>25</sup> Nathalie Fleming et al., *Adolescent Pregnancy Guidelines*, 37 J. OBSTETRICS & GYNAECOLOGY Can. 740, 743 (2015).

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

inadequate treatment and care. Thus, H.B. 1895 recognizes that pregnant minors are especially vulnerable and need to be protected from such harm.

### **III. H.B. 1895 is Consistent with Tennessee’s Parental Involvement Law and this Nation’s Rich History and Tradition of Parental Rights**

Parental rights have a rich history of constitutional protection under the Fourteenth Amendment’s Due Process Clause, which states “nor shall any State deprive any person of life, liberty, or property, without due process of law.”<sup>28</sup> “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.”<sup>29</sup> “[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.”<sup>30</sup>

In furtherance of protecting the sanctity of the family, Tennessee enacted a parental involvement law which requires written parental consent before a minor can obtain an abortion.<sup>31</sup> In fact, under the law’s legislative intent and findings, the legislature noted that:

It is the intent of the general assembly in enacting this parental consent provision to further the important compelling state interests of: (1) Protecting minors against their own immaturity; (2) Fostering the family structure and preserving it as a viable social unit; and (3) Protecting the rights of parents to rear children who are members of their household.<sup>32</sup>

Accordingly, the legislature correctly found that “[p]arents ordinarily possess information essential to a physician’s exercise of the physician’s best medical judgment concerning the child,” and that “[p]arents who are aware that their minor daughter has had an abortion may better ensure that their daughter receives adequate medical attention after the abortion.”<sup>33</sup> These findings hold true as parents are often their children’s best advocates given their understanding of their child’s complete medical history and record. Parents can also help their daughters understand the physical and psychological risks of undergoing an abortion.<sup>34</sup>

The bill is consistent with Tennessee’s parental involvement laws and the Nation’s history and tradition of protecting the sanctity of the family. H.B. 1895 ensures that

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<sup>28</sup> U.S. CONST. amend. XIV, § 1.

<sup>29</sup> *Yoder*, 406 U.S. at 233.

<sup>30</sup> *Moore v. E. Cleveland*, 431 U.S. 494, 504 (1977).

<sup>31</sup> Tenn. Code § 37-10-303 (2006).

<sup>32</sup> *Id.* at § 37-10-301(a).

<sup>33</sup> *Id.* at § 37-10-301(b)(4-5).

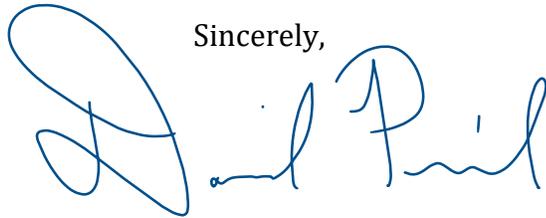
<sup>34</sup> *See supra* Section II.

individuals are not concealing an illegal abortion from a minor's parents or legal guardian.<sup>35</sup> In doing so, the bill honors the rights of parents in the care and upbringing of their daughters.

#### IV. Conclusion

Ultimately, H.B. 1895 seeks to protect the rights of parents as well as the welfare of their minor girls. With the loving support of their parents, many young women are able to bring their babies into the world and not face the physical risks and emotional devastation of abortion. However, unscrupulous individuals and abusers may seek to subvert parental rights and force a pregnant minor to obtain an abortion. H.B. 1895 provides protections against such abuse and ensures that there is legal recourse for minor girls who are victims of abortion trafficking. For these reasons, I urge the committee to support H.B. 1895.

Sincerely,



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<sup>35</sup> Notably, the bill does not apply to parents or the legal guardian of a minor.