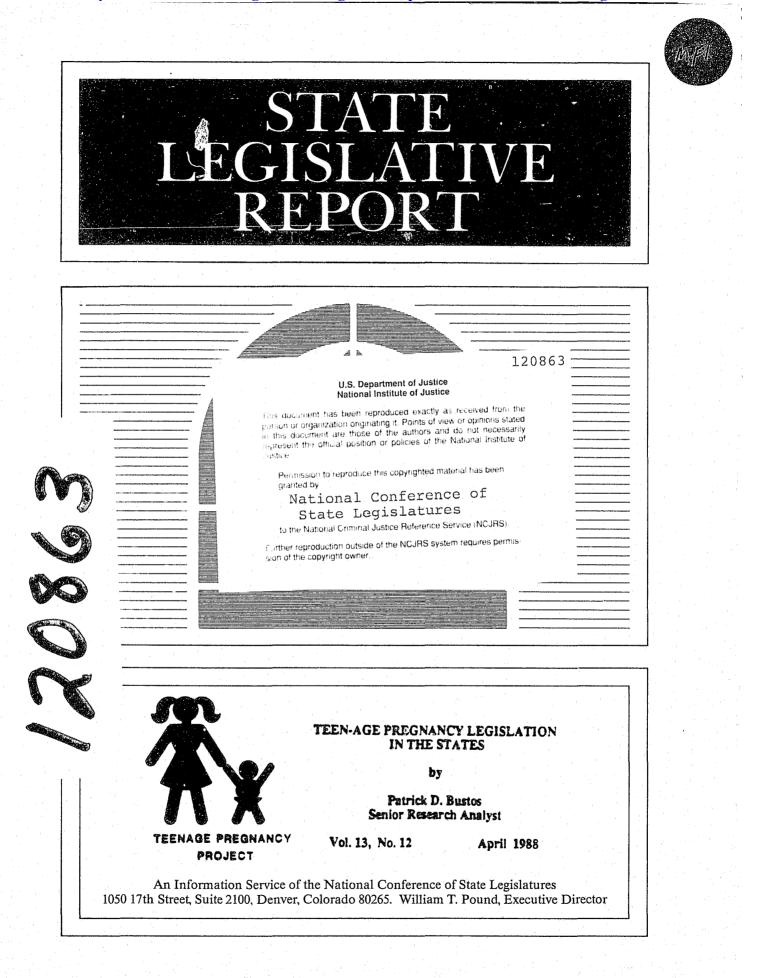
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STATE LEGISLATIVE REPORTS

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TEEN-AGE PREGNANCY LEGISLATION IN THE STATES

INTRODUCTION

Teen-age pregnancy and parenting is a major economic and social problem confronting state lawmakers. Nearly 500,000 births to teen-age mothers occur each year, costing taxpayers billions of dollars annually. Legislators are becoming increasingly aware of the economic burdens and human tragedy associated with this problem. Many are interested in how other states use the legislative process to minimize teen-age pregnancy's impact on society. This report, therefore, examines recent legislative initiatives related to the problem of adolescent pregnancy and parenting.

With funding from the Ford Foundation, the Teenage Pregnancy Project of the National Conference of State Legislatures recently collected this information by conducting a 50-state survey. Each state's legislative research agency provided information on bills and acts from the 1986 and 1987 legislative sessions, programs and task force activity related to teen-age pregnancy.

The results of the NCSL survey indicate that recent legislative initiatives address all areas of this multi-faceted problem. Thirty-five states introduced teen-age pregnancy legislation in 1987, compared to 23 in 1985. While only nine states had enacted teen-age pregnancy legislation in 1985, by 1987, 22 had legislation. Legislative task forces to study the teen-age pregnancy problem have been proposed in nearly one-fourth of the states. Funding from the state legislature for teen-age pregnancy programs is also increasing.

LEGISLATIVE TRENDS

The steady increase in teen-age pregnancy legislation reflects two trends. First, bills emphasize coordinating services and programs for the pregnant and parenting teen-age population. For example, legislation requiring state departments to work together and integrate new programs with existing services has increased. Legislators are bringing together agencies and personnel in an attempt to provide better services at reduced costs.

Second, schools are a focal point for many pregnancy prevention strategies. Students are generally required to attend school; therefore schools provide a captive audience. Legislators are capitalizing on this situation, proposing programs that are linked to the school system. Such programs include family life education and school-based health clinics, as well as day care services for parenting students.

LEGISLATIVE ACTIVITY: 1986-1987

Teen-age pregnancy and parenting receives substantially more legislative attention today compared to just three years ago. In 1985, 46 bills related to the problem were introduced, while in 1987 the number had jumped to 148--a 256 percent increase. A closer examination reveals the specific issues on

legislative agendas. These fall into four main categories: education, health care, social services and coordinated services legislation.

In the area of <u>education</u>, bills being introduced are related to: family life education; alternative education/dropout prevention; health education; and additional education strategies. The <u>health care</u> category encompasses legislation on: parental consent or notification for abortion services; comprehensive medical care; dispensing of contraceptives; maternal and child health services; and school-based health clinics. The <u>social service</u> topics include: financial liability; counseling services; job training; day care services; and case management services. The final area consists of coordinated state-wide services legislation.

<u>Topics with the most bills passed</u> center on prevention issues: grant programs for reducing teen-age pregnancy rates (9); parental consent/ notification for abortion services (7); and alternative education and dropout prevention programs (7). <u>Areas with the most bills introduced are</u>: grant programs (21); parental consent/notification for abortion (18); and alternative education strategies (15). <u>Areas with the fewest number of bills introduced are</u>: school nurse programs (4); family planning services (4); and teen males programs (5). These low numbers may indicate that the importance of these topics is not clear to legislators at this time, or that lawmakers' priorities lie elsewhere. The main categories of education, health care, social services and comprehensive legislation are described in more detail below.

EDUCATION LEGISLATION

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Legislators are placing more emphasis on education strategies in addressing the teen-age pregnancy problem. Working within the established school system can provide early and easy access to at-risk youth. School programs offer the opportunity to impart decision-making and goal-setting skills that are important to pregnancy prevention, as well as provide basic human sexuality information.

<u>Family Life Education</u>. Family life education (FLE) is a 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 curriculum and can be adapted to any grade level.

Twelve bills were introduced on this topic in 1986 and 1987, two of which were enacted in Tennessee and Virginia. An example of this type of legislation is the Virginia act (1987 Va. Acts, Chap. 371), directing the board of education to develop FLE standards and curriculum guidelines and to prepare a fiscal analysis.

<u>Alternative Education/Dropout Prevention</u>. Dropout prevention and alternative education legislation aims to help pregnant or parenting students obtain a high school degree through either the regular school or a non-traditional program. Twelve bills on this topic were introduced in 1986 and 1987 and six were passed. States that passed legislation are Florida, Massachusetts, Minnesota, Rhode Island, Tennessee and Wisconsin.

The Wisconsin law (1987 Wisconsin Laws, Chap. 27) is an innovative approach. It requires all teen-agers under 20 years of age to attend school as a condition for receiving AFDC benefits.

<u>Health Education</u>. 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, very little training in decision-making or family planning is provided.

Eight states introduced health education legislation in 1986 and 1987, with four states--Massachusetts, Mississippi, Missouri and Nevada--passing bills. The Mississippi initiative (1987 Miss. Laws, Chap. 505) establishes a school nurse intervention program to provide reproductive health education.

Other Education Strategies. Legislation in this area seeks to combine education programs or offer additional programs such as parenting courses, counseling services for teen parents or outreach to teen-age males. Although 13 states introduced bills of this type in 1986 and 1987, only one state--California--passed legislation.

HEALTH CARE LEGISLATION

Health care for pregnant teen-agers and their infants is the second major topic receiving legislative attention. Teen-age mothers are at high risk for pregnancy complications and have higher rates of delivering 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 lively teen-age pregnancy issues. Such legislation requires unemancipated minors to receive parental permission or to notify parents before receiving abortion services. Of 18 states introducing bills in 1986 and 1987, seven--Alabama, California, Georgia, Kentucky, Mississippi, Missouri and Ohio--passed legislation. The Georgia law (1987 Ga. Laws, p. 1013) requires an unemancipated minor to provide proof of parental notification and to be accompanied by a legal guardian to obtain an abortion. Exceptions to the law can be obtained with a court-ordered waiver or in cases of medical emergency. Many of these acts are being challenged in the federal courts on the basis of undue hardship, mental anguish and potential scheduling delays in providing abortions.

<u>Comprehensive Medical Care</u>. Comprehensive medical care combines existing services with new components to meet the health needs of the pregnant or parenting teen-ager more effectively. Health services for a pregnant teen-ager or young mother and her child are handled by one department or agency. For example, the use of one medical professional for all health care concerns may be required to coordinate similar services and provide improved health care. Seven bills were introduced in 1986 and 1987 and five states--Missouri, New Jersey, Tennessee, Virginia and Washington--passed legislation on this topic. The New Jersey law (N.J. Laws, Chap. 115) establishes the Health Care Program for Pregnant Women and Children to provide comprehensive and coordinated health care services to adolescent mothers and their infants.

<u>Dispensing of Contraceptives</u>. Legislation to prohibit dispensing of contraceptives to minors in schools and in community clinics received moderate attention during 1986 and 1987. Eight states introduced legislation with four states--Iowa, North Carolina, South Carolina and Wisconsin--enacting bills. The South Carolina initiative (1987 S.C. Acts Chap. 167) prohibits school districts from contracting with any providers for distribution of contraceptives in schools or on school grounds.

<u>Maternal and Child Health</u>. Providing for teen-agers' pre- and postnatal health needs and care of their infants is the major thrust of maternal and child health legislation. Twelve bills were introduced in 1986 and 1987, with legislation enacted in Missouri, New York, Tennessee, Virginia and Washington. In New York, the law (1987 N.Y. Laws Chap. 882) establishes a prenatal care assistance program for pregnant women. The act targets grant funds for adolescent mothers.

<u>School-Based Health Clinics</u>. School-based health clinics (SBHCs) provide comprehensive health services to students in or near the schools they attend. Minimal legislative activity has occurred in this area. Seven states introduced bills for the establishment and funding of SBCHs in 1986 and 1987, but none were enacted. While many states have school-based health clinics, most are developed by local entities.

SOCIAL SERVICES LEGISLATION

Social services legislation includes financial support, career and personal counseling, job training, day care for the children of teen-age parents and case management services. Pregnant and parenting teen-agers often need such services because they lack job skills, have low levels of education and have limited financial resources. Faced with expanding welfare expenditures and state budget constraints, legislators are seeking programs to move parenting teen-agers toward financial independence.

Financial Liability. Requiring parents to be financially responsible for the offspring of their minor children is a relatively new legislative strategy. Eleven bills were introduced during the last two sessions seeking financial assistance or insurance coverage from the parents of teen-agers. Two states--Hawaii and Wisconsin--enacted laws that provide for parental financial liability, while Massachusetts, Texas and Wisconsin require a parent's insurance provider to cover a pregnant or parenting minor's child.

Under the Wisconsin act (1985 Wis. Laws Act 56, section 49.90), grandparents can be asked to reimburse public agencies for any care provided to their minor children, and they may be ordered to provide for the maintenance of their grandchildren. In Texas, the law (1987 Tex. Gen. Laws, Chap. 848) allows the grandchild of a policyholder to be eligible for health insurance benefits.

<u>Counseling Services</u>. Counseling services for personal problems, career planning, job placement or other areas received increased legislative attention in 1986 and 1987. Although 11 bills were introduced, only one state--Illinois--enacted legislation.

Job Training. Job training legislation assists teen-age parents in obtaining the necessary skills for entry into the work force. Six states

introduced job training legislation in 1986 and 1987, with Connecticut, Hawaii, Minnesota and Virginia enacting legislation. The Minnesota law (1987 Minn. Laws, Chap. 403) targets teen-age AFDC clients as a priority group for job training services.

<u>Day Care Services</u>. Teen-age parents often lack the financial and informational resources needed to obtain day care for their children so that they can continue their education or seek employment. Ten bills were introduced over the last two sessions in this regard, but only one state, Rhode Island, passed legislation. Rhode Island House Resolution 123, introduced in 1987, requests that the Department of Human Services, Department of Elementary and Secondary Education, and the Rhode Island Health Center Association provide child care information to teen parents who wish to continue their high school education.

<u>Case Management Services</u>. Increasingly, lawmakers are considering legislation to improve case management for pregnant and parenting teen-agers. This usually involves having one counselor, or case manager, who assists the teen client on all applicable services. Six states introduced such legislation in the 1986 and 1987 sessions, but only two states--Minnesota and Missouri--enacted legislation. Minnesota's law (1987 Minn. Laws, Chap. 403, Art. 3), requires that teen-age mothers participate in comprehensive case management services. The county service provider and teen client must develop a specific plan for family self-sufficiency.

COORDINATED SERVICES LEGISLATION

The problem of teen-age pregnancy contains educational, health and social service elements and, therefore, more than one approach is necessary to effectively combat the problem. In response, a greater number of lawmakers are sponsoring bills to coordinate strategic programs into a comprehensive approach.

<u>Statewide Coordination</u>. Statewide coordination legislation brings together the relevant state departments to improve services to the teen-age population. Seven bills were introduced during the 1986 and 1987 legislative sessions, with two states--North Dakota and Tennessee--passing legislation to coordinate service delivery. The North Dakota law (1987 N.D. Sess. Laws, Chap. 185) establishes the Children's Services Coordination Commission. Among the commission's specified functions is to coordinate state initiatives with local school district efforts to prevent adolescent pregnancies.

LEGISLATIVE TASK FORCES, COMMISSIONS, BOARDS AND STUDIES

States usually initiate a task force, commission, board or special study group to examine the problems of adolescent pregnancy and parenting. The groups either study the problem as a whole or one small aspect of it, such as family life education, health programs or early prevention strategies.

While most task forces are initiated by governors, more state legislatures are creating their own task forces. By 1987, 14 states had a legislative study group examining this issue. These states--California, Connecticut, Delaware, Louisiana, Maryland, Missouri, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Rhode Island, Tennessee and Virginia--had a

variety of study mandates. For example, under a New Jersey law (1987 N.J. Laws, Chap. 19), a task force on adolescent pregnancy was established to collect information on current programs, and to recommend policies to coordinate and improve services related to adolescent pregnancy. The increasing number of task forces with legislative authority indicates a growing interest among state legislators in the state policy aspects of the problem.

PROGRAMS

A variety of programs at both the state and local level provide services to pregnant or parenting teen-agers. Although most programs are funded from various federal, local and private sources, many receive state legislative appropriations.

<u>Grant Programs</u>. State grant programs provide money for pilot projects to test new approaches to solving the problem of teen-age pregnancy. A dramatic rise in the number of such grant programs has occurred in the states. Although only six bills were introduced in 1986, 15 were introduced in 1987. Nine states--California, Iowa, Massachusetts, Minnesota, North Carolina, Ohio, Rhode Island, Tennessee and Wisconsin--enacted legislation that funds innovative programs to reduce adolescent pregnancies. The Wisconsin act (1987 Wis. Laws, Act 27) targets funding to communities with high teen-age pregnancy rates and the highest number of teen-age AFDC clients.

<u>State Appropriations for Programs</u>. At least 12 states have surpassed the \$1 million mark in appropriating funds for teen pregnancy programs: California, Connecticut, Florida, Illinois, Massachusetts, Minnesota, New Jersey, New York, North Carolina, South Carolina, Tennessee and Wisconsin. For example, Illinois has appropriated \$13.9 million state and federal funds for its Parents Too Soon Program for FY 1988. This program is a multi-agency cooperative effort, with 125 community-based initiatives to prevent teen-age pregnancies.

SUMMARY

Legislative initiatives in the area of teen-age pregnancy and parenting are part of most state legislative agendas. If current trends continue, the growing number of state public policy strategies will provide new models for interested legislators across the country.

This document was prepared under a grant from the Ford Foundation. Heather Maggard, Senior Project Manager, Teenage Pregnancy Project, contributed to this State Legislative Report.

A. TEEN-AGE PREGNANCY LEGISLATION SUMMARY

	<u>1985</u>	<u>1986</u>	<u>1987</u>
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Arizona			
Arkansas			
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Colorado		······	
Connecticut	9 3	2 0	7 2
Delaware	1 1		**
Florida	<u>3</u> 0	9 0	2 0
Georgia	1 0		2 1
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Louisiana		3 0	2 2
Maine	2 0		
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Michigan	1 0	4	5 2
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Nebraska			1 0
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New Mexico			
New York	1 0	24 1	20 2
North Carolina	2 1		12 5
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Oregon	1		2 0
Pennsylvania		4 0 0	
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South Carolina		2 1	11 1
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B. State Acts on Teen-Age Pregnancy & Parenting

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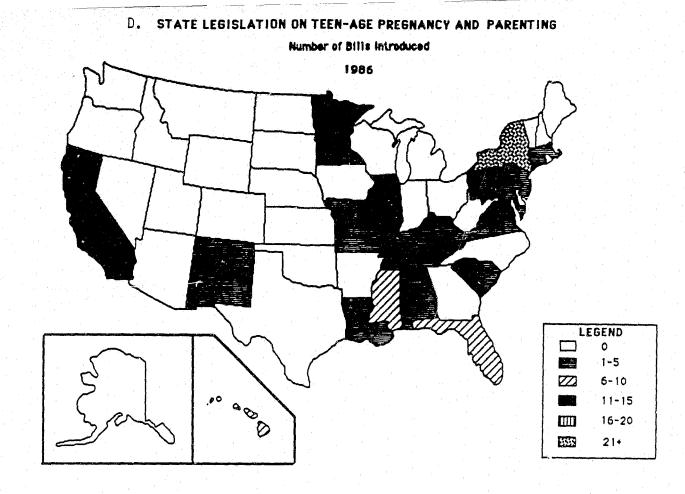
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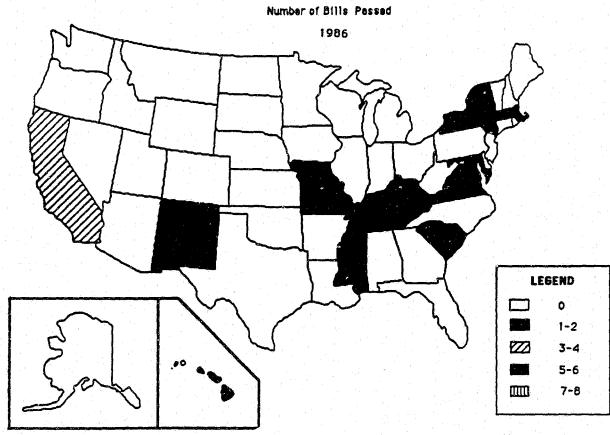
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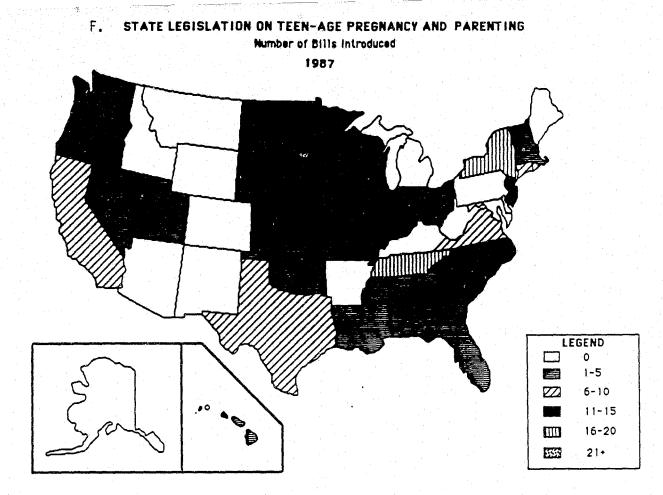
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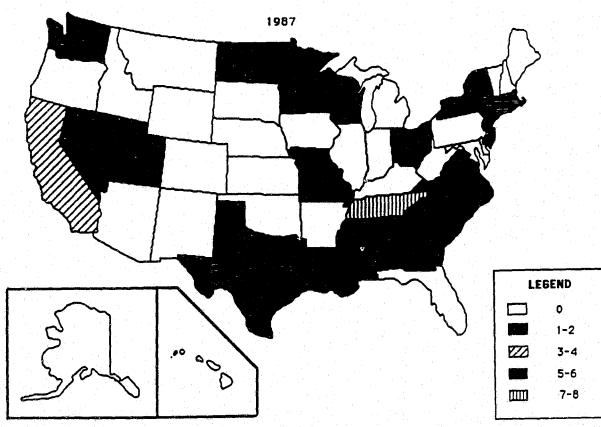
E. STATE LEGISLATION ON TEEN-AGE PREGNANCY AND PARENTING

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G. STATE LEGISLATION ON TEEN-AGE PREGNANCY AND PARENTING Number of Bills Pessed



The Teenage Pregnancy Project joined the NCSL state services program in June 1987. The project has been funded by the Ford Foundation and is designed to provide state legislators and legislative staff with information and resources related to teen-age pregnancy and parenting, drawing from experiences in the 50 states. Major project activities are providing technical assistance, producing publications and contributing to the NCSL Annual Meeting.

On-site technical assistance is being offered to three different states each year. The assistance must be requested by a legislator, and typically takes the form of presentations, workshops or bill drafting. The project also includes writing and disseminating three publications a year describing successful state experiences. Topics to be explored in the first year are prevention of teen-age pregnancy, services for teen-age parents, and the results of a legislative survey.

Other activities include:

- Organizing an information clearinghouse, within a national computerized legislative information system, comprised of state legislative committee reports, interim reports, legislation and other pertinent resource materials that legislators can use in making policy decisions; and
- o Developing a forum, by way of an advisory committee of organizations working in the field, for ongoing discussions of current research, model programs and successful state strategies.

For more information, contact Patrick Bustos or Heather Maggard in the Denver office at (303) 623-7800.

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 publications
- o research assistance

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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 between legislators who work on child care issues in human services committees and those who work on education issues in education committees. The project assists state legislators in developing coordinated programs to meet child care and early education needs. Technical assistance is a major project commitment, including: planning and strategizing meetings with legislators, legislative staff, and professionals in the public and private sector; on-site delivery of assistance through hearings, briefings, workshops, or seminars; and evaluation meetings.

Child Support Enforcement. With the growing number of single-parent families, state and federal laws protecting these families' rights in establishment of paternity, child support orders, and enforcement of support and visitation are important public policy considerations. The project, under contract with the federal Office of Child Support Enforcement, assists lawmakers in developing child support public policy, including: program analysis, assistance in interpreting and drafting laws per federal compliance issues; and assessing inter- and intrastate child support enforcement, custody, visitation, and paternity establishment legislation.

Child Welfare. Through a grant from the Edna McConnell Clark Foundation, the Child Welfare Project assists state legislators in improving state child welfare systems. State child welfare systems are the primary means by which states meet the needs of abused and neglected children. Foster care or out-of-home placement is the most expensive form of child welfare service and the most traumatic for the child. With the recent explosion of abuse and neglect reports, state child welfare systems are experiencing enormous stress. Consequently, many states are exploring service alternatives. Services to prevent out-of-home care, to reunify families, and to provide adoption and other placement alternatives have become major components of the child welfare system. Technical assistance is available to legislators in a variety of areas to improve services, to assist states in complying with the federal Adoption Assistance and Child Welfare Act (P.L. 96-272), and to evaluate administration and financing mechanisms.

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. Major project activities are to provide on-site technical assistance to three states each year, produce three publications annually, operate an information clearinghouse, participate in a national advisory committee, and contribute to the NCSL Annual Meeting.

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