

SAHM /NASPAG Statement on leaked draft SCOTUS opinion regarding Mississippi v. Jackson Women’s Health Organization

A leaked draft opinion of the Supreme Court of the United States regarding Mississippi v. Jackson Women’s Health Organization raises concern that federal protections for abortion access may be at risk¹. In the interest of the health and well-being of adolescents and young adults in the United States, the Society for Adolescent Health and Medicine (SAHM) and the North American Society for Pediatric and Adolescent Gynecology (NASPAG) object to any restrictions placed on the reproductive rights and care of adolescents and young adults, including access to safe abortion.

Abortion is a safe and essential component of comprehensive sexual and reproductive health care and a basic human right². Comprehensive sexual and reproductive health for adolescents and young adults (AYA) involves multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. AYA have the demonstrated ability to make responsible and informed decisions about their own reproductive and sexual health, which includes decisions about pregnancy and abortion care³. As such, healthcare laws have evolved to allow adolescents less than 18 years of age to make these decisions by protecting their autonomy, confidentiality, and right to consent in these areas. States have obligations to respect, protect and fulfill rights related to adolescent sexual and reproductive health including access to safe abortions. Barriers to abortion access threatens the lives, health, and human rights of AYA⁴.

Adolescents and young adults experience multiple barriers to sexual and reproductive health and justice

Access to effective contraception is essential to preventing unintended pregnancies and reducing the need for the discussion/consideration of pregnancy termination, yet AYA face significant barriers to confidential, culturally appropriate, comprehensive sexual and reproductive education and healthcare⁵. Furthermore, young people are particularly vulnerable to coercive sexual encounters and unintended pregnancy^{6,7}. This vulnerability may be compounded by disability, immigration status, involvement in the foster care system, incarceration, or experiences of sexism, racism, and other

systems of oppression⁸⁻¹¹. Minor adolescents in particular can encounter substantial challenges in preventing pregnancy when there are laws and policies that restrict the provision of contraception and limit a minor's autonomy to make reproductive healthcare decisions. Access to contraception may also be limited by financial resources and healthcare providers' own bias, coercion, or lack of willingness to acknowledge AYA's sexual and reproductive health needs^{2,12}. AYA need reproductive justice-informed, comprehensive sexual and reproductive health education and care that includes access to abortion¹³.

Adolescents and young adults experience specific barriers to abortion access

In 2019 (most recent available data) the distribution of reported abortions across ages was 2% for those <15 years, 8.6% for 15-19 years, 27.6% for 20-24 years, and 29.3% for 25-29 years¹⁴. Reducing barriers to comprehensive sexual and reproductive education and healthcare is an essential component for AYA to obtain the highest attainable standard of physical and mental health as stated in the Universal Declaration of Human Rights¹⁶, as unintended pregnancy and childbearing for AYA is both a cause and a consequence of adverse health, education, and economic circumstances. Ensuring reproductive rights and access to abortion is one critical piece of improving the life circumstances of families and communities.

AYA face significant barriers to confidential abortion due to financial constraints, travel challenges, and limited access to medication abortion by telehealth¹⁷⁻²⁷. All leading medical associations explicitly support parental involvement in adolescent health care; however, adolescent confidentiality must be protected in the case of sexual and reproductive healthcare, including abortions. Mandating communication about abortion can have detrimental consequences in delaying access to medical care and placing the minor at risk of violence or abuse. Parental notification and consent requirements place additional and undue burdens for this particularly vulnerable population. AYA will be disproportionately impacted if *Roe v. Wade* is overturned and by further state-based restrictions on abortion access ^{17,19,27}.

Health professionals who serve adolescents and young adults must:

1. Contribute to health system, research, and advocacy efforts to ensure adolescents and young adults have access to safe abortion. This includes normalizing the topics of abortion and pregnancy options counseling as an essential component of comprehensive sexual and reproductive health care when speaking to colleagues, AYA, parents, guardians, and supportive adults.
2. Educate policymakers on AYA's developmental capacity to make safe and informed reproductive health decisions, apply a rights-based framework to adolescent abortion access, and oppose legislation requiring parental consent or notification for abortion care or imposing age restrictions on telehealth abortion services.
3. Catalyze community members to support AYA, by holding elected officials accountable to improve access to contraception and comprehensive sexual health education and by supporting initiatives that promote health, agency, and opportunity among AYA facing reproductive health inequities.

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About NASPAG:

The North American Society for Pediatric and Adolescent Gynecology (NASPAG), founded in 1986, is dedicated to providing multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth. Its focus is to serve and be recognized as the lead provider in PAG education, research, and clinical care, conduct and encourage multidisciplinary and inter-professional programs of medical education and research in the field of PAG, and advocate for the reproductive well-being of children and adolescents and the provision of unrestricted, unbiased and evidence-based practice of PAG. Its official journal, *Journal of Pediatric and Adolescent Gynecology*, had its first volume published in 1987 and it continues to cover the spectrum of basic science and clinical research in the subspecialty area, addressing gynecological related problems from birth through the early twenties.

About SAHM:

The Society for Adolescent Health and Medicine (SAHM), founded in 1968, is a nonprofit multidisciplinary professional society of 1,200 members committed to the promotion of health, well-being and equity for all adolescents and young adults by supporting adolescent health and medicine professionals through the advancement of clinical practice, care delivery, research, advocacy and professional development. Through education, research, clinical services and advocacy activities, SAHM enhances public and professional awareness of adolescent health issues among families, educators, policy makers, youth-serving organizations, students in the field as well as other health professionals around the world.