

**Name:** Anonymous 11 Anonymous 11

**Title:**

**Organization or Agency:** Yale School of Medicine

**Topic:** HB05309 - AAC THE PROVISION OF NOTICE TO A PARENT OR GUARDIAN OF A MINOR CHILD WHO SEEKS TO RECEIVE PREGNANCY-RELATED HEALTH CARE SERVICES. Supports

**Testimony:**

Dear Distinguished Members of the Committee,

I am a medical student at Yale University and a resident of New Haven, Connecticut. I write in support of HB 5309.

As a future physician, I am being trained not only in clinical science, but also in medical ethics. One of the foundational principles we learn is that minors are generally not considered to possess full medical decision-making capacity. For this reason, parental involvement is required for most significant medical interventions — including surgeries, hospitalizations, and prescription medications with far less complexity than abortion.

Abortion is a medical procedure with real physical and psychological implications. It involves informed consent, understanding of risks and alternatives, and in some cases management of complications. In nearly every other comparable situation, physicians are ethically and legally expected to involve parents or legal guardians in the care of minors.

HB 5309 does not eliminate access to abortion. Rather, it restores a consistent ethical standard: that parents, who are legally and morally responsible for their children's wellbeing, should be notified when their minor child is undergoing a significant medical procedure. In clinical training, we are taught that family support often improves patient outcomes — emotionally, psychologically, and medically. Excluding parents from such decisions creates an unusual and concerning exception in healthcare practice.

Adolescence is a period of ongoing neurocognitive development. Executive function, long-term planning, and risk assessment continue maturing into early adulthood. While minors can and do make meaningful decisions, the law has long recognized that additional safeguards are appropriate in high-stakes medical contexts.

I also recognize that not all family situations are safe. Any parental notification policy should include a carefully structured judicial bypass option for minors who face abuse, coercion, or neglect. Such safeguards protect vulnerable patients while maintaining the general principle of parental involvement.

As someone entering the medical profession, I believe our laws should reflect consistency in how we treat serious medical decisions involving minors. HB 5309 aligns public policy with long-standing medical ethics regarding parental responsibility and minor consent.

For these reasons, I respectfully urge the Committee to support HB 5309.

Thank you for your time and consideration.