

**Testimony of Sharon Toborg, Vermont Right to Life Policy Analyst on S.151
Before the Senate Health & Welfare Committee, March 13, 2024**

Vermont Right to Life has concerns about the section of S.151 that would allow children as young as 12 years old to consent to medical care for sexually transmitted infections without parental knowledge.

Vermont Right to Life has a history of support for parental involvement laws because they benefit minors through improved medical care, as well as through protection from sexual assault and the dangers of secret abortions.

As noted by the [Vermont Department of Health](#), “early sexual activity is associated with an increased risk of unwanted pregnancy, sexually transmitted infections, and negative effects on social and psychological development.”

Young people lack the capacity to fully understand and appreciate the implications of engaging in sexual activity, and are therefore incapable of giving truly informed consent. That is why Vermont’s criminal [sexual assault statute](#) states that:

(c) No person shall engage in a sexual act with a child who is under the age of 16, except:

(1) where the persons are married to each other and the sexual act is consensual;
or

(2) where the person is less than 19 years old, the child is at least 15 years old,
and the sexual act is consensual

Sexual activity involving kids under 15 years old is *always* de facto sexual assault under Vermont law because no child under 15 can legally consent. While legal intervention is not always warranted, steps should be taken to evaluate whether a situation calls for it.

We should all want to make sure kids are protected from exploitation as well as from their own immaturity. However, changes in laws and policies at both the federal and state levels, such as the change proposed in S.151, are making those protections for minors increasingly difficult. The tacit approval of early sexual activity by policy makers - activity that is literally criminal under Vermont law – makes it more important than ever that parents are informed so they can protect their children when the state will not.

Examples of these policies include:

- Allowing a child of any age to undergo an abortion without parental knowledge or consent;
- Defining “sexual assault” in the [Department of Children and Families Child Abuse and Neglect Definitions](#) in a way that differs significantly from the criminal definition;

- [Mandating](#) that condoms be made available in public schools to both high school and middle school students, some of whom are as young as 12 years old, and possibly younger;
- [Carving out an exception](#) to the mandatory reporting requirement so no reports are required for middle school-aged children who are receiving those condoms and presumably engaging in sexual activity;
- Preventing parents from accessing [medical records](#) and [insurance information](#) for children ages 12 and up;
- Lowering the standards for unprofessional conduct for providers of “reproductive” and “gender-affirming” care, enabling them to see minor patients in states in which they are not licensed to practice (via telehealth) without any licensing ramifications; and
- Proposing ([S. 220](#)) to change the age above which libraries are prohibited from disclosing a child’s records to a parent, from 16 years old to 12 years old.

Laws that allow children to consent to certain health care treatments without parental knowledge also have the effect of creating obstacles for parents trying to accessing other important health care information about their child that they are entitled to, as I recently learned from personal experience. Because *some* medical information can be legally kept from parents, parents are prevented from accessing *any* health care information online for their children ages 12-17. Both my daughter and I have recently undergone a screening echocardiogram due to a family history of heart issues. While neither of us received a follow-up call from our health care provider with our test results, I was able to log into my provider’s patient portal to review my test results online and see that they were normal. However, since parents can’t access any of their child’s health information online once they turn 12, I could not check her test results. I wrongly assumed that, since our health care provider had not contacted us, her test results were normal. That was not the case, which I only discovered months later when I contacted the doctor’s office about another matter, and asked for confirmation that my daughter’s test results were normal. Hopefully the resulting delay in care will not have negative consequences.

Under S.151, will 12-year-olds seeking treatment to prevent STIs be informed that, under Vermont law, they cannot consent to sexual activity? Do they have the capacity to read and understand the [FDA patient information](#) about a vaccine such as Gardasil, make an informed decision, and recognize and follow up on potential complications? And why would we ask, or even encourage, young kids to bear the burden of making adult decisions?

The proposed section §1107 contained in S.151 would put Vermont even further down the path of lowering the age of consent, and circumventing parents’ involvement in the health and wellbeing of their minor children. The section should be struck from the bill.