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## Dobbs vs. Jackson Policy Statement Committee on Public Policy and Advocacy // August 2022

### SUBJECT: AADMD Statement on Supreme Court Ruling regarding Dobbs vs. Jackson

The American Academy of Developmental Medicine and Dentistry (AADMD) is committed to improving the quality of and access to care for individuals with intellectual and developmental disabilities (IDD) in all healthcare settings. People with IDD experience significant healthcare disparities, notably including reproductive healthcare. The AADMD believes that the Supreme Court ruling on Dobbs vs Jackson will further restrict access to individualized reproductive care and widen healthcare disparities for women with IDD, and that they will unequally bear the burden of this decision, leading to poorer health and social outcomes. In line with many other professional medical societies, the AADMD has significant concerns regarding the implications of legislating healthcare decisions. Further, the Dobbs vs Jackson ruling and resultant trigger laws fail to recognize the complexities of reproductive healthcare and the root causes of the challenges and disparities that individuals seeking reproductive care face. We must resist such a reductionist approach and use this as an opportunity to critically examine the ways in which we de-value individuals with IDD and improve our practices related to prenatal screening, diagnosis, and treatment of individuals with IDD.

Disability rights and reproductive healthcare continue to be deeply intertwined, with many genetic disabilities such as Down syndrome being used in arguments to both promote and restrict access to abortion care. In practicality, our present system of prenatal screening is fraught with challenges in the delivery of results. Providers, genetic counselors, and others who deliver these results have varying levels of knowledge and experience with individuals with IDD, leading to varying recommendations provided alongside prenatal screening results. Parents of individuals with IDD continue to report negatively biased discussions about the value and dignity of the lives of individuals with IDD. Discriminatory counseling and screening practices make it difficult for expectant parents to make informed decisions.

On the other hand, individuals with IDD and their families are often used as political pawns for political gain in order to restrict access to abortion. It is inappropriate and discriminatory to use people with disabilities in arguments supporting or refuting the Dobbs decision. The issues of reproductive and disability rights would not be so deeply intertwined in the absence of ableism. Rather than use disability for justification of a particular viewpoint, we must combat the underlying ableist ideas in our society, something that unfortunately cannot be done with a single court decision or law.

***“... restrictions in access to abortion resultant from the Dobbs decision should prompt us to examine the ways in which we fail to support the sexual health of individuals with IDD. ”***

More broadly, restrictions in access to abortion resultant from the Dobbs decision should prompt us to examine the ways in which we fail to support the sexual health of individuals with IDD. To begin with, we often fail to view individuals with IDD as sexual beings like all of us, with an inherent need for intimacy and for some, a desire for procreation. Hopeful parents with IDD are often ignored in expressing their desire to have children. Too often, without (and sometimes against) their consent or participation, women with IDD are perfunctorily administered one kind of birth control or another, up to and including sterilization<sup>1</sup>. Expectant parents with disabilities also have inadequate access to quality care and face legal challenges to their ability to be parents at higher rates than parents without disabilities.<sup>2,3</sup> Abortion should not be seen as a quick-fix to a much more complex failure of a health, support, and service system that has not attended to the emotional, social, and sexual needs of individuals with IDD. They are unlikely to be provided additional resources and counseling that may help them further in their journey to being successful parents. They are more likely to have other health conditions that may make pregnancy a risk to their own overall health<sup>4,5</sup>.



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The poor access to quality sexual and reproductive healthcare for people with IDD says nothing of the increased rates of sexual abuse and exploitation in this population, which often goes unrecognized.<sup>6,7,8</sup> The reduced access to appropriate reproductive healthcare is only likely to exacerbate the trauma that these individuals experience. In addition to disparities in access to reproductive care, people with IDD face many barriers to seeking appropriate mental health care<sup>9</sup>. The dramatically higher rates of abuse in individuals with IDD not only clearly identifies our failure as a country to provide safe supportive care for individuals with IDD, but also demonstrates the nuance and complexity that is lost in many of the trigger laws now in effect after the Dobbs decision.

Individuals with IDD, their families, their children, and their healthcare providers will all be greatly impacted by this legislation. If nothing else, AADMD members and other healthcare providers of all types need to prepare themselves to continue to provide patient-centric, individualized care to patients with IDD. We must reflect and examine the practice changes that need to be adopted to best serve our patients, which will likely vary by state. Both clinicians and legislators should critically examine how ableism impacts the current healthcare landscape and the additional supports and services that need to be in place to serve all patients and parents. We must find ways to acknowledge the inherent dignity and value of individuals with IDD and work to better support their sexual and overall health.

Individuals with IDD deserve the highest quality healthcare, including the full spectrum of reproductive healthcare. The AADMD acknowledges the inherent dignity and value of individuals with IDD. We support actions to advance overall health, reproductive rights and related supportive decisions. Simultaneously, we encourage societal engagement in difficult and nuanced conversations about the complicated and conflicting ways that abortion access affects the disability community throughout the lifespan, beginning with prenatal diagnosis.

#### Resources:

<https://specialolympicsarizona.org/about-sex-education-healthy-relationships/> | [https://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf\\_docs/Sexuality%20Resources%20Biblio%20Format.pdf](https://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/Sexuality%20Resources%20Biblio%20Format.pdf) | [Nevertmi.ca](http://Nevertmi.ca)

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