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The Disparity in Adolescent Contraceptive Access Across the United States and Its Impact on Teenage Birth Rates

Lesley Angel

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Abstract

This study provides an overview of the research conducted on adolescent contraceptive access across the United States and its impact on teenage birth rates. The study aims to investigate the current state of access to contraceptives for adolescents across different states in the US. Access to contraceptives is crucial to adolescent health because it may play a role in preventing teenage pregnancy. Teenage pregnancy is adverse because the significant social and economic expenses associated with it negatively impact both individual families and society. This study's findings reveal a significant disparity in adolescent contraceptive access across the United States, with some states having more accessible and comprehensive contraceptive services than others. This study also found a correlation between contraceptive access and teenage birth rates, with states with more accessible contraceptive services having lower teenage birth rates. Adopting laws similar to that of Massachusetts might serve as a model for federal-wide legislation. The law in Massachusetts explicitly stipulates that individuals of any age have the right to access birth control, ensuring their privacy is fully safeguarded by legal provisions. The implications of this research can be used to inform policy and decision-making in the healthcare industry to reduce teenage birth rates and promote the well-being of adolescents.

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Literature Review

Approximately half of U.S. high school students report having had sexual intercourse at some point in their lives. Around 750 000 adolescents annually become pregnant, with over 80% of these pregnancies occurring unintentionally, demonstrating an urgent need for effective contraception in this demographic (Committee, 2014). As of 2004, roughly 41.2 percent of all pregnancies were accounted for by adolescents aged 15 to 19. (Hamilton,2005)

The increasing recognition of the autonomy of individuals under 18 has allowed for the ability to agree to various sensitive healthcare services. Sexual, reproductive, and mental healthcare has increased for minors. While including parents or guardians in their children's healthcare decisions is ideal, many young people will forego critical services if forced to do so due to various personal circumstances. (Guttmacher Institute, 2019a) In some cases, legislatures restrict permission to select categories of teenagers, such as married, pregnant, or already parents. Parental agreement is not required when treating minors for the following reasons: emancipation, the "mature minor doctrine," federally regulated public health services, and state-regulated public health services (Davis, 2021). Several states lack relevant policy and case law; as a result, physicians frequently administer medical care without a parental agreement to individuals younger than eighteen who feel mature, mainly if the State permits minors to consent to related services (Guttmacher Institute, 2019a). The mature minor rule allows a sufficiently knowledgeable and mature juvenile to comprehend the nature and ramifications of a proposed treatment and consent without consulting or receiving parental permission (Boonstra, 2018). The Supreme Court stated that "mature minors" have more constitutional rights than their immature peers but did not specify how to assess whether an individual minor is "mature" (Ross, 1999). Theoretically, the less an adolescent appears particularly vulnerable, and the more the adolescent

demonstrates an ability to make educated, critical choices, the more they fulfill the criteria of a "mature minor." The second criterion, the capacity to assimilate and analyze information, is crucial for claiming a right to receive ideas because seeking knowledge implies that an individual recognizes the value of education and intends to use the information to make reasonable choices (Ross, 1999). The Supreme Court's acknowledgment of mature minor autonomy rights implies that, to the extent that such rights are guaranteed, minors have rights comparable to those of adults to speech that enables them to make educated decisions (Ross, 1999).

For those under 18, the United States Supreme Court notably affirmed their right to contraception in the 1977 judgment of Population Services International v. Carey (Brennan, 1976). The Supreme Court struck down a New York law restricting contraceptive advertising and presentation to consumers. Additionally, the law prohibited the sale or provision of contraceptives to individuals under 16 and restricted contraceptive dispensing to adults to licensed pharmacists (Brennan, 1976). Justice Powell concluded that the prohibition on the distribution of contraceptives to persons under the age of 16 is unconstitutional because it violates the privacy rights of married females between the ages of 14 and 16 and because it prohibits parents from distributing contraceptives to their children, thus impairing parental interests in rearing children unjustifiably. (Brennan, 1976 Pp. 707-708). Justice Stevens concluded that restricting the distribution of contraceptives to persons under the age of 16 deprives such persons and their parents of a choice that, if available, would reduce exposure to disease or unwanted pregnancy and that the prohibition cannot be justified as a means of discouraging youth from sexual activity (Brennan, 1976, pp. 713-716).

Women, men, and adolescents prefer to visit Title X-funded clinics (such as planned parenthood) over other healthcare providers because of accessibility, positive staff interactions,

affordability, contraception method availability, and confidentiality. (Oglesby, 2014) Title X regulations state that family planning services must be provided without regard to age and that services are confidential, which means teens can receive family planning services in Title X-funded clinics without parental permission. However, the guidelines encourage family participation in decision-making. (Oglesby, 2014) However, the law specifically barred providers from contacting parents anytime care provided with the adolescent's consent, even if the states where they lived did not protect their confidentiality in other settings (Schapiro, 2020).

Furthermore, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains provisions addressing minors' health information privacy (H.H.S., 2022a). However, the HIPAA Privacy Rule does not cover minors' ability or inability to consent to medical treatment, which "addresses access to and disclosure of health information, not the underlying treatment" (H.H.S., 2022b). There is a significant exemption that prohibits disclosure of the minor's records. Access should not be granted to the parent or legal guardian "where the minor consents to care, and parental consent is not needed by State or other applicable law." According to HIPAA, if no applicable state legislation governs parents' rights to access their children's protected health information, doctors (or other licensed health professionals) may use their clinical discretion to grant or refuse parental access to the records. 14 This is possible through meticulously documenting their expert judgment (Committee, 2014). As an outcome, state laws shed light on the rights of minors consenting to hormonal contraception. (H.H.S., 2022c)

Regarding contraceptives, 27 states and the District of Columbia expressly allow all individuals or those of a specific age to consent to contraceptive services. Only limited types of people under the age of 18 are permitted to agree to contraceptive services in 19 states. Four states lack a specific policy or case law (Guttmacher Institute, 2019a). Forty-four states and the

District of Columbia have enacted or implemented legislation or policies allowing minors who abuse drugs or alcohol to consent to confidential counseling and medical care (c, 2018).

All 50 states allow minors to consent to S.T.I. testing and treatment, and 18 states allow providers to notify parents about these visits (Guttmacher Institute, 2019a). However, Texas and Utah prohibit using government funds to offer contraceptive services to minors without parental agreement. Additionally, one State—Iowa—requires notification of parents if their child gets a positive H.I.V. test. Any state officially requires none of these services to obtain parental approval or notice.

Along with laws and regulations allowing minors to consent to particular services, 21 states have enacted legislation allowing minors to consent to general surgical treatment in certain circumstances, such as having children, becoming pregnant, or reaching a certain age (Boonstra, 2018). Nineteen states have some restrictions on minor consent for contraception, and four have no specific guidance on confidential care (Guttmacher Institute, 2019a). Title X clinics have been the only reliable source of confidential care for teenagers living in these states.

Some promoters of required parental involvement argue the differential treatment of abortion and other reproductive health services because terminating a pregnancy is a significant life decision rather than a medical one. (Boonstra 2018). Because terminating an unintended pregnancy can have a substantial long-term effect on a woman's emotional and psychological well-being, they assert, parental advice is critical. However, states let minors make other life-altering choices. Most states allow teenagers to drop out of high school without parental consent, despite the established negative consequences of not having a diploma (Boonstra,2018). Although all states compel students to remain in school until they reach the age of 16 or 17, save

in minimal circumstances, after that age is attained, states generally impose no obstacles to minors leaving. Several states allow minors to marry without parental approval in specific cases, most frequently pregnancy (Boonstra, 2018).

Teenage births are associated with adverse health outcomes; babies are more likely to be born prematurely, have a lower birth weight, and have a higher neonatal mortality rate. (Chen 2007). Teenage mothers are more likely to experience postpartum depression and are less likely to commence breastfeeding (Chen, 2007). The children of adolescent mothers are more likely to become teen parents, known as the intergenerational cycle of teenage childbearing (Hendrick, 2019). The cycle's occurrence is alarming due to the health and socioeconomic difficulty for teen parents and their families connected with teenage childbearing (Jutte, 2010). Children of adolescent mothers are at an increased risk for teenage pregnancy due to a combination of factors: they are more likely to grow up in low-resource environments, with poorer parent-child interactions, and with lower intellectual aptitude than children born to older mothers (Hendrick, 2019). Children of teen mothers are less likely to complete high school and more likely to be unemployed as young adults (Cygan,2020).

The American Academy of Pediatrics (A.A.P.) believes that rules promoting adolescent consent and respecting adolescent privacy are in the best interests of adolescents when it comes to contraception and sexual health care. As a result, best practices include maintaining discretion regarding sexuality and sexually transmitted infections (S.T.I.s) and obtaining underage contraceptive consent (Committee, 2014). It is critical to pay particular attention to minor consent and confidentiality, which would almost certainly increase teenagers' use of ineffective strategies, such as withdrawal or no method (Jones, 2004). Increased contraceptive use appeared to be the vital proximal factor of decreases in teenage pregnancy and birth rates in the United

States between 2007 and 2012. These factors are associated with decreased contraceptive use and increased adolescent pregnancy rates (Reddy, 2002). Adolescents educated on contraception do not experience increased sexual activity, an earlier age of first intercourse, or increased sexual partners (New Hampshire - 2021 - III.E.2.c. State Action Plan - Women/Maternal Health - Annual Report, n.d.) As permitted by law, adolescent contraception should be confidential, with adolescents encouraged to involve parents or trusted adults (Committee, 2014). Efforts to expand teenagers' access to and use of contraception are vital to guarantee that they have the means to avoid pregnancy (Parab, 2010).

Methodology

While the United States teen birth rate has decreased over the last few decades, it is still a serious public health concern. Substantial health and economic dangers to adolescents include premature birth, low birth weight, and infant mortality. Teen pregnancy rates remain elevated in several states. Different states have different legislatures regarding minors' access to obtain birth control. However, the Institute of Medicine has advocated contraception as an essential component of teenage preventive care. The Patient Protection and Affordable Care Act of 2010 mandates copayment-free coverage of preventative treatments, including contraception. Youth confidentiality regarding birth control plays a significant role in their access to contraception. Numerous studies have cited that adolescents will not obtain birth control if they are required to notify a parental figure. As a result, this can lead to unprotected sex and teenage pregnancy. The U.S. has the highest rate of adolescent pregnancy in the developed world. There is also high inaccessibility to adequate services and information regarding birth control during adolescence. (Fisher, 2020). State regulations may function as a considerable impediment to providing

relevant and suitable information (Fisher, 2020). Stricter state regulations negatively impact rates of teenage pregnancy. The difficulty for a teen to have access to contraceptive care depends on their particular State's laws. The inability to receive such care may result in teenage pregnancy.

Unplanned pregnancy among teens can have far-reaching effects on young women, their families, and society. Adolescents who become pregnant suffer severe economic difficulties (Todd, 2020). Adolescents at a higher risk of unwanted pregnancy include those who live in poverty, have limited education and career possibilities, and are members of marginalized groups (Norton, 2017). Teenage mothers are at increased risk for low levels of education and single parenthood after giving birth, raising the possibility that their children will be reared in families with minimal economic and social resources (Coyne, 2013). Childbearing disturbs the development of adolescent mothers and exposes them to social stresses that limit their capacity to parent adequately (Jaffee, 2012). Children from teenage parents are more likely to become teenage parents, known as the intergenerational cycle of adolescent childbearing (Hendrick, 2019).

This study examined state laws related to adolescents' access to birth control, including state restrictions such as age requirements and parental consent. In addition to the restrictions in certain states, this study also looked at whether laws differed if the adolescent was already a parent before a new pregnancy. The political affiliation of the legislative at the time laws were passed was also studied to determine whether political affiliations were related to the laws passed. Then they would have different rights than adolescents experiencing their first pregnancy. This study also examined teen birth statistics from the Centers for Disease Control (C.D.C.) and Prevention by State and compared them to adolescents' contraceptive access.

According to the United Nations and the World Health Organization (WHO), this study is critical because access to safe, voluntary family planning is a human right. If adolescents do not have access to contraceptives when they engage in sexual activity, they are at risk for teen pregnancy. Policymakers point out that while parental engagement is essential, many teenagers will not seek help if required to inform their parents. According to The American Academy of Pediatrics (A.A.P.), promoting adolescent consent and respecting adolescent privacy is in the best interests of adolescents when it comes to contraception and sexual health care (Braverman et al., 2014). Physicians and teenagers view uncertainty over the confidentiality of health services as a problem. This factor may cause some adolescents to withhold pertinent information or postpone or avoid medical visits. Delay in seeking appropriate care or failure to seek care may result in more short-or severe long-term problems (Eisenberg, 2005).

The legislation of 45 states was examined to determine the conditions under which a minor can acquire contraception. Forty-five states were chosen because a state had a policy concerning teen contraception access. However, the researcher could not find the corresponding law, and it was excluded from the study. These factors include the age at which teenagers can obtain birth control, the requirement for parental approval, and the minor's marital status. The political affiliation of the State's majority in the General Assembly and the year the legislation was passed were identified. The State's House of Representatives official government website was used to define the State's political affliction. The researcher discovered 45 states that fit the study's inclusion requirements. The study's objectives were first to investigate whether states had passed laws governing adolescent access to contraception and second, to examine the legislation's content to see if a minor's right to birth control was protected.

The three states with the highest teen pregnancy birth rates and lowest teen pregnancy birth rates were identified to compare legislative outcomes. A policy analysis of state laws was conducted to see if any legislation addressed protecting adolescent contraceptive rights. The researcher used Guttmacher's Minors' Access to Contraceptive Services as a guide because it contained a list of the current law governing teenagers' access to contraception. Each State's legislation was examined to find laws corresponding to Guttmacher's claims. State-specific adolescent pregnancy pamphlets were studied to obtain information regarding laws safeguarding minors' birth control rights. When a statute relevant to minors and birth control was found, the researcher checked other websites to see if it had been cited elsewhere. In most cases, the state legislative website also indicated the year the law was passed. If a state's legislative decision was unavailable online, the researcher looked through offline archives to find out the year the law was passed and the political orientation of the majority of the General Assembly. If the researcher found the law and year, it was included in the study.

Comparisons were made among states to study differences in the legislation. Factors Things such as how restricted the laws were, the political affiliation of the General Assembly, if adolescents were included in birth control access legislation to contraceptives, what age a person needed to be to access birth control, a teenager's marital status, and the pregnancy status of a teenager. Teenage pregnancy birth rates were then compared to state legislation to determine if stricter laws were associated with higher teen birth rate.

Results

Table 1. States With the Highest Rates of Teen Pregnancy

State	Law Code	Year Enacted	Law	Teenage Pregnancy Rate	Age	Marital status	Parental Consent	If Pregnant	Other/Not Explicit
Mississippi	Miss. Code Ann. § 41-42-7	**2010**	v to any minor who is a parent, or who is married, or who has the consent of his or her parent or legal guardian, or who has been referred for such service by another physician, a clergyman, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of this State or any subdivision there of.	**27.9** per 1,000 teenagers	**14**	Married	Yes	Yes	Must get a referral from a physician
Arkansas	Ark. Code §20-9-602(7)	**2010**	It is recognized and established that, in addition to other authorized persons, any one (1) of the following persons may consent, either orally or otherwise, to any surgical or medical treatment or procedure not prohibited by law that is suggested, recommended, prescribed, or directed by a licensed physician	**27.8** per 1,000 births		No	No	No	
Louisiana	La. R.S. § 40:1065.1	**2011**	Consent to the provision of medical or surgical care or services by a hospital or public clinic, or to the performance of medical or surgical care or services by a physician, licensed to practice A minor may consent to medical care or the administration of medication by a hospital licensed to provide hospital services or by a physician licensed to practice medicine in this State for the purpose of alleviating or reducing pain, discomfort, or distress of and during labor and childbirth. The manner of administration of medications includes but is not limited to intravenous, intramuscular, epidural, and spinal. This consent shall be valid and binding as if the minor had achieved her majority, and it shall not be subject to a later disaffirmance by reason of her minority.	**25.7** per 1,000 births		No	No	No	

			B. The consent of a spouse, parent, guardian, or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize such hospital care or services or medical or surgical care or services, or administration of drugs to be provided by a physician licensed to practice medicine to such a minor.						

Table 2. States With the Lowest Rates of Teen Pregnancy

State	Law code	Year Enacted	Law	Teenage Pregnancy Rate	Age	Marital status	Parental Consent	If Pregnant	Other/Not Explicit
Massachusetts	M.G.L. c. 111, § 24E	**1992**	For the purposes of this section, the term "comprehensive family planning services" shall mean those medical, educational, and social services that assist individuals of childbearing age, including sexually active minors, in determining the number and spacing of their children.	**6.1** per 1,000 births	**ANY**	No	No	No	
New Hampshire			No legislation, rule, or court judgment in New Hampshire expressly	**6.6** per 1,000 births	Mature minor	No	No	No	

			prevents minors from agreeing to these services or expressly mandates parental permission when minors receive these services. In the lack of such a legislation, it is plausible to assume that children who are able to give informed permission may get contraceptive services and pregnancy-related care with their own consent.						
Vermont			Does not have an explicit policy regarding birth control, and teens; many operate under mature minor doctrine. If not married or military.	**7** per 1,000 births		If a minor is married then they do not need permission			

Number of births per 1,000 females aged 15–19
Red – Republican State
Blue – Democratic State

Data summary of legislation from all other states in the study can be found in Appendix A.

The study found that the more obstacles adolescents face to access birth control, the higher a state's teen pregnancy rate. The three states in the U.S. with the lowest teen birth rates were Massachusetts, New Hampshire, and Vermont. In contrast, the three states with the highest birth rates were Mississippi, Arkansas, and Louisiana.

The three highest-ranking states for teen pregnancy were Mississippi, Arkansas, and Louisiana, all located in the southern part of the U.S. in an area known as the "bible belt." The region is well-known for conservatism and is frequently called politically conservative (Monkovic, 2016). Mississippi, Arkansas, and Louisiana had a majority Republican General Assembly when restrictive contraceptive laws were passed. States with a majority Republican General Assembly have passed the most restrictive laws. While the outliner was N.H. having a Republican General Assembly; but not having restrictive laws, they used the mature minor doctrine.

Further analysis of policies for the states with high teen pregnancy rates shows that in Mississippi, they were less frequently used due to the restrictions placed on minors' access to contraceptives. 70.5% of Mississippi high students reported being sexually active last year and did not use a hormonal birth control method before their sexual encounter (C.D.C.,2015 2). 44.2% of students did not use a condom either (C.D.C.,2015 2). This may contribute to Mississippi's poor contraceptive use rates and, as a result, its high teen pregnancy rates, including repeat births to minors.

As seen in Table 1, Massachusetts had the lowest reported rate, 6.1 per 1000 teenagers aged 15 to 19 in the nation in 2020 (C.D.C., 2022). They have a Democratic general assembly and were also Democratic at the time of the bill M.G.L. c. 111, § 24E passing. Massachusetts respects a minor's right to get birth control without involving their legal guardians. There is explicit law regarding using birth control regardless of pregnancy, marital status, or age, and it promises confidentiality for the patient.

Outside of Title X, the Family Planning Program of the Massachusetts Department of Public Health (MDPH) provides services through a broad network of family planning clinics (F.P.C.s). Various organizations, including affiliates of Planned Parenthood, other family planning facilities, hospitals, community health centers, and community action agencies operate the F.P.C.s. Among other services, these safety net organizations offer sliding-scale payments for prescription and nonprescription contraceptives (Dennis, 2012). The MDPH-funded Family Planning Programs are primarily targeted toward residents of Massachusetts who are uninsured and earn less than 300 percent of the federal poverty threshold. The program also covers individuals with any insurance who require confidential care, including adolescents or survivors of violence and residents of low-income households with a health insurance policy that does not cover contraception (Mass 2022). The program also provides other services, such as workshops on reproductive health, sexuality, and S.T.D. and H.I.V. prevention—training and resources for parents, teachers, and health care providers (Mass 2022).

New Hampshire (N.H.) had the second-lowest rate of teen births at 6.6 per 1000 teenagers aged 15 to 19 (C.D.C.) in 2020. N.H. has a majority Republican General Assembly. There is no explicit statute in N.H. permitting adolescents to consent to contraception. However, no clear law also forbids them from doing so or mandating parental approval for contraception. In this case, N.H. operates under the mature minor doctrine.

Since 2012, New Hampshire's Maternal & Child Health (M.C.H.) section has been a Family and Youth Services Bureau's Personal Responsibility Education Program (PREP) grantee. (MCHB, 2021) This initiative is critical to a comprehensive federal strategy to reduce

teen pregnancy and sexually transmitted illnesses. PREP programs use evidence-based preventative methods that the federal government has approved.

The NH Family Planning Program (F.P.P.) can provide confidential adolescent services to adolescents on a sliding fee scale due to the Title X Act, which removes financial barriers for many adolescents seeking assistance. These programs reduce teenage pregnancy by allowing adolescents to freely receive contraceptive methods and counseling. As medically indicated, these confidential services have remained available throughout the COVID-19 epidemic via telemedicine or in-person consultations. (MCHB, 2021) Due to the increased drug usage in the State, the N.H. Family Planning Program (F.P.P.) has collaborated with medication-assisted treatment (M.A.T.) programs to improve referrals to family planning services. The referral process guarantees that people with addiction have access to appropriate family planning contraceptives; this delays pregnancy while undergoing treatment and rehabilitation. This technique promotes an individual's optimal health. It minimizes the risk of newborn abstinence syndrome (N.A.S.) in infants. Referrals are made as needed by N.H. F.P.P. health care providers, and five N.H. F.P.P. family planning clinics offer M.A.T. programs. M.C.H., aware of the connections between substance use, pregnancy, and sexually transmitted infections (S.T.I.), attempt to educate and train its subgrantees and their clinical personnel on this intersectionality. (MCHB, 2021)

Vermont had the third-lowest reported rate, 7 per 1000 teenagers aged 15 to 19 in the nation in 2020 (C.D.C., 2022). Vermont law allows minors to consent to health care in various circumstances. Married minors can get a prescription for birth control without parental guardians' permission. However, Vermont law does not explicitly require parents to consent if the minor is

unmarried. Unemancipated minors can consent to medical care necessary to obtain contraceptive devices and drugs under the United States Supreme Court rulings and mature minor doctrine. Vermont laws do not expressly authorize any groups of minors to consent to health care based on their status. However, minors emancipated by court order are treated as adults capable of consenting to their health treatment. Minors who are married or serving in the military are deemed emancipated. Vermont does not have legislation permitting adolescents to consent to general health care. Still, based on the mature minor doctrine, they should be able to (English, 2010). To determine whether informed consent from a minor is sufficient, healthcare practitioners carefully consider whether the minor understands the nature and dangers of the proposed treatment and can make an educated, rational decision (Vermont 2018). When making such an assessment, the following elements should are considered: the minor's age, competence, experience, education, maturity level, behavior, and demeanor (Vermont 2018).

Another factor that may influence the low rate of teen births may be that, in 2016, Vermont passed the Vermont Access to Birth Control Law. Under the new law, patients can receive 12 months of birth control pills, patches, or the ring in one visit to their healthcare provider. It does not require patients to be 18 years old (V.S.A. § 4099c).

Alternatively, Mississippi had the highest incidence of teenage birth, 27.9 per 1,000 teenagers aged 15 to 19 in 2020 (C.D.C., 2022). Numerous studies have recently placed Mississippi in the top three states for teenage births. In 2012, it had the third-highest teen birth rate in the United States (NCSL 2015). In 2015, Mississippi ranked second nationwide for teen childbearing (Martin, 2017). Mississippi has a Republican General Assembly, which also was Republican at the time of Miss. Code Ann.§ 41-42-7 passing. The legislature is one of the

strictest for a minor to access birth control. Adolescents must notify their guardians first. However, they may bypass their parents if they are married/already a parent or if referred by a physician, clergyman, a family planning clinic, a school, or a state or local agency (Miss. et al.. § 41-42-7.).

Arkansas had the second-highest recorded incidence of teenage births, 27.8 per 1,000 teenagers aged 15 to 19 in 2020 (C.D.C., 2022). c(7) allows female adolescents to agree to contraceptive services, as it falls under pregnancy and childbirth unless it serves to interrupt an already existing pregnancy. The law was passed in 2010 by a Republican General Assembly. While teenagers did have access to contraception legally, their privacy was not protected in all circumstances. According to Ark. Code §20-9-602(7), parental agreement for contraceptive services and distribution of condoms must be precise, in writing, and retained in the student's health records when received from a school-based clinic.

Louisiana had the third-highest rate of teenage births, 25.7 per 1,000 teenagers aged 15 to 19 in 2020 (C.D.C., 2022). La. RS 1079.1 was passed in 2015 by a Republican General Assembly. Minors are permitted to consent to health care in various circumstances under Louisiana law. Minors who have attained emancipation, including married and divorced minors, have acquired all of the rights of the majority and may thus consent to their health care. Louisiana generally permits children to consent to medical or surgical treatment or services for any condition or disease. Although Louisiana does not have a specific law authorizing minors to consent to family planning or contraceptive care, the only place that can authorize minors to consent to contraceptive usage are facilities receiving federal Title X funds or when Medicaid covers services. However, this applies to all fifty states (English, 2010), so it is not unique to

Louisiana, meaning Louisiana does not grant minors the right to birth control or guarantee privacy. Many use Bill La. RS 1079.1 to justify consent to contraception without their parent's consent outside of Title X facilities. However, the healthcare professional has the discretion to disclose or withhold information from the parent regarding the medical treatment of the teenager. Louisiana is a jurisdiction where the assurance of privacy for minors is not ensured.

Discussion

This study showed that states with the highest teen pregnancy rate also had the most restrictive laws that did not value adolescents' confidentiality. These states have impediments to adolescents' access to contraception. In these states, teenagers can only agree to their healthcare once they reach a particular age, have already married, or have become parents. Other variables include they can only consent to select forms of sensitive healthcare within reproductive health and sexually transmitted diseases (S.T.D.s). There are also multiple variations in protecting adolescent privacy and confidentiality among these states. These states' laws are in stark contrast to data that suggests that teenagers are more likely to seek health treatment for potentially sensitive topics such as sexuality if they can offer authorization and have confidence in the confidentiality of their health records. Ultimately this may be one of the reasons why teenage pregnancy is rampant in states that disregard privacy.

State rules regarding the capacity to share confidential health information with a parent or guardian may vary, and this creates a situation where an adolescent patient who consents to private, confidential care in one State may cross state lines and discover that the information is no longer protected and may be disclosed to the parent. Inconsistent privacy protection produces inequitable care and may lead to privacy breaches that place the child in potentially dangerous

situations. Through research and medical consensus, medical associations have developed best practices for adolescent care; nonetheless, practitioners must comply with various state laws. Instead of governments and politicians, healthcare providers should determine adolescent privacy and confidentiality standards.

The states with the highest teen birth rates were Mississippi, Arkansas, and Louisiana; all three states were located in the southern United States and are known to have more conservative laws and politicians. All three states have a majority Republican General Assembly when laws related to adolescent birth control usage were passed and share one characteristic: a lack of comprehensive sexual education in educational settings. Mississippi is ranked the highest in teen birth rates. It requires public schools to implement an "abstinence-only" or "abstinence-plus" curriculum. Abstinence-only means that schools can teach about deferring sexual activity until marriage or teach that model in conjunction with information about contraception and sexually transmitted illnesses. Additionally, all its school districts must apply the following: separation of boys and girls to impart sex education materials, parental consent for their child's participation, and a prohibition of physical demonstrations of contraceptive techniques such as condoms.

Except for H.I.V. education, Arkansas public schools are not required to provide sexual education. According to Arkansas Code section 6-18-703, If schools offer sex education, the curriculum must incorporate abstinence-based prevention measures. Current curricula are not held to any standards to ensure the information supplied is medically sound, age-appropriate, culturally suitable, unbiased, or does not promote religion.

Alabama is another state in the bible belt that has maintained a high adolescent birth rate. Sexual education is not mandated in Alabama public schools. If public schools in the State

choose to teach sexual education, the curriculum must emphasize abstinence. The coursework emphasizes "self-control" and "ethical behavior" concerning sexual behavior. Alabama is mandated by recent legislation to update sexual education documents to conform to current medical guidelines. It is a significant victory for health advocates and a step toward providing Alabama with a complete sexual education.

New Hampshire is the anomaly of the three lowest-ranking states because it is a majority Republican General Assembly. However, what sets them apart from the southern states is that they do not force abstinence-only education but let individual school departments decide what kind of sex education to teach.

Limitations

The scope of this study is confined to a superficial examination of state laws. Limitations of this study include that only three of the lowest-ranking and highest-ranking states were compared, and only 45 states out of the 50 U.S. states were included. This study did not comprehensively analyze each State's legal interpretations; instead, it aimed to emphasize the diversity of consent and confidentiality regulations fundamental to state legislation. Developing a concise overview of privacy policies could have been improved by the complexities of interpreting the specifics of state regulations, which may have led to variations in interpretations. Another limitation of this study is that it only considers the most recently revised statute, not the previous amendments or the original law when it was passed.

Conclusion

Although adolescent pregnancy rates have decreased in recent decades, the United States has one of the highest rates in the industrialized world. Most recent data from the C.D.C. show that the birth rate for teenagers ages 15–19 is 14.4 births per 1,000 births (C.D.C., 2022). Policies have been suggested that teen contraception, protecting confidentiality, and support for teens can help reduce rates of teen pregnancy. Adolescents have been known not to seek care if needing to obtain their parent's permission when it comes to sexual matters, in turn leading to unprotected sex, resulting in teenage pregnancy.

As shown by this study, fewer teenagers are getting pregnant when they are in a state with confidential access to birth control. The U.S. has varied state legislation regarding adolescent access to birth control, and it has been shown that there may be a positive relationship between a law guaranteeing the right to contraception for all, regardless of age.

While Carey v. Population Services International, a 1977 Supreme Court decision, upheld the constitutional right to privacy for minors to acquire contraceptives in all states, it also recognized that, while parental engagement is desired, minors will continue to engage in sexual activity but will not seek help if required to inform their parents. There needs to be federal legislation guaranteeing the right to obtain contraception for any person who wishes to do so. Bill H.R.8373, known as the Right to Contraception Act, has passed the House and is on its way to the Senate. H.R.8373 gives the right under federal law to purchase and use contraceptives. In addition, it would confirm the right of health care professionals to administer contraceptives and permit the Justice Department and companies injured by contraception limitations to seek court enforcement of the right. The bill mentions The United Nations Population Fund and its stance regarding the right to contraception, as it has been repeatedly recognized internationally as a

human right. It also mentions the Carey v. Population Services International case regarding the use of contraceptives by minors. The bill passed the U.S. Congress's House of Representatives on July 21, 2022.

One-way adolescent access to contraceptives can be improved can be by enhancing comprehensive sexual education in schools. According to the American College of Obstetricians and Gynecologists, comprehensive sexual education should be medically accurate, evidence-based, and age-appropriate. (Comprehensive Sexuality Education, n.d.) It should include the benefits of postponing sexual intercourse, offering information about reproductive development, all contraception methods, and barrier protection to prevent S.T.I.s. Additionally, it should incorporate the benefits of delaying intercourse. (Comprehensive Sexuality Education, n.d.)

Another way would be encouraging primary care settings to give rapid access to as many contraceptive alternatives as possible. This would expand access to contraception without informing parental figures, as per A.A.P.'s recommendation. Teenagers will engage in intercourse, regardless of the home state or their guardian's approval, so it is in the best interest of their futures to do everything possible to avoid teenage pregnancy.

This study found significant state-by-state variation in regulations concerning consent for teenagers. There were no states with similar policies for all services analyzed. Each State had different variables regarding what age and condition an adolescent can be, such as already a parent or married. Medical organizations such as The American Academy of Pediatrics (A.A.P.) have prioritized providing confidential treatment to teenage patients; nevertheless, standards are constrained by the requirement to comply with state laws and regulations. Many states do not reflect skilled pediatric care standards. This discrepancy impedes operationalizing a uniform and

fair experience in providing evidence-based medical care to adolescents and protecting their privacy. This study showed that the states that do not embrace respective teenage contraceptive and confidentiality standards have the lowest teen birth rates. The most restrictive states ended up having the highest rates of teen pregnancies.

The impact that teen pregnancy has on adolescents is negative. Teenage parents are more likely to experience and stay in the cycle of poverty due to a lack of higher education and limited career opportunities. Teenage parents are more likely to become single parents. Children of teen pregnancies are more likely to become teen parents themselves, contributing to a never-ending cycle. Babies born to teen mothers are more likely to experience health problems at birth.

Numerous other studies have discovered that measures relating to access to and use of family planning services and contraception are associated with reduced teen birth rates at the state level. These include teen clinic enrollment, minors' access to contraception, conscience legislation, and spending on family planning (Beltz,2015). Comprehensive sex education in schools has been shown to reduce sexual activity significantly, the number of sexual partners, unprotected sexual activity, the frequency of sexually transmitted illnesses, pregnancies, and contraception (America 2022).

Massachusetts has the lowest teen pregnancy rate in the U.S. because their legislation M.G.L. c. 111, § 24E clearly states that anyone who wishes to obtain birth control regardless of age can do so while assuring confidentiality and shall protect the privacy of anyone who does, including minors. Massachusetts follows what the A.A.P. recommends for their teenage patients: the right to consent to birth control without involving another party, such as their parental guardians, protecting their privacy.

Ideally, the United States should consider adopting Massachusetts Law M.G.L. c. 111, 24E as a mandatory federal law. If that happens, the United States will have consistent legislation in which adolescents, regardless of the circumstances highlighted in this study, will have their privacy safeguarded and their contraceptive rights secured regardless of the State in which they live. A nationally required law that grants teenagers protected rights regardless of their sexual health will significantly reduce teen birth rates in the United States. Adolescent birth rates are lowest in states with the most autonomy, as seen by their low adolescent birth rates.

Further Research

Further research should also consider how the upcoming "Pharmacy access" laws will affect access to birth control for minors. "Pharmacy access" legislation allows pharmacists to prescribe contraceptives, improving availability and affordability by removing the need for a separate visit to a healthcare professional to acquire a prescription. Notably, pharmacist-prescribed contraceptives have been demonstrated to be both safe and effective. In 2016, states began enacting laws governing drugstore access to contraceptives. Generally, these rules enable anybody to get contraceptive care at a drugstore; however, some prohibit or restrict access for individuals aged 17 or younger. Currently, 17 states allow pharmacists to provide contraceptive care, and eight states prohibit or limit pharmacist prescribing for patients who are 17 years old or younger.

Other future research topics can include sex education variation, the psychology of intergenerational teen parents, and single parenthood and its effects on teen parenthood.

APPENDIX A

All states evaluated in the study below

State	Law Code / Source	Year Enacted	Law (s)	Teenage Pregnancy Rate	Age	Marital status	Parental Consent	If Pregnant	Other/Not Explicit
Alabama	Ala. Code, §§ 22-8-4, -5 Alabama Code Title 22. Health, Mental Health, and Environmental Control § 22-8-4	**1971** Acts 1971, No. 2281, p. 3681, §1.)	Any minor who is 14 years of age or older, or has graduated from high school, or is married, or having been married is divorced or is pregnant may give effective consent to any legally authorized medical, dental, health or mental health services for himself or herself, and the consent of no other person shall be necessary.	**24.8**	**14**	If minor has **graduated from high schoo**l, or is **married, or having been married** is **divorced**	Parental consent is required if prerequisites are not met **before age of 14 for c**ontraceptive services UNLESS AT A TITLE X FACILTY	**Yes**	
Alaska	ALASKA STAT. § 25.20.025 (2012). EXAMINATION AND TREATMENT OF MINORS	**2012**	A minor may give consent for diagnosis, prevention or treatment of pregnancy, and for diagnosis and treatment of venereal disease;	**17.7**	**ANY**	**DOES NOT MATTER**	**NOT NEEDED**		
Arkansas	A.R.K. CODE ANN. §20-16-508 (2012). CONSENT BY MINOR	**2012**	The consent of a spouse, parent, guardian, or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize hospital care or services or medical or surgical care or services to be provided to the minor by a physician licensed to practice medicine.	**27.8**	**ANY**	DOES NOT MATTER	NOT NEEDED		

California	C.A.L. F.A.M. CODE § 6925 (2012). PREVENTION OR TREATMENT OF PREGNANCY	**2012**	A minor may consent to medical care related to the prevention or treatment of pregnancy	**11**	**ANY**	DOES NOT MATTER	NOT NEEDED		
Colorado	Colo. Rev. Stat. § 25-6-102(1)	**2016** Colorado Revised Statutes Title 25 - Public Health and Environment Family Planning Article 6 - Family Planning Part 1 - Family Planning § 25-6-102. Policy, authority, and prohibitions against restrictions	1) a]ll medically acceptable contraceptive procedures, supplies, and information shall be readily and practically available to each person desirous of the same regardless of sex, sexual orientation, race, color, creed, religion, disability, age, income, number of children, marital status, citizenship, national origin, ancestry, or motive.	**12.5**	**ANY**	DOES NOT MATTER	NOT NEEDED		
Connecticut	CONN. GEN. STAT. § 19A-285 (2012). CONSENT BY MINOR TO MEDICAL, DENTAL, HEALTH OR HOSPITAL SERVICES FOR CHILD	**2012**	Any minor who has been married or who has borne a child may give effective consent to medical, dental, health and hospital services for his or her child.	**7.6**	**NONE**	Cannot consent unless **MARRIED**			

Delaware	DEL. CODE ANN. TIT. 13, § 710 (2012). MINORS' CONSENT TO DIAGNOSTIC AND LAWFUL THERAPEUTIC PROCEDURES RELATING TO CARE AND TREATMENT FOR PREGNANCY OR CONTAGIOUS DISEASES	**2012**	Consent so given by a minor 12 years of age or over shall, notwithstanding his or her minority, be valid and legally effective for all purposes, regardless of whether such minor's profession of pregnancy or contagious disease is subsequently medically confirmed, and shall be binding upon such minor, his or her parents, legal guardians, spouse, heirs, executors and administrators as effectively as if the minor were of full legal age at the time of giving of the consent. A minor giving the consent shall be deemed to have the same legal capacity to act and the same legal obligations with regard to giving consent as if the minor were of full legal age. Consent so given shall not be subject to later disaffirmance by reason of such minority; and the consent of no other person or court shall be necessary for the performance of the diagnostic and lawful therapeutic procedures, medical or surgical care and treatment rendered such minor.	**14.6**	**12**	DOES NOT MATTER	NOT NEEDED		

Florida	Florida XXIX Chapter 381 PUBLIC HEALTH: GENERAL PROVISIONS 381.0051 Family planning.	**2021**	(4) MINORS; PROVISION OF MATERNAL HEALTH AND CONTRACEPTIVE INFORMATION AND SERVICES.— (a) Maternal health and contraceptive information and services of a nonsurgical nature may be rendered to any minor by persons licensed to practice medicine under the provisions of chapter 458 or chapter 459, as well as by the Department of Health through its family planning program, provided the minor: 1. Is married; 2. Is a parent; 3. Is pregnant; 4. Has the consent of a parent or legal guardian; or 5. May, in the opinion of the physician, suffer probable health hazards if such services are not provided.	**15.2**		Married	Pregnant	Required	
Georgia	Georgia Code § 31-9-2	**2020**	Under Georgia law, any female may give consent for treatment, regardless of her age, for treatment related to pregnancy, birth control (contraceptive care, prescriptions, and counseling), or child birth	**18.2**	**ANY**	DOES NOT MATTER	NOT NEEDED		

Hawaii	HB2076 HD2	**2006**	Currently in this State, youth aged fourteen and older may consent to family planning and contraceptive care, pregnancy-related care, and treatment for sexually transmitted diseases.	**13**	**14**	DOES NOT MATTER	NOT NEEDED		
Idaho	I.C. § 39-3801	**1971**	9-3801. INFECTIOUS, CONTAGIOUS, OR COMMUNICABLE DISEASE — MEDICAL TREATMENT OF MINOR 14 YEARS OF AGE OR OLDER — CONSENT OF PARENTS OR GUARDIAN UNNECESSARY. Notwithstanding any other provision of law, a minor fourteen (14) years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law, or regulation adopted pursuant to law, to be reported to the local health officer. Such consent shall not be subject to disaffirmance because of minority.	**14.6**	**14**	DOES NOT MATTER	NOT NEEDED		

			The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.						
Illinois	410 ILL. COMP. STAT. ANN. 210/1 (2012). CONSENT BY MINOR	**2012**	§ 1. Consent by minor. The consent to the performance of a medical or surgical procedure by a physician licensed to practice medicine and surgery executed by a married 48 person who is a minor, by a parent who is a minor, by a pregnant woman who is a minor, or by any person 18 years of age or older, is not voidable because of such minority, and, for such purpose, a married person who is a minor, a parent who is a minor, a pregnant woman who is a minor, or any person 18 years of age or older, is deemed to have the same legal capacity to act and has the same powers and obligations as has a person of legal age.	**13.6**		Married	Pregnant	Yes	Must get referral from physician

Indiana	ND. CODE ANN. § 16-36-1-3 (2012). CONSENT TO OWN HEALTH CARE; MINORS	**2012**	(a) Except as provided in subsections (b) through (d), unless incapable of consenting under section 4 of this chapter, an individual may consent to the individual's own health care if the individual is: (1) an adult; or (2) a minor and: (A) is emancipated; (B) is: (i) at least fourteen (14) years of age; (ii) not dependent on a parent for support; (iii) living apart from the minor's parents or from an individual in loco parentis; and (iv) managing the minor's own affairs; (C) is or has been married; (D) is in the military service of the United States; or (E) is authorized to consent to the health care by any other statute.	**18.7**		MUST BE MARRIED if under 18. Or not dependent on a parent for support	Required		
Iowa	IOWA CODE § 139A.35 (2012). MINORS	**2012**	A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician	**13.3**	**ANY**	Does not Matter	Not needed		

			assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.						
Kanasas	KS Stat §§ 38-109, 38-123, 38-2316	Amended 2006,		**18.1**	**16**				
Kentucky	Kentucky Revised Statutes **Title XVIII. Public Health § 214.185.**	Amended 2021	Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, or substance use disorder and may advise, prescribe for, and treat such minor regarding venereal disease, substance use disorder, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient.	**23.8**	**ANY**	Does not matter	NOT NEEDED BUT The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, informing the parent or guardian would benefit the health of the minor patient.		

			Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.						
Maine	Sec. 2. 22 MRSA §1901 § 1901. Legislative intent	1973, c. 624, §1 (NEW). PL 2019, c. 236, §2 (AMD). AMENDED IN 2019	The Legislature finds that family planning services are not sufficiently available as a practical matter to many persons in this State, that unwanted pregnancy may place severe medical, emotional, social and economic burdens on the family unit and that it is desirable that inhibitions and restrictions to the delivery of family planning services be reduced so that all persons desiring and needing such services have ready and practicable access to the services in appropriate settings sensitive to persons' needs and beliefs. The Legislature therefore declares that it is consistent with public policy to make available comprehensive medical knowledge, assistance and services relating to family planning.	**10.6**	**ANY**	Does not matter	Parental notification. A health care practitioner or health care provider may notify the parent or guardian of a minor who has sought health care under this chapter if, in the judgment of the practitioner or provider, failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the practitioner's or provider's ability to provide treatment.		

Maryland	MD. CODE ANN., HEALTH—GEN. § 20-102 (2012). CONSENT TO MEDICAL TREATMENT BY MINOR	**2012**	(b) A minor has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual. Substance abuse, sexual health treatment (c) A minor has the same capacity as an adult to consent to: (1) Treatment for or advice about drug abuse; (2) Treatment for or advice about alcoholism; (3) Treatment for or advice about venereal disease; (4) Treatment for or advice about pregnancy; (5) Treatment for or advice about contraception other than sterilization; (6) Physical examination and treatment of injuries from an alleged rape or sexual offense; (7) Physical examination to obtain evidence of an alleged rape or sexual offense; and (8) Initial medical screening and physical examination on and after admission of the minor into a detention center.	**13.1**	**ANY**	Does not matter	Not needed		

Massachusetts *** MDPH-funded Family Planning Programs Family Planning Programs provide education and outreach as well as clinical and clinical wraparound services. Priority populations in Massachusetts, including adolescents and low-income residents, can access to low- or no cost sexual and reproductive information and health care. **NOT TITLE-X**	M.G.L. c. 111, § 24E	**1992**	For the purposes of this section, the term "comprehensive family planning services" shall mean those medical, educational, and social services that assist individuals of childbearing age, including sexually active minors, in determining the number and spacing of their children.	**6.1**	**ANY**	Does not Matter	Not Needed		
Michigan	MI Comp L §§ 330.1707, 333.5127, 333.5133, 333.9132, 722.623	Am. 1995,	minor 14 years of age or older may request and receive mental health services and a mental health professional may provide mental health services, on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs, without the consent or knowledge of the minor's parent, guardian, or person	**13.5**	**14**				

			in loco parentis. Except as otherwise provided in this section, the minor's parent, guardian, or person in loco parentis shall not be informed of the services without the consent of the minor unless the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to another individual,						
Minnesota	MINN. STAT. § 144.343 (2012). PREGNANCY, VENEREAL DISEASE, ALCOHOL OR DRUG ABUSE, ABORTION	**2012**	Subdivision 1. Minor's consent valid. Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.	**9.1**	**ANY**	Does not matter	Not needed		
Mississippi	Miss. Code Ann. § 41-42-7	2010	Contraceptive supplies and information may be furnished by physicians to any minor who is a parent, or who is married, or who has the consent of his or her parent or legal guardian, or who has been referred for such service by another physician, a clergyman, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of	**27.9**		Married	Pregnant		Must get a referral from a physician

			this State or any subdivision thereof.						
Missouri	431.061	Amended in 2014	431.061. Consent to surgical or medical treatment, who may give, when. — 1. In addition to such other persons as may be so authorized and empowered, any one of the following persons if otherwise competent to contract, is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law: (1) Any adult eighteen years of age or older for himself; (2) Any parent for his minor child in his legal custody; (3) Any minor who has been lawfully married and any minor parent or legal custodian of a child for himself, his child and any child in his legal custody; (4) Any minor for himself in case of: (a) Pregnancy, but excluding abortions;	**18.8**		Married			

			(b) Venereal disease;						
Nebraska	NE Code § 43-2101 (2018)	2018	43-2101. Persons under nineteen years of age declared minors; marriage, effect; person eighteen years of age or older; rights and responsibility. (1) All persons under nineteen years of age are declared to be minors, but in case any person marries under the age of nineteen years, his or her minority ends.	**15.1**		Married			
Nevada	N.E.V. R.E.V. STAT. ANN. § 129.030 (2012). CONSENT FOR EXAMINATION AND TREATMENT	2012	1. Except as otherwise provided in N.R.S. 450B.525, a minor may give consent for the services provided in subsection 2 for himself or herself or for his or her child, if the minor is: (a) Living apart from his or her parents or legal guardian, with or without the consent of the parent, parents or legal guardian, and has so lived for a period of at least 4 months; (b) Married or has been married; (c) A mother, or has borne a child; or 79 (d) In a physician's judgment, in danger of suffering a	**16.8**		Married		Must be a mother/ have been pregnant at some point	

			serious health hazard if health care services are not provided.						
New Hampshire	E.g., Cardwell v. Bechtol, 724 S.W.2d 739 (Tenn., 1987); Younts v. St. Francis Hospital, 469 P.2d 330 (Kan., 1970).		No clear law regarding any age and or status other then relaying on the mature minor doc	**6.6**					Must be a mature minor
New Mexico	N.M. Stat. Ann. § 24-8-5	2019	Neither the State, its local governmental units nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite to the receipt of any requested family planning service except for: A. a requirement of referral to a physician or a physician assistant, advanced practice registered nurse or certified nurse-midwife working within that person's scope of practice when the requested family planning service is something other than	**21.9**	**ANY**	Does not matter	Not needed		

			information about family planning or nonprescription items; B. any requirement imposed by law or regulation as a prerequisite to the receipt of a family planning service; or C. payment for the service when payment is required in the ordinary course of providing the particular service to the person involved.						
New York *** The New York State Department of Health funds 48 agencies in more than 170 sites that provide accessible, confidential reproductive health care services to women, men, and adolescents, especially low-income individuals and those without health insurance. In many cases, services are provided at no charge.	NY Pub Health L § 2599-AA	2019	§ 2599-aa. Policy and purpose. The legislature finds that comprehensive reproductive health care is a fundamental component of every individual's health, privacy and equality. Therefore, it is the policy of the State that: 1. Every individual has the fundamental right to choose or refuse contraception or sterilization. 2. Every individual who becomes pregnant has the fundamental right to choose to carry the pregnancy to term, to give birth to a child, or to have an abortion, pursuant to this article. 3. The State shall not discriminate against, deny, or interfere with the exercise of the rights set forth in	**10**	**ANY**				

			this section in the regulation or provision of benefits, facilities, services or information.						
North Carolina	N.C. GEN. STAT. § 90-21.5 (2012). MINOR'S CONSENT SUFFICIENT FOR CERTAIN MEDICAL HEALTH SERVICES	2012	(a) Any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of 90 (i) venereal disease and other diseases reportable under G.S. 130A-135, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance. This section does not authorize the inducing of an abortion, performance of a sterilization operation, or admission to a 24-hour facility licensed under Article 2 of Chapter 122C of the General Statutes except as provided in G.S. 122C-223. This section does not prohibit the admission of a minor to a treatment facility upon his own written application in an emergency situation	**17.3**	**ANY**	Does not matter	Not needed		

			as authorized by G.S. 122C-223.						
North Dakota				**13.7**					No Explicit Policy
Ohio				**17.6**					No Explicit Policy

Oklahoma	OKLA. STAT. ANN. TIT. 63, § 2602 (2012). RIGHT OF SELF-CONSENT UNDER CERTAIN CONDITIONS--DOCTOR PATIENT PRIVILEGES	2012	A. Notwithstanding any other provision of law, the following minors may consent to have services provided by health professionals in the following cases: 1. Any minor who is married, has a dependent child or is emancipated; 2. Any minor who is separated from his parents or legal guardian for whatever reason and is not supported by his parents or guardian; 3. Any minor who is or has been pregnant, afflicted with any reportable communicable disease, drug and substance abuse or abusive use of alcohol; provided, however, that such self-consent only applies to the prevention, diagnosis and treatment of those conditions specified in this section. Any health professional who accepts the responsibility of providing such health services also assumes the obligation to provide counseling for the minor by a health professional. If the minor is found not to be pregnant nor suffering from a communicable disease nor drug or substance abuse nor abusive use of alcohol, the health professional shall not reveal any information whatsoever to the	**25**		Married	the health professional may, but shall not be required to inform the spouse, parent or legal guardian of the minor of any treatment needed or provided	Pregnant	

			spouse, parent or legal guardian, without the consent of the minor; 4. Any minor parent as to his child; 5. Any spouse of a minor when the minor is unable to give consent by reason of physical or mental incapacity; 6. Any minor who by reason of physical or mental capacity cannot give consent and has no known relatives or legal guardian, if two physicians agree on the health service to be given; or 7. Any minor in need of emergency services for conditions which will endanger his health or life if delay would result by obtaining consent from his spouse, parent or legal guardian; provided, however, that the prescribing of any medicine or device for the prevention of pregnancy shall not be considered such an emergency service						
Oregon	OR. R.E.V. STAT. § 109.640 (2012). RIGHT TO CONSENT TO MEDICAL, DENTAL OR OPTOMETRY TREATMENT WITHOUT PARENTAL CONSENT; BIRTH CONTROL INFORMATION MAY BE PROVIDED TO ANY PERSON	2012	(1) Any physician or nurse practitioner may provide birth control information and services to any person without regard to the age of the person.	**10.1**	**ANY**	Does not matter	Not needed		

Pennsylvania	35 P.A. CONS. STAT. ANN. § 10103 (2012). PREGNANCY, VENEREAL DISEASE AND OTHER REPORTABLE DISEASES	2012	Any minor may give effective consent for medical and health services to determine the presence of or to treat pregnancy, and venereal disease and other diseases reportable under the act of April 23, 1956 (P.L. 1510), known as the "Disease Prevention and Control Law of 1955," and the consent of no other person shall be necessary.	**12.6**	**ANY**	Does not matter	Not needed		
Rhode Island				**9.4**					No Explicit Policy
South Carolina				**19.3**					

South Dakota									
Tennessee	TENN. CODE ANN. § 68-34-107 (2012). CHILDREN AND MINORS	2012	Contraceptive supplies and information may be furnished by physicians to any minor who is pregnant, a parent, or married, or who has the consent of the minor's parent or legal guardian, or who has been referred for such service by another physician, a clergy member, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of this State or any subdivision of the State, or who requests and is in need of birth control procedures, supplies or information	**23.3**	**ANY**	Does not matter	Not needed		
Texas	TEX. F.A.M. CODE ANN. § 32.003 (2012). CONSENT TO TREATMENT BY CHILD	2012	(a) A child may consent to medical, dental, psychological, and surgical treatment for the child by a licensed physician or dentist if the child: (1) is on active duty with the armed services of the United States of America; (A) 16 years of age or older and resides separate and apart from the child's parents,	**22.4**		Married	Required		

			managing conservator, or guardian, with or without the consent of the parents, managing conservator, or guardian and regardless of the duration of the residence; and (B) managing the child's own financial affairs, regardless of the source of the income; (3) consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and Safety Code; (4) is unmarried and pregnant and consents to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy;						
Utah	U.C.A. § 26-10-9	CANNOT FIND DATE	(1) This section: (a) is not intended to interfere with the integrity of the family or to minimize the rights of parents or children; and (b) applies to a minor, who at the time care is sought is: (i) married or has been married; (ii) emancipated as provided for in Section 78A-6-805; (iii) a parent with	**10.8**		Married			

			custody of a minor child; or (iv) pregnant.						
Vermont			Does not have an explicit policy regarding birth control, and teens; many operate under mature minor doctrine. If not married or military.	**7**		Married			
Virginia	§ 54.1-2969(K)	2012	B. Whenever the consent of the parent or guardian of any minor who is in need of surgical or medical treatment is unobtainable because such parent or guardian is not a resident of the Commonwealth or his whereabouts is unknown or he cannot be consulted with promptness reasonable under the circumstances, authority commensurate with that of a parent in like cases is conferred, for the purpose of giving consent to such surgical or medical treatment, upon judges of juvenile and domestic	**13.11**	**ANY**				

			relations district courts.						
Washington	RCW 9.02.100	1991	The sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions. Accordingly, it is the public policy of the State of Washington that: (1) Every individual has the fundamental right to choose or refuse birth control; (2) Every woman has the fundamental right to choose or refuse to have an abortion, except as specifically limited by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902; (3) Except as specifically permitted by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902, the State shall not deny or interfere with a woman's fundamental right to choose or refuse to have an abortion; and (4) The State shall not discriminate against the exercise of these rights in the	**11.3**	**ANY**	Does not matter	Not needed		

			regulation or provision of benefits, facilities, services, or information						
West Virgina	WV Code §§ 16-4-10, 27-4-1,60A-5-504		Judicial opinion supports consent rights for all minors with capacity	**22.5**		Married minors and those who demonstrate maturity as determined by physician may consent			
Wisconsin			Does not have a law forbaining	**11.5**					No explicit law

Wyoming	Wyo. Stat. § 42-5-102	2010	(a) The department of health may provide and pay for family planning and birth control information and services including interviews with trained personnel, distribution of literature, referral to a licensed physician for consultation, examination, tests, medical treatment and prescription and to the extent prescribed, the distribution of rhythm charts, drugs, medical preparation, contraceptive devices and similar products, to any person who may benefit from this information and these services. Information and services shall be provided in a language understood by the recipient. (b) Any medical service shall be performed by a licensed physician. (c) The right to receive public assistance and social services or any other public benefit shall not be affected by a refusal to accept family planning and birth control services. Each person offered family planning and birth control services shall be advised of this subsection both	**18.1**	**ANY**	Does not matter	Not needed		

			orally and in writing. (d) Any person may refuse to accept the duty of offering family planning and birth control services to the extent the duty is contrary to his personal or religious beliefs. The refusal shall not be grounds for: (i) Any disciplinary action; (ii) Dismissal; (iii) Any departmental transfer; (iv) Any other discrimination in employment; (v) Suspension from employment; or (vi) Any loss in pay or other benefits. 42-5-102. Statutory interpretation. (a) Nothing in W.S. 42-5-101 shall be interpreted to: (i) Interfere with a person's religious beliefs; (ii) In any way abridge the right to accept or refuse family planning and birth control services; (iii) Impose practices offensive to a person's moral standards; or (iv) Restrict self-determination in the procreation of children.						

Number of births per 1,000 females aged 15–19
Red – Republican State
Blue – Democratic State

CITATIONS

8 V.S.A. § 4099c

42 U.S.C. § 1396a(a)(7)

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