



SB 1309/SCR 1048– Minors’ Privacy

Fact Sheet

Background

Both SCR 1048 and SB 1309 seek to limit a minor’s access to preventive health care and information that is currently already available to them. While we hope that teens will discuss their medical choices with their parents, no teen’s life or health should be at risk if they are unable or unwilling to get their parent’s consent. States have recognized this fact, including Arizona, where minors are allowed confidential access to Sexually Transmitted Infection (STI) testing and treatment, family planning and contraceptives. This bill would make Arizona the **only state** in the nation to prevent minors under the age of 18 from confidentially accessing STI testing and treatment.

When examining the practical outcomes of this resolution and bill, it is the end result that must be most closely considered. Currently, Arizona has the third highest teen pregnancy rate in the nation and **nearly 50 15-19 year olds become pregnant every day in Arizona**. 25% of Arizona’s young people currently have an STI and those numbers are growing. Access to prevention care and information will assist in decreasing this statistic, as well as the high rate of STIs.

Regarding reproductive health care, this bill would prevent minors under the age of 18 from confidentially accessing birth control and STI testing and treatment. Parents will have full access to review all medical records and the ability to prevent teens from accessing confidential care.

Restricting access to birth control and STI treatment will only increase the rate of unintended pregnancies, the rate of abortions, and the spread of infectious diseases. While we hope that teens will discuss their medical choices with their parents, no teen’s life or health should be risked if they are unable or unwilling to get their parent’s consent. All parents want their children to be safe and this bill puts them in danger.

Regarding sexuality education, currently, state law requires parental consent in order for students to take part in sexuality education. In fact, **Arizona is one of only three states that require this level of parental consent**. This bill strips the authority of the State Board of Education to regulate lessons regarding sex education (§15-711ⁱ or §15-716ⁱⁱ) or any rules adopted by the State Board of Education; the law would prohibit a school district from providing sex education unless the student’s parent provides written permission, regardless of rules set forth by the board.

In the U.S., all 50 states allow minors to consent to testing and treatment for sexually transmitted infections (STIs), and many explicitly include testing and treatment of HIV. The public health interest in such confidential treatment is overwhelming, as without confidentiality, minors will be reluctant to seek care and harm will result both to their own health and to others with whom they have sexual contact.

Sexuality Education

The Guttmacher Institute reports that most states require that the public schools teach some form of sexuality or STI/HIV education. Affecting whether students receive instruction on sexuality or STIs/HIV, are parental consent requirements or the more frequent “opt-in” clauses, which allow parents to remove students from instruction they may find objectionable.

Arizona already allows parents to opt out of any educational material or curriculum and the State Board of Education has an opt-in consent rule related to sexuality education which school districts are required to comply with.

Contraceptives/Prescriptions

The Supreme Court decision, *Carey v. Population Services International (1977)* ruled that there is a constitutionally protected right allowing minors to confidentially access contraceptives. And, under Title X of the Public Health Service Act, teens must be provided with confidential contraceptive services regardless of parental consent. The law also mandates under Title X that “all information as to personal facts, circumstances obtained by the project staff about the individuals receiving services must be held confidential.”ⁱⁱⁱ Requirements for parental consent are likely to deter minors from obtaining contraception, leading to more unplanned pregnancies and sexually transmitted infections.

- Of the 3.1 million teenage women who use contraceptives, 53% (1.5 million women) rely on the pill and 27% choose condoms as their primary method.^{iv}
- Teenagers (15-19) who do not use a contraceptive when first having sex are twice as likely to become teen mothers as are teenagers who use birth control.
- In 2001, 6.7 million women, including 1.9 million teenagers, received contraceptive services from publicly funded family planning centers in the United States.

STI Testing/Treatment

If passed, Arizona would be the only state in the nation to require parental consent for sexually transmitted infection treatment. This bill would void current Arizona law that allows teens to be treated for sexually transmitted infections without parental consent, putting the teen’s health and safety at risk. Many minors seek out health care with the understanding that what they talk to their provider about is confidential; **parents need to know their sons and daughters can access health care to keep them safe.**

- In 2007, of the following sexually transmitted infections, 10-19 year old Arizonans comprised the following^v:
 - 85.2% of Chlamydia
 - 12.1 % of Gonorrhea
 - 2 % of Herpes
- Among adolescents ages 15-19, males accounted for 20 reported cases of Syphilis compared to 36 females.
- Among adolescents ages 20-24, males accounted for 108 reported cases of Syphilis compared to 66 females.
- Arizona ranks 11th among states for having the highest rate of Chlamydia cases and 13th for Syphilis

Talking Points

- It is preferable for parents and their children to be engaged in dialogue around sexuality and health because these are lifelong topics that are embedded in a family's values and beliefs. While the majority of minors seeking health care enjoy the support of their parents, this is not always the case. Minors may be facing family hardships that prevent them from consulting their parents. In the real world, under this bill, these hardships could block them from receiving the safe health care they need.
- Parents are empowered and able to counsel their children on sexuality and health without the state's intervention.
- This resolution and bill do not focus on what is truly needed for Arizona's youth – prevention and education. In fact, portions of this proposed legislation will take away the prevention care that is available to minors.
- Currently, it is a state rule that parental consent is required in order for a minor to participate in sexuality education curriculum.
- Explicit parental consent requirements related to STI testing and treatment, as well as family planning, is likely to deter minors from obtaining testing, treatment, and contraception, putting their health and safety in jeopardy.
- This resolution and bill will not serve any valid state interest. It would not be more likely to result in parental involvement as minors are likely to forego contraception rather than involve parents.
- A minor should have the right to choose from safe and effective methods of contraception, the method she and her medical provider determine is best for her – without political intervention.

Professional organizations that support confidential services for minors include:

- The American Medical Association
- The American College of Obstetricians and Gynecologists
- The American Academy of Pediatrics
- The American Academy of Family Physicians
- The Society for Adolescent Medicine.

Planned Parenthood believes:

- Open, honest communication between young people and their parents about health is ideal. However, this is not always possible.
- It is our responsibility to provide safe, confidential health care. Requiring parental consent for prescription orders is a violation of privacy that puts our young people at risk.
- Above all, parents want their children to be safe. While we all hope our children would come to us, even in the best of families, teens are afraid of disappointing their parents, and teens sometimes do desperate things.
- We have a responsibility to keep our young people safe even if they feel they can't come to us for whatever reason.

ⁱ School districts include age of consent materials in sex education.

ⁱⁱ Educational guidelines re: AIDS. Some of the requirements of this statute would be in direct conflict with medically accurate comprehensive sex education like §15-716(C)(3): “. No district shall include in its course of study instruction which: Suggests that some methods of sex are safe methods of homosexual sex.”

Subsection F already states: “At the request of a parent, a pupil shall be excused from instruction on the [AIDS and HIV] as provided in subsection A of this section. The school district shall notify all parents of their ability to withdraw their child from the instruction.” In short, there is already a requirement that the school district notify parents that they may opt their children out of HIV/AIDS education.

ⁱⁱⁱ 42 C.F.R. 59.11.

^{iv} Guttmacher Institute, Facts on Contraceptive Use, January 2008

^v Arizona Department of Health Services