



SEFL supports young people's right to consent to and access confidential health services related to:

- emergency medical care
- contraception
- pregnancy related care
- treatment for STIs
- inpatient mental health services
- treatment for drugs and alcohol use

SEFL believes that restricting minors' access to confidential health services will have long term economic costs.

SEFL believes repealing or modifying the current statute that provides minors with confidential health services would jeopardize young people's health and well being.

Why does Minnesota need confidential health services for young people?

Minnesota Statute 144.341-347 guarantees a minor's right to access confidential health care

Confidential Health Services Are Cost Effective

- In Minnesota, a repeal or modification of Minnesota's minor's consent law is **estimated to potentially cost the state \$11 million annually.**¹
The estimate includes the costs associated with the additional pregnancies, births and abortion among minors. Estimates DO NOT include: cost to private payers, sexually transmitted infection testing and treatment for males, neonatal intensive care costs for preterm infants, long-term health costs of infertility due to untreated infections, long-term costs associated with teen pregnancy and continued dependence on government assistance.
- In Texas, state law requires parental consent for minors to receive contraceptives; the estimated annual cost as a consequence to this law is \$43.6 million.²
The estimate is based on pregnancies, births, abortions, and untreated sexually transmitted infections and limited to minors' using publicly funded reproductive health care in 2001.

Confidential Health Services Prevent Adverse Health Consequences

- Without access to confidential health services, it is estimated that **in Minnesota there would be an additional 1,235 teen pregnancies, 888 births and 349 abortions among minors.**¹
- In Wisconsin, a study on the effect of mandatory parental notification found:
 - The majority of minors' currently using the services of reproductive health clinics would stop;
 - Only one of 110 sexually active girls said she would stop having sexual intercourse, and she said she would engage in oral sex instead; and
 - Almost one-third of the girls said they would have unprotected sexual intercourse, while the remainder said they would rely on condoms and/or use withdrawal as a birth control method.³
- The number of births to teens in McHenry County, Illinois increased 24% in the two years after requiring parental consent for minors to receive contraceptives compared to the two previous years.⁴

Minnesota has the fourth lowest teen pregnancy rate in the U.S.

The teen pregnancy rate in Minnesota has declined from 36.9 /1000 in 1980 to a rate of 19.7 in 2003.

The minor's consent law has been in existence in Minnesota since 1971.

While the effect of the minor's consent law on the decline in teen pregnancies is difficult to determine, it is indisputable that the minor's consent law has NOT led to an increase in teen pregnancies in Minnesota.

¹ Potential adverse consequences and estimated economic costs of requiring parental consent in order for minors to access reproductive health services. Minneapolis Department of Health and Family Support Policy and Research Brief, March 31, 2005.

² Franzini L, Marks E, Cromwell PF, et al. Projected economic costs due to health consequences of teenagers' loss of confidentiality in obtaining reproductive health care services in Texas. *Archives of Pediatrics and Adolescent Medicine*, 2004; 158:1140-1146.

³ Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*, 2002; 288:710-714.

⁴ Zavodny M. Fertility and parental consent for minors to receive contraceptives. *American Journal of Public Health*, 2004; 94:1347-1351.

Information adapted from Minneapolis Department of Health and Family Support's Policy and Research Brief, *Potential Adverse Consequences and Estimated Economic Costs of Requiring Parental Consent in Order for Minors to Access Reproductive Health Services*, March 31, 2005. Report available at <http://www.ci.minneapolis.mn.us/dhfs/research-policy/> or 612.673.3948



Sexuality Education for Life-Minnesota is a coalition of educational, religious, health, social service, and advocacy organizations, as well as concerned individuals that promotes lifelong healthy sexuality by advocating for policies on comprehensive sexuality education and access to confidential health care services.

Sexuality Education for Life-Minnesota is coordinated by the Minnesota AIDS Project (MAP) www.mn aidsproject.org and the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP) www.moappp.org For more information on Sexuality Education for Life-Minnesota: www.SexEdforLife.org