F I S C A L I M P A C T R E P O R T

SPONSOR: Komadina DATE TYPED: 02/11/01 HB

SHORT TITLE: Pregnancy Treatment for Minors SB 396

ANALYST: Wilson

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
	NFI				

(Parenthesis ( ) Indicate Expenditure Decreases)

Conflicts with SB 298
Relates to HB 399

SOURCES OF INFORMATION

Health Policy Commission (HPC)

No Response
Department of Health(DOH)

SUMMARY

Synopsis of Bill

SB 396 enacts the Pregnancy Treatment for Minors Act and gives female minors the capacity to consent to prenatal, delivery and postnatal care.

Significant Issues

SB 396 gives health care providers the authority, within the limits of their license, to provide prenatal, delivery, and postnatal care to a female minor.

ADMINISTRATIVE IMPLICATIONS

The DOH will have to send out information about the provisions of SB 396, but since the DOH did not respond it is difficult to estimate the exact burden SB 396 will impose.

CONFLICT/RELATIONSHIP

Conflicts with: SB 298, Parental Notification Act
Relates to: HB 399, Prenatal Services for Uninsured

OTHER SUBSTANTIVE ISSUES

The Health Policy Commission provided the following information

- According to a press conference in February, 2001 by the New Mexico Advocates for Children and Families, New Mexico has the highest rate of births to teen mothers in the US.
- The birth rate for teenage women ages 15-19 in New Mexico was 40% higher than nationally in 1997. There was an average of 75 births a day and 2 out of 11 births were to teen mothers.
- Assuring early initiation of prenatal care (PNC) is an important component of safe motherhood programs, which aim to improve maternal and infant health outcomes. Women who receive delayed (i.e., entry into PNC after the first 12 weeks of pregnancy) or no PNC do not receive timely preventive care or education and are at risk for having undetected complications of pregnancy that can result in severe maternal morbidity and sometimes death.
- Adequate, appropriate prenatal care has been demonstrated to be cost-effective.
- The US Supreme Court has recognized that minors, like adults, have a constitutional right to privacy that guarantees them some measure of autonomy to make decisions about their reproductive health.
- Providers rely on *State v. Koome,* which held that minors have the same constitutional rights as adults, to provide confidential contraceptive services and prenatal care to minors.
- States have traditionally required parental consent before a minor receives medical treatment. Exceptions have long existed, however, including authorization for doctors to treat a minor involved in an emergency. In recent years, states have given teenagers greater authority to make decisions for themselves. Some states have adopted the "mature minor" role, which allows a minor who is sufficiently intelligent and mature to understand the nature and consequences of the treatment to consent without consulting his or her parents or obtaining their permission. States have also passed laws that specifically authorize minors to consent to medical treatment for health care related to substance abuse, mental health, and sexual activity.
- In New Mexico, state laws allow a minor to consent to medical treatment for contraceptive services, STD-HIV/AIDS services, alcohol and/or drug abuse treatment, and outpatient mental health services.
- State laws allowing a minor to consent to medical treatment for prenatal care include: Alabama, Alaska, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, and Virginia.
- Some states give doctors the option of informing parents that their minor son or daughter has received or is seeking contraceptives services, prenatal care or Sexually Transmitted Diseases services, these laws leave the decision whether to inform the parents entirely to the discretion of the physician based on the best interest of the minor.
- States generally require parental consent before a minor receives medical treatment, on the presumption that young people lack the experience and judgment to make fully informed decisions. There have long been exceptions to this rule, however, such as medical emergen-

cies in which there is not time to obtain parental consent, or cases where a minor is "emancipated" by marriage or other circumstances and thus able to make decisions on his or her own behalf.

- Proposals mandating parental involvement in a minor's decision to use contraception run counter to the trend over the last three decades to expand teenagers' authority to make health care decisions for themselves. This trend reflects states' recognition that many minors are capable of making informed decisions about medical care and that confidentiality can be essential to encouraging young people to address sensitive health concerns in a timely fashion. It has also been spurred by U.S. Supreme Court rulings extending the constitutional right to privacy to a minor's decision to obtain contraceptives and the decision to terminate an unwanted pregnancy.
- In some states, courts have adopted the so-called mature minor rule, which allows a minor who is sufficiently intelligent and mature to understand the nature and consequences of a proposed treatment to consent to medical treatment without consulting his or her parents or obtaining their permission.

DW/njw:ar