



Resources on Minor Consent for STI Services

Background: Policy makers are increasingly focused on minors' ability to consent for their own medical services under state law, including the ability for minors to consent to STI services. State legislative sessions emboldened false narratives concerning the need for increased parental involvement in schools, and similar narratives have appeared in healthcare. It's essential that advocates have the information and tools they need to hold their state officials accountable. This resource is geared towards local, state, and national organizations and agencies to strengthen their support for minor consent and includes talking points demonstrating the need for and benefit of the ability for minors to consent for STI testing.

Topline Messages:

- Allowing minors to consent to STI testing is an important public safety issue. Every state allows minors to consent to STI testing and it's a practice that has been affirmed for decades by research and major medical organizations.
- Minor's consent laws do not usurp parents' authority – in fact, most parents still engage in healthcare with their child. These laws offer important protection for minors experiencing sexual abuse by a parent or guardian, or when privacy fears would prevent them from treating a communicable disease they could pass on to others.
- Half of the nation's STIs are in people ages 15-24, and they can cause lifelong health consequences unless they are tested for and treated.
- Privacy concerns are a top reason adolescents skip getting healthcare, even if they need it. Research shows these adolescents continue to engage in sexual activity even if they do not receive the STI testing they need.

Stakeholder Resources:

- Division of HIV Prevention: [Minors' Consent Laws | Law | Policy and Law | HIV/AIDS | CDC](#)
- American Journal of Public Health: [Minor Consent Laws for Sexually Transmitted Infection and Human Immunodeficiency Virus Services in the United States: A Comprehensive, Longitudinal Survey of US State Laws | AJPH | Vol. Issue \(aphapublications.org\)](#)
- [Minor consent policies](#) and [school practices around parental notification for health services](#) (Table 50a or page 187). Policy and practice-oriented:
 - Some states opt to specify a minimum age limit for consenting to services without parental knowledge (a potential middle ground option)



- Consent for services doesn't equate to parents not knowing their children have received services (e.g., in the case of school-provided care, some schools still notify parents of services)

Needs and Benefits:

- [CDC report on how confidentiality affects young people's decisions to seek care](#)
- [American Academy of Pediatrics report on adolescent privacy policies](#) (the introduction and discussion sections as well as the citations may be of particular help)
- [Research letter to JAMA on adolescent privacy policies](#)
- Adolescent Health Initiative pages on [confidential care for adolescents](#) and [parent engagement in adolescent care](#)

Talking points:

1. **“Every state allows minors to consent to STI testing, although age thresholds vary. If <state name> were to eliminate this right, it would be the only state in the union to do so.”**
Note: States are more likely to place restrictions on other types of sexual and reproductive healthcare than they are on STI testing, demonstrating the widely recognized value of easily accessible STI testing.
<https://publications.aap.org/pediatrics/article/149/6/e2021053458/187003/State-by-State-Variability-in-Adolescent-Privacy>
2. **“Decades of research findings have documented the importance of privacy concerns for young people in the adolescent age group...it protects public health, promotes positive health behaviors, avoids negative health outcomes, encourages adolescents to seek needed care, and increases open communication with providers.”** - *Adolescent & Young Adult Health Care in Iowa: A Guide to Understanding Consent and Confidentiality Laws*, March 2019 – Center for Adolescent Health and Law: https://nahic.ucsf.edu/wp-content/uploads/2019/01/Iowa-AYAH-Confidentiality-Guide_Final.pdf
3. **“Research has shown that adolescents value confidentiality and are more likely to seek care and provide honest information when confidentiality protections are implemented.”** - *Confidentiality Matters but How Do We Improve Implementation in Adolescent Sexual and Reproductive Health Care?*, *Journal of Adolescent Health*, 2019. [https://www.jahonline.org/article/S1054-139X\(19\)30192-2/fulltext](https://www.jahonline.org/article/S1054-139X(19)30192-2/fulltext)
4. **“These [minor consent] statutes therefore benefit both minors and clinicians, allowing minors to obtain STI/HIV services without involving their guardians, and enabling clinicians to provide these services to minors without risking**



legal sanctions.” - *Minor Consent Laws for Sexually Transmitted Infection and HIV Services, JAMA, 2022.*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9382446/>

5. **“Research on minor females in family planning clinics over the last few decades has found that less than 5% would stop having sex if parental notification were required for contraception...Additionally, 4% to 14% of teenagers report that they would have unprotected sex...both of these reactions would place teenagers at greater risk for unintended pregnancy and STDs. This concern is supported by research showing that after an Illinois county began requiring parental involvement for minors seeking contraceptive services, the proportion of births to teenagers younger than 19 years in the county increased while it decreased in nearby counties that had similar racial and economic profiles.”** -*Adolescents’ Reports of Parental Knowledge of Adolescents’ Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception, JAMA, 2005.*

Note: Counterargument that parental notification allegedly lowers risk (data is from 2005).

<https://jamanetwork.com/journals/jama/fullarticle/200191>

6. **“Research has shown that young people having autonomy over their health care decisions has positive outcomes for their individual health.”** – *National Coalition of STD Directors*
7. **“The population of U.S. adolescents who forgo health care due to confidentiality concern is particularly vulnerable and in need of health care services. Adolescents who report health risk behaviors, psychological distress and/or unsatisfactory communication with parents have an increased likelihood of citing confidentiality concern as a reason for forgone health care, as compared with adolescents who do not report these factors. Findings of this study suggest that if restrictions to confidentiality are increased, health care use may decrease among adolescents at high risk of adverse health outcomes.”** -*Forgone Health Care among U.S. Adolescents: Associations between Risk Characteristics and Confidentiality Concern, Journal of Adolescent Health, 2007*

Note: risk factors included prior STI infection and having been sexually active

<https://www.sciencedirect.com/science/article/abs/pii/S1054139X06003752>

8. **“Confidential care for adolescents is important because it encourages access to care and increases discussions about sensitive topics and behaviors that may substantially affect their health and well-being.”** *ACOG recommendations on adolescents and confidentiality:* <https://www.acog.org/clinical/clinical->



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National Coalition
of STD Directors

[guidance/committee-opinion/articles/2020/04/confidentiality-in-adolescent-health-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/04/confidentiality-in-adolescent-health-care)

9. **“Parent or guardian access to the patient’s visit notes through the electronic patient portal poses the potential that confidential and sensitive information may be accessed, resulting in a breach of confidentiality and potentially adverse outcomes for the adolescent patient.”** *Confidentiality in adolescent health care. ACOG Committee Opinion No. 803. American College of Obstetricians and Gynecologists.* <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/04/confidentiality-in-adolescent-health-care>

Framing Advice:

The choices we make in what to say and how to say it play an important role in how people understand issues. This process is called framing. While the facts and data provide overwhelming support for minor consent laws, we contextualize their value and help people understand *why* they are important.

As you communicate about minor consent laws, it may help to focus on the following:

- **Safety and Protection** Minor consent laws are about safety, and they protect teens, families and the community from risk. Without minor consent laws, minors are likely to forego care, spread infections to others, and experience potential lifelong health consequences like infertility. Some minors who need to access care may be victims of sexual abuse by a parent or have parents who are not actively involved in their lives.
- **The importance of Parental Partnership in Adolescent Development** Minor consent laws are not designed to circumvent parental involvement. Parents, caregivers, and minors all value parental engagement, and they also recognize the importance of private conversations about sensitive topics. Offering developmentally appropriate confidential care is an important part of helping adolescents grow into responsible adults who can care for their own health.

Conclusion:

Protecting adolescent access to STI testing is essential to the health of adolescents and to ending the nation’s epidemic of STIs. NCS D encourages partners to use these resources to protect existing minor’s consent laws.