Navigating the Maze: Adolescents’ Access to Health Care in Texas

www.txcampaign.org

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Edinburg, TX
In the next hour...

• What is the landscape of teen pregnancy in Texas?

• What health care can minors consent to in Texas?

• What health care programs serve teens and young adults, and how can they be accessed?
Trends in teen birth rates

- Texas had the 4th highest rate of teen birth nationwide in 2016.

- There were about 30,000 teen births in Texas in 2016, down from about 55,000 in 2007.

- Texas decline in teen birth mirrors nationwide trends.

- Rates in RGV are about twice as high as state average.

Birth rate per 1,000 girls aged 15-19

Source: DSHS
Birth rates range from 0 to more than 100 per 1,000, with an average of 33.

Rates are highest along the border, and in the rural panhandle.

More than half of Texas teen births occur in one of seven counties: Harris, Dallas, Bexar, Tarrant, Hidalgo, El Paso and Cameron.

txcampaign.org/interactive-map/

Source: Texas Department of State Health Services
A baby was born to a teen mom in Texas:

- Once every 10.5 minutes in 1991.
- Once every 18 minutes in 2016.

Source: Texas Campaign Analysis of DSHS data
Teen birth rates are higher among:

- Older teens (18-19 years)
- Girls living in poorer areas
- Hispanic and black girls
- Youth in rural counties
- Foster youth
- Girls who have already had a baby
- Youth with high rates of adverse childhood experiences (ACEs)
Disparities persist in Texas teen birth rates

Source: Texas Department of State Health Services
Reasons for Decline in Teen Birth Rates

• Since 2007, fertility rates in America have dropped sharply for every age group under the age of 30, with recent declines for women under 40. Birth rates for married women have not generally changed.

• When teens do have sex, evidence suggests that they are using contraception more consistently, and also are using more effective contraception, such as LARC methods.

• Some teens also seem to be waiting longer to begin having sex. CDC: the proportion of high school students who report ever having sex decreased from 46.8% to 41.2% from 2005 – 2015.

• Teens are engaging in pregnancy risk reduction, but not so much for STIs – condom use is down slightly and STI rates appear to be increasing.

• Abortion rates are not increasing

Source: CDC Sexual Intercourse Among High School Students — 29 States and United States Overall, 2005–2015
Long-Acting Reversible Contraception (LARC)

- Available as hormonal or non-hormonal IUD or hormonal implant
- Highly effective: less than 1% failure rate
- Whoops-proof: nothing to do or remember
- Lasts for 3 – 10 years
- While all methods may have intolerable side effects, LARC methods are generally well-liked by users. Teens tend to especially like Nexplanon.
- Now recommended for adolescents
- Now recommended for post-partum/post-abortion use
- Women who work in the field of reproductive health are about 4 times more likely to use a LARC method than their peers.
- Do not protect against STIs
- Contraceptive counseling should always focus on informed consent and be non-coercive.

| Hormonal IUDs: | Mirena  
|               | Kyleena  
|               | Kyleena  
| Non-hormonal IUD | Paraguard  
| Implant: | Nexplanon  

LARC 101
Access to Health Care:

Consent and Confidentiality
Minor Consent and Confidentiality

How do your personal values and belief systems shape your practice?
What is consent and confidentiality?

CONSENT

• Permission to act
• Parent/guardian/other adult must give consent before their minor child can receive services (except specific confidential services)
• Governed by state and federal law

CONFIDENTIALITY

• How providers and staff keep certain information private
• Under Texas law, even if teens may consent to services, doctors have wide discretion to inform parents.
• For minors, confidentiality is often subject to clinical judgement, but sometimes protected by law

Many teens choose to include their parent or guardian in decisions about their health. For some teens, however, having the option of certain confidential services makes it more likely that they will seek care when they need it.

Protecting confidentiality, especially for older teens, is often considered a medical best practice.
Laws in Texas around minor consent to medical care and rights to confidentiality are among the most complex and restrictive in the nation.

Teens under 18 usually need a parent or guardian’s permission for medical care, but there are some important exceptions.
In Texas, three factors determine whether and when minors can consent to their own medical care without parental or adult consent:

1. The minor’s legal status
2. The medical service being provided
3. The funding source for the medical care

Most minor consent laws are found in the Texas Family Code, Chapter 32
In Texas, people under 18 may consent to medical care if they are:

• Married
• Serving in the armed forces
• Legally emancipated
• Confined in adult prison (except abortion)
• Youth who are 16 or older, living on their own and managing their own finances may consent to their own health care (except abortion) even if they are not legally emancipated. Physicians may be unfamiliar with this statute. *Texas Family Code § 32.003 (2)*

If a parent cannot be located, other adults such as older siblings or relatives may provide consent.
In Texas, minors may consent to:

- Emergency care
- Screening and treatment for diseases that are reported to DSHS, including chlamydia, syphilis, gonorrhea, HIV (but not herpes, HPV, etc)
- Non-prescription medication including contraception (condoms, morning after pill, spermicide)
- Prenatal and Delivery Care (but not abortion)
- Treatment for substance abuse/addiction
- Treatment for suicidal ideation (but not general mental health)
- Counseling/Treatment for abuse
- Minors over 16 can check themselves into inpatient psychiatric care

This care is not required to be confidential – physicians have option of informing parents. Payment to physicians may not be guaranteed if parents haven’t provided consent.
In Texas, the payment source determines whether a legal minor can consent to contraception or needs parental consent.

- Minors can provide their own consent to contraception and reproductive health care in Title X clinics. This law is well supported and well-understood by practitioners. **Minors have the best guarantee of receiving confidential reproductive health care in a Title X clinic.**

- Under interpretation of federal law and under Texas guidance, minors on Medicaid can consent to contraception. This includes youth in foster care on STAR Health. This provision is not well known by providers and may be subject to legal challenge.

- Jane’s Due Process is a resource that helps minors access contraception.
Teen mothers can consent to all medical care for their children, but under Texas state law, they can’t consent to their own contraception.

More than 19% of teen births in Texas are to girls who have already had at least one baby, the highest in the nation. In some counties, the proportion is higher than 30%.

In 2016 in Texas, 5,744 adolescent girls experienced a repeat teen birth.

Teens who have had one baby have a greater likelihood of repeat pregnancy.
• In Texas, minors need either parental consent or a judicial bypass to receive an abortion

• Jane’s Due Process facilitates judicial bypasses for minors

• Teen 17 and under who are married or legally emancipated may consent to abortion
• Sexual activity with a youth under 17 is considered sexual assault.
• It is a defense to prosecution that the encounter was consensual and the youth are of the opposite sex and not more than 3 years apart in age.
• Same-sex prosecution is unlikely (and would probably be found unconstitutional in a court challenge) but providers technically are mandated to report.
• Sexual activity by a child 13 or younger always must be reported.
Access to Health Care:

Programs servings children and young adults
Reproductive Health Care Coverage

All Texas residents under the age of 64 with incomes below 250% FPL are eligible for free reproductive health care, regardless of citizenship status or gender.

Access to care can be a barrier in rural or suburban counties, but urban counties generally have many options.

Policy decisions in 2011-2013 resulted in loss of access to reproductive care and full access and usage has not yet been restored, but funding now exceeds 2011 levels.

Knowing your local options helps you make the most effective referrals!
<table>
<thead>
<tr>
<th>Program</th>
<th>State or Federal Funding?</th>
<th>Must Be Citizen?</th>
<th>Age and other criteria</th>
<th>Gender(s) Served</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Texas Women</td>
<td>State</td>
<td>Yes, or legal res.</td>
<td>15-44, no other insurance, 200% FPL</td>
<td>Female</td>
<td>Contraception; reproductive and interconception care, etc</td>
</tr>
<tr>
<td>Family Planning</td>
<td>State</td>
<td>No</td>
<td>Under 64, 250% FPL</td>
<td>Male and Female</td>
<td>Contraception, limited prenatal, Screening/treatment for STIs, etc</td>
</tr>
<tr>
<td>Children’s Medicaid</td>
<td>State/Federal</td>
<td>Yes, or legal res.</td>
<td>Under 19, income caps vary by age</td>
<td>Male and Female</td>
<td>Full Medical Care, contraception, prenatal care</td>
</tr>
<tr>
<td>CHIP</td>
<td>State/Federal</td>
<td>Yes, or legal res.</td>
<td>Under 19, 207% FPL</td>
<td>Male and Female</td>
<td>Full medical care, prenatal care, no contraception</td>
</tr>
<tr>
<td>Pregnant Women’s Medicaid</td>
<td>State/Federal</td>
<td>Yes</td>
<td>Pregnant, 198% FPL</td>
<td>Female</td>
<td>Coverage for pregnant women up to 60 days postpartum</td>
</tr>
<tr>
<td>CHIP Perinatal</td>
<td>State/Federal</td>
<td>No</td>
<td>Pregnant, 207% FPL</td>
<td>Female</td>
<td>Limited-service coverage for pregnant women plus 2 postpartum visits</td>
</tr>
<tr>
<td>Title X</td>
<td>Federal</td>
<td>No</td>
<td>Sliding scale</td>
<td>Male and Female</td>
<td>Reproductive Health Services</td>
</tr>
<tr>
<td>Federally Qualified Health Clinics</td>
<td>Local/Federal</td>
<td>No</td>
<td>Sliding scale</td>
<td>Male and Female</td>
<td>Various</td>
</tr>
<tr>
<td>Local Healthcare Programs/Safety Net</td>
<td>Local/Federal</td>
<td>Not usually</td>
<td>Varies</td>
<td>Male and Female</td>
<td>Outpatient and Inpatient Care</td>
</tr>
</tbody>
</table>
Healthy Texas Women

• Women’s Health program providing contraception, well women care, STI, screening and treatment for diabetes, hypertension, etc

• Enrollment criteria: women aged 15-44 (minors with parental consent), no other insurance, not pregnant, citizen/certain legal residents, under 200% FPL
  • Youth under 19 generally should not be enrolled in this program – they should be getting full Medicaid coverage through Medicaid or CHIP
  • Former foster youth should not be enrolled if under 26– they should be receiving Medicaid benefits

• Women are auto-enrolled when coming off of Pregnant Women’s Medicaid, or they can apply at My Texas Benefits. Providers also can facilitate enrollment.

• 273 HTW providers listed in the RGV
Family Planning Program

• Provides contraception, well women care, STI care, immunizations screening and treatment for diabetes, hypertension, limited prenatal care

• Minors need parental consent to get contraception and reproductive health care through this program unless they meet exceptions in Family Code

• Enrollment criteria: women and men under 64, Under 250% FPL, Texas resident (no citizenship requirement)
  • Participants may have other insurance – can be good option if insurer doesn’t fully cover contraception
  • Good option for youth on CHIP, since contraception is not covered on CHIP
  • Good option for undocumented residents
  • Good option for males

• Patients are enrolled into program at clinic site

<table>
<thead>
<tr>
<th>Cameron County</th>
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</thead>
<tbody>
<tr>
<td>Cameron County Dept of Health and Human Services</td>
</tr>
<tr>
<td>Su Clinica Familiar</td>
</tr>
<tr>
<td>Brownsville Community Health Clinic Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hidalgo County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Esperanza Clinic (McAllen)</td>
</tr>
</tbody>
</table>
Title X

Title X Clinics in RGV

Hidalgo County
• Access Esperanza Clinics (5 locations)
• Natural Family Planning & Fertility Center

Cameron County
• Father Joseph O'Brien Health Clinic
• Harlingen Public Health Center
• Mary P. Lucio Health Center
• San Benito Public Health Clinic

• Title X clinics are federally funded and offer free or sliding scale reproductive health services

• **This is the easiest and most surefire way for teens to access confidential reproductive health care**

• Planned Parenthood clinics in RGV are not Title X clinics; however, staff are well trained on federal confidentiality protections for youth on Medicaid.
Medicaid and CHIP

For children
• **Children’s Medicaid** covers full medical care, including prenatal care and contraception. Children must be citizens or legal residents.

• **CHIP** provides full medical care including prenatal care (but no contraceptive coverage) for low to middle income children whose parents earn too much for Medicaid. Children must be citizens or legal residents.

For pregnant women
• **Pregnant Women’s Medicaid** covers medical care during pregnancy and for about 2 months after, including contraception.

• **CHIP Perinatal** is a limited coverage program that provides prenatal care for women, typically non-citizens. Emergency Medicaid typically covers hospital delivery costs. Post-partum contraception is not covered. Non-pregnancy related care is not covered.

For non-disabled adults
• Unless they are disabled, full **Medicaid** is only available to adults in Texas if they are citizens, have children and have an extremely low income (less than $300/month for a family of 3).

• Lawfully present adults who arrived before 1997 may be eligible for Medicaid (have children/under 17% FPL)
Publicly Funded Clinics

**Federally Qualified Health Care Centers (FQHCs)**

- Federal and local funding
- Offers a wide variety of health care services
- Sliding scale. May accept a variety of insurance and participate in other programs.
- FQHCs can be based in schools!

**County indigent care programs**

- Funded through local taxpayer district and other funding sources
- Offers a wide variety of health care coverage including hospital care
- Eligibility varies (usually 20 – 100% FPL)
- Valley Baptist/Cameron County Health and Human Services

Many hospitals have philanthropic programs to fund health care for patients who cannot pay.
## Providers in RGV

<table>
<thead>
<tr>
<th>County</th>
<th>Healthy Texas Women</th>
<th>Family Planning</th>
<th>Title X</th>
<th>FQHC</th>
<th>Female population 15-44</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hidalgo</td>
<td>181</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>429,793</td>
</tr>
<tr>
<td>Cameron</td>
<td>87</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>218,445</td>
</tr>
<tr>
<td>Starr</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>32,499</td>
</tr>
<tr>
<td>Willacy</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9,831</td>
</tr>
</tbody>
</table>

Number of providers (Clinics may have multiple locations)
## Access to Care for Low-Income Non-Citizens

<table>
<thead>
<tr>
<th>Undocumented Individuals</th>
<th>Legal Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s Health</strong></td>
<td><strong>Children’s Health</strong></td>
</tr>
<tr>
<td>County, FQHCs</td>
<td>Children’s Medicaid, CHIP</td>
</tr>
<tr>
<td><strong>Reproductive Health Care</strong></td>
<td><strong>Reproductive Health Care</strong></td>
</tr>
<tr>
<td>Family Planning Program, Title X</td>
<td>Healthy Texas Women, Title X</td>
</tr>
<tr>
<td><strong>Prenatal Care/Delivery</strong></td>
<td><strong>Prenatal Care/Delivery</strong></td>
</tr>
<tr>
<td>CHIP</td>
<td>CHIP</td>
</tr>
<tr>
<td>Perinatal/Emergency Medicaid</td>
<td>Perinatal/Emergency Medicaid</td>
</tr>
<tr>
<td><strong>Other Health Care</strong></td>
<td><strong>Other Health Care</strong></td>
</tr>
<tr>
<td>County, FQHCs</td>
<td>County, FQHCs, (in rare situations, Medicaid)</td>
</tr>
<tr>
<td><strong>Purchased insurance</strong></td>
<td><strong>Purchased insurance</strong></td>
</tr>
<tr>
<td>Unsubsidized, outside of Marketplace</td>
<td>Subsidized through Marketplace</td>
</tr>
</tbody>
</table>
### The “Coverage Gap”

#### US Citizen

<table>
<thead>
<tr>
<th>FPL Level</th>
<th>Eligibility Details</th>
</tr>
</thead>
</table>
| 400% FPL  | • May qualify for for Marketplace Subsidies  
            • Family glitch may prevent qualification |
| 100% FPL  | • Does not qualify for Medicaid  
            • [Not eligible](#) for Marketplace Subsidies |
| 17% FPL   | • Qualifies for Texas Medicaid if a parent |

#### Non-Citizen Legal Resident*

<table>
<thead>
<tr>
<th>FPL Level</th>
<th>Eligibility Details</th>
</tr>
</thead>
</table>
| 400% FPL  | • May qualify for for Marketplace Subsidies  
            • Family glitch may prevent qualification |
| 100% FPL  | • Does not qualify for Medicaid  
            • [Is eligible](#) for Marketplace Subsidies |
| 17% FPL   | • Does not qualify for Texas Medicaid  
            • Is eligible for Marketplace Subsidies |

*Unless arrived in 1996 or earlier
Concerns for Undocumented Families

Proposed federal “Public Charge” Rule
• People likely to become a “Public Charge” generally are barred from immigration. Historically, this was limited to cash welfare or long-term institutional care.
• A proposed rule could make it more difficult for immigrants to obtain a green card or extend a temporary visa if they or their dependents—including U.S.-citizen children—use cash or noncash public benefits or tax credits. Receipt of these public benefits could also be used as grounds for deportation of legally present noncitizens.
• Leaked drafts of rule include programs like children’s Medicaid, CHIP, WIC, food stamps, and earned income tax credit.

Fear of deportation
• Health care centers may not be considered safe spaces in current climate
• Families may be fearful of applying for public programs or seeking care, creating health risks

Mixed-status families
• May face challenges and confusion around program eligibility

Long wait for care
• Some publicly funded programs have long wait times for appointments
How can these youth access care?

• Pilar is a 19 year old girl and US citizen with an income at 150% percent of the FPL. She wants an IUD.

• Anne is a 16 year old girl with medical coverage through her parent’s work insurance (BCBS). She is scared they’ll kick her out if they find out she’s sexually active. She wants a Depo Provera shot.

• Maria is 17. Her mother agrees that she should get on the birth control pill, but they are uninsured and undocumented and money is tight.

• Shawna is a 17 year old youth in foster care who is worried about getting pregnant but doesn’t want her foster parents to know she’s having sex.

• Diego is a 21 year old uninsured community college student and part-time waiter who thinks he may have an STI.