

Background

Primary care providers play a key role in adolescent sexual and reproductive health as part of preventive care and health care maintenance. Recent data obtained from confidential surveys of teens attending high schools in the United States indicates that nearly 50% have experienced sexual intercourse and about one third in the last 3 months. For high school seniors two thirds state sexual intercourse has occurred. Preventing unintended pregnancy among adolescent patients can help protect health and result in improved social outcomes. Several safe and highly effective methods of contraception are available to prevent unintended adolescent pregnancy. Screening for sexually transmitted infections (STIs) particularly in asymptomatic patients is a basic, effective tool used to identify unrecognized conditions so that treatment can be offered before symptoms or serious sequelae of asymptomatic infection develop.

All 50 states and the District of Columbia explicitly allow minors to consent for their own health services for sexually transmitted infections (STIs). About one fourth of states require that minors be a certain age (generally 12-14 yrs) before they are allowed to consent for their own care for STIs. No state requires parental consent for STI care or requires that providers notify parents that an adolescent minor child has received STI services, except in limited or unusual circumstances.

Minors' right to consent for contraceptive services varies from state to state. Nearly one half of states and the District of Columbia explicitly authorize all minors to consent for their own contraceptive services; and one half of states permit minors to consent for their own contraceptive services under specific circumstances, such as being married, a parent, currently or previously pregnant, over a certain age, or a high school graduate, or per physician's discretion. Five states have no explicit policy on minors' right to consent for contraceptive services. Two states require parental consent for family planning services provided to minors with state funds. However, in all states, minors may give their own consent and receive confidential family planning services that are funded by the *federal Title X Family Planning Program* or *Medicaid*. In addition, the constitutional right of privacy has been found to cover minors' access to contraceptives.

The confidentiality of medical information and records of a minor who has consented for his/her own reproductive health care is governed by numerous federal and state laws. Laws in some states explicitly protect the confidentiality of STI or contraceptive services for which minors have given their own consent and do not allow disclosure of the information without the minor's consent. In other states, laws grant physicians discretion to disclose information to parents. Title X and Medicaid both provide *confidentiality protection* for family planning services provided to minors with funding from these programs.

Federal regulations issued under the Federal Health Insurance Portability and Accountability Act of 1996, known as the *HIPAA* Privacy Rule, defer to state and "other applicable laws" with respect to the question of whether parents' have access to information about care for which a minor has given consent. Thus both the state laws that either prohibit or permit disclosure of confidential information and the federal Title X and Medicaid laws that protect the confidentiality of family planning services for adolescents are important under the HIPAA Privacy Rule in determining when confidential information about reproductive health services for minors can be disclosed to parents. In addition, in specific situations, *laws may require either that physicians disclose information to parents or deny them access to information*, depending on whether there is a risk of substantial harm to the minor or another person.

Billing for Confidential Adolescent Health Services

Providers may elect to *establish a policy* of discussing with their adolescent patients when medical records and other information will be disclosed and developing a mechanism to alert office staff as to what information in the chart is confidential.

Billing for confidential services is a complex problem. In many commercial health plans, an explanation of benefit (EOB) is sent home to the primary insured or the primary beneficiary listing services rendered by the provider and reimbursed by the health plan. An EOB documenting that reproductive health services were rendered to their adolescent dependent that is received by a parent may disclose confidential services. In addition, co-payments automatically generated with certain billing codes for office visits and medications can be a barrier for adolescents receiving care, including treatment.

Providers should become familiar with local low- or no-cost family planning and STI clinical services in the case where parental disclosure of sexual health care services through billing is an unacceptable option for the adolescent patient. Many family planning programs now offer male sexual health care services.

Chlamydia trachomatis Screening

Chlamydia trachomatis infection is a major health problem for adolescents and young adults. Studies in primary care and family planning clinics show infection rates of 5% to 14% for those aged 15 to 19 and 3% to 12% for those aged 20 to 24. Up to 70% of genital chlamydial infections in females are asymptomatic and undetected. Since untreated chlamydial infection may result in pelvic inflammatory disease and its sequelae, including infertility, ectopic pregnancy, and chronic pelvic pain, screening asymptomatic young women for chlamydia is a simple, cost-effective intervention that significantly reduces the incidence of adverse sequelae.

Routine chlamydia screening for sexually active adolescent and young adult females is recommended by several national organizations, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the U.S. Preventive Services Task Force.

In 2000, the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization that monitors the quality of health plans, introduced a new Health Plan Employer Data and Information Set (HEDIS) performance measure to evaluate the proportion of sexually active adolescent and young adult female members of Medicaid and commercial health plan tested annually for chlamydia. HEDIS is a set of performance measures voluntarily reported by health plans and used by NCQA to measure the *quality of care* and level of service in health plans. The HEDIS Chlamydia Screening Measure estimates the proportion of sexually active female plan members age 15 to 25 years who were continually enrolled in the previous year who had at least one test for chlamydia during that year. Since introducing this measure, most Medicaid and commercial health plans have reported persistently *low proportion* of eligible females who were chlamydia-tested; in 2004, approximately 46-49% of eligible Medicaid plan enrollees and approximately 32% of eligible commercial plan enrollees were tested. The Medicaid and commercial health plans' reported the proportion of eligible chlamydia-tested has been substantially lower compared to their other reports of preventive and therapeutic services measured by HEDIS.

Billing for Confidential Adolescent Health Services

Resources:

Minors Right to Consent for Reproductive Health Care:

Boonstra H Nash E. Minor and the right to consent to health care. *The Guttmacher Report on Public Policy.* 2000 3(4):4-8.

The Guttmacher Institute. Minors' access to STD services. State Policies in Brief. Available at: www.guttmacher.org/statecenter/spibs/spib_MAASS.pdf

The Guttmacher Institute. Minors' access to contraceptive services. State Policies in Brief. Available at: www.guttmacher.org/statecenter/spibs/spib_MACS.pdf

English A, Kenney, KE. *State Minor Consent Laws: A Summary*, 2nd ed. Chapel Hill, NC: Center for Adolescent Health & the Law, 2003.

Feierman J, Lieberman D, Schissel A, Diller R, Kim J, Chu Y. *Teenagers, health care and the law*. New York, New York: New York Civil Liberties Union, 2002.

Toolkits:

(1) Chlamydia Tool Kits include sexual history taking tools, chlamydia screening and treatment guidelines, information on various chlamydia diagnostic tests, partner management recommendations, patient informational tools, and information on minors' rights to consent for sexual health care. Two CDC supported chlamydia tool kits available on line.

- Massachusetts Prevention Training Center chlamydia tool kit (www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.doc) or (www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.pdf)
- California Prevention Training Center chlamydia tool kit (www.stdhivtraining.net/educ/training_module/tools.html)

(2) Adolescent health services

The San Francisco-based Adolescent Health Working Group has developed provider tool kits for confidential care, sexual health care, and general adolescent health care (www.ahwg.net/resources/toolkit.htm), with tools for confidential history taking, counseling, patient educational tools, and special emphasis given to confidential care delivery.

Continuing Medical Education:

(1) CDC-funded Prevention Training Center (PTC) on-line modules and case series and PTC courses are available at: www.cdc.gov/std/training/onlinetraining.htm.

(2) An online chlamydia course, sponsored by the California PTC, is designed for providers who care for women of reproductive age, including adolescents. This CME includes a chlamydia tool kit. Available at: www.stdhivtraining.net/educ/training_module/index.html.

Billing for Confidential Adolescent Health Services

Locating Reproductive Health Care Services

Planned Parenthood Federation of America: 850 affiliate health centers provide confidential care to female and male Medicaid recipients, participate in local managed health care programs, and offer low-cost sliding scale fees to those paying out of pocket. Locate clinic at www.plannedparenthood.org or 1-800-230-7526.

Local health departments often support no- or low-cost STI clinics.

Other Resources:

(1) Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines. MMWR 2006;55(No. RR-11). Available at: www.cdc.gov/STD/treatment/