



## The State of NC Youth...

North Carolina is nationally recognized for having the best infrastructure in the US for delivering basic and preventative care through School-Based/School-Linked Health Centers, though the centers are understaffed and continually struggle with sustainability.

254,000 North Carolinians under the age of 18 are currently without health insurance.<sup>1</sup>

North Carolina's medical practitioners face more difficulty serving the state's youth because Medicaid reimbursement rates have been frozen at SFY 2004-2005 levels.

Almost half of all new STD infections happen in youth ages 15-24.<sup>2</sup>

School-based health care was voted the number one area of needed support for adolescents by attendees of the NC Institute of Medicine's Mini Adolescent Health Summit in November 2012.

## Ripple Effects for North Carolina...

Today's youth are North Carolina's future adults. Their habits as youth – whether they are healthy or whether they contribute to North Carolina's excessively high obesity, adolescent pregnancy, STD/HIV, and tobacco use rates – affect North Carolina's overall future health-related costs, including the costs paid by publicly supported programs such as Medicaid.

## How NC General Assembly Members Can Help...

### Public Policy Measures

#### Preserve Minor's Consent to Health Care Services

- *Creates a medical environment where a dialogue about healthy behaviors is possible*
- *Allows young people to seek critical prenatal and contraceptive services*
- *Allows local health departments to integrate preventative efforts with community and school educational programs*
- *Allows victims of abuse or incest to seek care without needing the abuser's permission*

#### Increase number of mental health and dietician visits allowed under Medicaid

- *Creates additional access to mental health services, the need for which is evidenced by several tragic national events*
- *Provides added resources for combating the problem of childhood and adolescent obesity.*

#### Preserve the current right of insured individuals to access contraceptives and gynecological care, and treatment through private insurance

- *Ensures youth with insurance coverage are able to access adequate health care*

### Budget Issues

#### Restore cuts and safeguard funding for School-Based Health Centers

- *\$1,378,633 from the NCGA provides a portion of funding for 32 of the state's 60 centers, which serve 26 counties*
- *State funding has been cut by 12% while the number of centers established has increased, resulting in a more than 22% reduction for some individual centers.*
- *State funds have leveraged private funds for operations and staffing but are not enough to offset cuts.*
- *Centers increase the number of NC youth who have access to treatment and referrals for serious illness and injury, alcohol and substance abuse issues, weight, STDs, immunization, and chronic disease and mental (or behavioral) health.*

#### Safeguard funding for Medicaid and HealthChoice

- *Ensures low-income North Carolina youth have access to adequate preventative care*

#### Safeguard state contributions to the Women's Health Services Fund

- *Ensures low-income men and women have access to contraceptives, including the most effective methods: long-acting reversible contraceptives (LARCs)*
- *Reduces the state's expenditures for prenatal care, labor and delivery, and infant care*

## Current NC Statutes Affecting Access to Care

### **GS 90-21.5 - Minor's Consent Sufficient for Certain Medical Health Services**

(a) Minors may give effective consent for the prevention, treatment, or diagnosis of STDs/HIV, pregnancy, substance abuse, and emotional disturbance. **This law, enacted in 1971, is especially important to prevent the spread of STDs, to ensure pregnant minors seek responsible prenatal care, and in cases of abuse or incest.** Under this section, minors may not consent to abortion, sterilization, or admission to a 24-hour facility. Minors may seek emergency care as authorized in GS 122C-223.

(b) Any emancipated minor may consent to medical treatment, dental treatment, or health services for himself or his child.

### **GS 58.3-178 – Insurance/Cover Contraceptives**

(A) Requires insurers who provide health benefit plans that include prescription drug coverage to provide coverage for FDA-approved contraceptive drugs or devices. In general, the same coinsurance or deductible fee structure that applies to other covered drugs or devices will apply to contraceptive drugs or devices. An exception for religious employers is provided under this provision of the law.

(B) Requires insurers who provide coverage for out-patient services to also provide coverage for out-patient contraceptive services such as "consultations, examinations, procedures, and medical services provided on an outpatient basis related to the use of contraceptive methods to prevent pregnancy."

(C) Provides that the prescription drugs or devices requiring coverage under the provision of this law do not include, "the prescription drug known as 'RU-486' or an equivalent drug product as defined in GS 91-85.27(1) or the prescription drug marketed under the name 'Preven' or an equivalent drug product as defined in GS 91- 85.27(1)."

### **The state also invests to ensure that low-income youth have access to the medical care needed to avoid pregnancy:**

**Women's Health Services Fund** This fund provides long-acting reversible contraceptives (LARCs) to low-income women and teens ineligible for Medicaid. The fund provides LARCs, including IUDs, Depo Provera injections and hormonal implants, that are effective for up to 10 years for a one-time cost of \$40-\$700 each. Many women participating, along with their babies if they did become pregnant, would be eligible for Medicaid, costing the state more than \$13,000 in prenatal and pediatric care during the baby's first year of life. Of the \$1,038,730 provided for this program, 100% goes to local health departments.

**Be Smart Family Planning Waiver** (also known as a Medicaid Family Planning Waiver) North Carolina receives \$9 Federal for every \$1 State to provide critical contraceptive services to men and women ages 19-55. Although this age range only covers one of the teen years, births to NC 19-year-olds accounted for 43% of all teen births in 2011. Annual evaluations of this program have demonstrated significant cost savings to North Carolina in the form of reduced Medicaid spending.

## References and Additional Resources

1. NC Comprehensive Assessment for Tracking Community Health (NC CATCH)
2. Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. Perspectives on Sexual and Reproductive Health 2004;36(1):6-10.