

## ■ Minors' Access to STI Services

**BACKGROUND:** Over the past 30 years, states have expanded minors' authority to consent to health care, including care related to sexual activity. All 50 states and the District of Columbia allow most minors to consent to testing and treatment for sexually transmitted infections (STIs), and many explicitly include testing and treatment of HIV. Many states, however, allow physicians to inform parents that the minor is seeking or receiving STI services when they deem it in the best interests of the minor.

### HIGHLIGHTS:

- All 50 states and the District of Columbia explicitly allow minors to consent to STI services, although 11 states require that a minor be of a certain age (generally 12 or 14) before being allowed to consent.
- 31 states explicitly include HIV testing and treatment in the package of STI services to which minors may consent.
- 18 states allow physicians to inform a minor's parents that he or she is seeking or receiving STI services; however, with the exception of 1 state that requires parental notification in the case of a positive HIV test, no state requires that physicians notify parents about services.



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# MINORS' ACCESS TO STI SERVICES

STATE	MINORS MAY CONSENT TO STI SERVICES	CONSENT TO HIV TESTING AND TREATMENT INCLUDED	PHYSICIAN MAY BUT IS NOT REQUIRED TO INFORM PARENTS
Alabama	12 years	X	X
Alaska	X		
Arizona	X		
Arkansas	X		X
California	12 years	X	
Colorado	X	X*	
Connecticut	X†	X	
Delaware	12 years	X	X
Dist. of Columbia	X		
Florida	X	X	
Georgia	X		X
Hawaii	14 years		X
Idaho	14 years	X	
Illinois	12 years	X	X
Indiana	X		
Iowa	X	X‡	
Kansas	X		X
Kentucky	X	X	X
Louisiana	X		X
Maine	X		X
Maryland	X		X
Massachusetts	XΩ,Φ		
Michigan	X	X	X
Minnesota	X		X
Mississippi	X	XΨ	
Missouri	X		X
Montana	X	X	X
Nebraska	X		
Nevada	X	X	
New Hampshire	14 years		
New Jersey	X	13 years	X
New Mexico	X	XΨ	
New York	X	XΨ	
North Carolina	X	X	
North Dakota	14 years	X	
Ohio	X	XΨ	
Oklahoma	X	X	X
Oregon	X	X	
Pennsylvania	X	X	
Rhode Island	X	X	
South Carolina	16 years or mature minor	X	
South Dakota	X		
Tennessee	X	X	
Texas	X	X	X
Utah	X		
Vermont	12 years	XΨ	
Virginia	X	X	
Washington	14 years	X	
West Virginia	X		
Wisconsin	X		
Wyoming	X	X	
<b>TOTAL</b>	<b>50 + DC</b>	<b>31</b>	<b>18</b>

\* Physician may inform parents of minor's decision to consent to HIV/AIDS services if the minor is younger than 16.

† Physician must report a positive test result if the minor is younger than 12.

‡ A parent must be notified of a positive HIV test result.

Ω The state funds a statewide program that gives minors access to STI services.

Φ Parent must be notified if the minor's health or life is at risk.

Ψ Does not include right to consent to HIV/AIDS treatment.

## FOR MORE INFORMATION:

For information on state legislative and policy activity, click on Guttmacher's [Monthly State Update](#), for state-level policy information see Guttmacher's [State Policies in Brief](#) series, and for information and data on reproductive health issues, go to Guttmacher's [State Center](#). To see state-specific reproductive health information go to Guttmacher's [Data Center](#), and for abortion specific information click on [State Facts About Abortion](#). To keep up with new state relevant data and analysis sign up for the [State News Quarterly Listserv](#).

Boonstra H, [Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers](#), *Guttmacher Policy Review*, 2015, 18(1):21-26.

Gold RB, [A New Frontier in the Era of Health Reform: Protecting Confidentiality for Individuals Insured as Dependents](#), *Guttmacher Policy Review*, 2013, 16(4):2-7.

English A et al., [Confidentiality for Individuals Insured as Dependents: A Review of State Laws and Policies](#), New York: Guttmacher Institute and Public Health Solutions, 2012.

Gold RB, [Unintended consequences: how insurance processes inadvertently abrogate patient confidentiality](#), *Guttmacher Policy Review*, 2009, 12(4):12-16.

Chesson HW et al., [The estimated direct medical cost of sexually transmitted diseases among American youth, 2000](#), *Perspectives on Sexual and Reproductive Health*, 2004, 36(1):11-19.

Weinstock H, Berman S and Cates, Jr. W, [Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000](#), *Perspectives on Sexual and Reproductive Health*, 2004, 36(1):6-10.

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