May 25 Meeting Notes

Members in Attendance: Manka Dhingra, Suzi Fode, Kate Hemann, Ali Hohman, Gina Mosbrucker, Tina Orwall, Paula Reed, Amber Rodriguez, Paula Newman-Skomski

Members Absent: Sabrina Ahrens, Jacqueline Barton True, Flora Diaz, Billie Dickinson, Lisa Henderson, Jessica Johnson, Laura Lurry, BJ Myers, Ben Santos, Shelly Short, Terri Stewart, Kasandra Turner, Stephanie Wahlgren

Participants: Kelley Amburgey-Richardson, Sophia Arnold, Laura Bluehorse-Swift, Sahar Fathi, Laura Jones, Kyra Laughlin, Riddhi Mukhopadhyay, Heather McLeod, Jessica O’Leary, Lan Pham, Dana Rairgrod, Kelly Richburg, Jaclyn Rodriguez, Holly Stidham, Barb Serrano, Sharon Swanson, Donna Torres, Laura Twitchell, Asa Washines

1. Call to Order

The meeting was called to order, a quorum of members was not present. No changes were proposed for the May 25 agenda.

2. Presentation and Discussion: Illinois “Sexual Assault Survivors Emergency Treatment Act (SASETA)”


What is SASETA?

- Creates standardized care for all SA victims across state
- Department of Public Health oversees SASETA
  - Must comply and report out every three years
- Statewide evidence collection program
  - Kit processing times reduced to 88 days/average
  - Due to collaboration with crime lab, etc.
- Addresses reimbursement costs – bills private insurance & Medicaid/Medicare
  - Voucher acts as temporary insurance for survivor
    - Can also use for follow-up care up to 90 days

Medical Forensic Services

- Clearly states that all services are to be paid for so survivors do not need to pay for related treatment/follow-up/testing
- Hospital must provide all services for treatment
Treatment Facilities/Hospitals

- Must provide:
  - Medical exam (lenient timeframes up to minimum of 7 days after assault) (modified exam up to 30 days after assault)
  - Laboratory tests
  - Confidential records
  - Oral and written information
  - Medication (both at hospital and after discharge)
  - Evaluation for HIV (3-7 day starter pack + prescription for rest of medication) (some facilities provide full 28 day medication – constantly expanding with CDC recommendations)
  - Care for a drug-facilitated sexual assault
  - Referral to physician
  - Referral for appropriate counseling (MOU with crisis response center)
  - Brochures (After SA & Crime Victim’s Compensation)
  - All services shall be provided without the consent of any parent, guardian, custodian, surrogate or agent

- Can be provided to anyone at any age without consent of parent/guardian
  - National Protocol for the care of the Pediatric Sexual Abuse

Revisions to SASETA

- Changes to administrative rules more common – easier to revise
- Law Enforcement implemented changes first – full culture shift
- 2017 revisions considering pediatrics (HB 3852)

Applicability

- When a SA survivor seeks medical forensic services following an assault that occurred within a minimum of 7 days or when a survivor has disclosed past sexual assault by a specific individual and was in the care of that individual within a minimum of the last 7 days
  - Anyone who comes in will receive services
    - Photos taken
    - Hospitals are the best foundation to receive additional services after assault
- Pediatric sexual assault survivor means “a person under the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.”

Prior to 2019 and after 1/1/2019

- Treatment or Transfer (Prior 2019)
  - Issues with hospitals – especially with pediatric survivors – acute exams can only be performed in hospital emergency room
    - Revisions (Post-2019): Treatment, Treatment with approved pediatric transfer, transfer, approved pediatric health care facilities
      - Treatment hospital around 4-year state university
  - No photography requirement (Prior 2019)
    - Forensic photography (07/01/2019)
  - No education requirement for SA patient care (Prior 2019)
    - Mandatory 2 hour sexual assault training every 2 years (07/01/2020)
  - Anyone can perform a medical forensic exam
All medical forensic examinations must be performed by a qualified medical provider (SANE, SAFE or CAP) (01/01/2023)

3. Presentation and Discussion: WA State Supreme Court Gender and Justice Commission’s 2021 Gender Justice Study

Building on a 1989 study funded by the WA State Legislature on how our courts were progressing on the historical exclusion and devaluation of women, the 2021 Gender Justice Study outlines new findings and recommendations, including those related to sexual violence. Barbara Serrano, Assistant Attorney General at the WA State Attorney General’s Office, Laura Jones, Project Coordinator for the Gender and Justice Commission, and Dr. Dana Raigrodski, UW Law Professor and Co-Chair of the 2021 Gender Justice Commission study presented on behalf of the Commission. PowerPoint presentation is attached (pages 20-43).

- Recommendations given to legislature on website (giving to courts next month)
  - 2021 study findings
    - 65% of sexual assault not reported
      - Fear of unintended consequences
      - Perceived false reports (30% of reporters believe police did not believe them)
      - Negative system response and treatment of victims
      - Rape myths (Ch. 13)
      - Case attrition (Ch. 13)
    - Disproportionate impact on women, BIPOC individuals, immigrants, those living in poverty, LGBTQ+ people
  - Financial and language barriers to court
    - Representation results in better outcomes/low rates of representation
    - Unmet need for interpreters – delays in court access
    - Data is lacking
  - Coercion and sexual harassment in the workplace persist
    - Extremely high among female farmworkers
    - Data limited
  - Prosecutorial discretion and charging decisions (Ch. 13)
    - High rates of attrition – long time for sexual assault cases to process
    - Average 8 months (pre-COVID) – now 19 months
    - White victims more likely to have charges filed over Black victims
    - Black suspects to be charged with more serious crimes/felonies
    - Lack of data for LGBTQ+ victims
  - Recommendations:
    - Expand and improve data collection for assessment
    - Statewide online dashboard where law enforcement reports its data on reported incidents
    - Collect data on the time from referral to prosecutors to filing charges, resolution via the court process, and the reasons for delays
    - Data collected should include disaggregated demographic information
    - Increased access to civil legal aid attorneys (beyond criminal charges – civil legal needs)
    - Modify education for judges, law enforcement, prosecutors, and attorneys on gender-based violence.
Data provided by? Washington state and existing national data sources – local experts and stakeholders – indigenous communities – broad reaching, evidence based reporting. However, there is no published, scientifically available data – evidence from the field (not anecdotal)

- Would hope for a clearinghouse for this information


- Curriculum used by courts with limited jurisdiction
- Reduction in recidivism with those engaged in DVMRT program
- Pilot program found results promising
- Also looking at access issues, beyond efficacy
  - Lack of availability on county level
  - Financial burden – expensive court-ordered service
- Additional programs designed per perpetrator

Data Dashboard - King County

4. Report-outs

Protocol development subgroup (per Lisa Henderson)

- Meeting with law enforcement representatives at the end of March
- Review draft law enforcement protocols sent by email on May 9 – please send feedback before June 6

Age of Consent subgroup (per Holly Stidham)

- New article outlining state-by-state variability in adolescent privacy laws
- Summary document (attached, pages 44-50)
- Subgroup has interviewed a number of SANE coordinators in other states to learn about age of consent for sexual assault exams in other states, working on a recommendation for the Task Force

Broader system response subgroup (per Kelly Richburg)

- Please submit feedback on the draft survey language, thank you to those who have already done so
ILLINOIS SEXUAL ASSAULT LEGISLATION

JACLYN RODRIGUEZ BSN, BS, RN, SANE-A
STATEWIDE SANE COORDINATOR

JESSICA O’LEYARY
ASSISTANT ATTORNEY GENERAL
SEXUAL ASSAULT SURVIVORS EMERGENCY TREATMENT ACT

- Mandates healthcare hospitals must provide to victims, regardless of age
- IDPH oversight
- Statewide evidence collection program
- Reimbursement costs
MEDICAL FORENSIC SERVICES

- includes, but is not limited to, taking a medical history, performing photo documentation, performing a physical and anogenital examination, assessing the patient for evidence collection, collecting evidence in accordance with a statewide sexual assault evidence collection program administered by the Department of State Police using the Illinois State Police Sexual Assault Evidence Collection Kit, if appropriate, assessing the patient for drug-facilitated or alcohol-facilitated sexual assault, providing an evaluation of and care for sexually transmitted infection and human immunodeficiency virus (HIV), pregnancy risk evaluation and care, and discharge and follow-up healthcare planning
TREATMENT FACILITY

- Medical Exam
- Laboratory Tests
- Confidential Records
- Oral and written information
- Medication
- Evaluation for HIV
- Drug-facilitated sexual assault

- Referral to a physician
- Referral for appropriate counseling
- Brochures
  - After Sexual Assault
  - Crime Victim Compensation
- All services shall be provided without the consent of any parent, guardian, custodian, surrogate or agent
- Sexual Assault Incident Procedure Act (SAIPA)
  - 725 ILCS 203 (P.A. 99-0801)
- Sexual Assault Survivors Emergency Treatment Act (SASETA) Revisions
  - 410 ILCS 70 (P.A. 100-0775)
- Sexual Assault Survivor’s Emergency Treatment Code
  - Title 77: Chapter 1: Subchapter f: Part 545
- www.ilga.gov
March 2015
Joint Sexual Assault Working Group

August 2016
SAIPA became law

January 2018
SAIPA policies, procedures, protocols and guidelines

July/August 2018
Basic LE Academy Training
SASETA revisions became law

January 2019
LE Investigator Training

July 2019
Forensic Photography

January 2020
All sworn LE training

July 2020
2-hour Mandatory Education

January 2023
Qualified Medical Provider
2017: HB 3852

- Introduced based on the desires of a Child Abuse Pediatrician
- Lack of understanding of current legislation
- Aimed to provide a higher level of care to only one kind of sexual assault patient

April 2017: Office of the Illinois Attorney General offered to take the lead on the bill revisions

- Research current trends across the country
- Evaluate evidence-based literature
- Drafted suggested legislation
- Pulled together a statewide working group
APPLICABILITY

- The requirements in SASETA are mandated only when a sexual assault survivor seeks medical forensic services following an assault that occurred within a minimum of the last 7 days or when a survivor has disclosed past sexual assault by a specific individual and was in the care of that individual within a minimum of the last 7 days.

- Pediatric sexual assault survivor means “a person under the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.”
SO WHAT IS CHANGING

Prior to 2019

- Treatment or Transfer
  - Only in a hospital emergency room

After 1/1/2019

- Treatment, Treatment with approved pediatric transfer, Transfer, Approved Pediatric Health Care Facilities
AREA WIDE TREATMENT PLAN
SO WHAT IS CHANGING

Prior to 2019

- Treatment or Transfer
  - Only in a hospital emergency room
- No photography requirement
- No educational requirement
- Anyone can perform a medical forensic exam

After 1/1/2019

- Treatment, Treatment with approved pediatric transfer, Transfer, Approved Pediatric Health Care Facilities
- 7/1/2019: Forensic photography
- 7/1/2020: Mandatory 2 hours sexual assault training every 2 years
- 1/1/2022: All medical forensic examinations must be performed by a qualified medical provider (SANE, SAFE or CAP)
ADDITIONAL LEGISLATIVE CHANGES

- Medical Forensic Services Fact Sheet
- Access to a shower at no cost
- Evidence can be held for at least 10 years or until the 28th birthday if they were a minor when the assault occurred
- Advocate and an additional support person present during medical forensic exam
- Statewide SANE Coordinator
- Medical Forensic Services Implementation Task Force
- Approved Federally Qualified Health Centers

2023 Changes:
- Private insurance opt-out if the patient is not the subscriber or primary policyholder
- Voucher extension from 90 days to 180 days
- Increase state funded reimbursement to $1,000 per acute exam
JACLYN RODRIGUEZ BSN, BS, RN, SANE-A
STATEWIDE SANE COORDINATOR
JACLYN.RODRIGUEZ@ILAG.GOV
C: 312-519-2133

JESSICA O’LEARY
ASSISTANT ATTORNEY GENERAL
JESSICA.OLEARY@ILAG.GOV
O: 312-814-1003
OTHER RESOURCES

- Illinois Attorney General - Improving Response to Sexual Assault Crimes in Illinois
- Illinois Attorney General - Sexual Assault Nurse Examiner (SANE)
- Sexual Assault Medical Forensic Services Implementation Task Force (illinoisattorneygeneral.gov)
- OAG_Medical_Forensic_Exam_Brochure_12.27.2021.pdf (illinoisattorneygeneral.gov)
- Guide to Establishing an On-Call Sexual Assault Nurse Examiner Program (illinoisattorneygeneral.gov)
- photo_documentation_and_sample_digital_photography_policy.pdf (illinoisattorneygeneral.gov)
- sample_memorandum_of_understanding.pdf (illinoisattorneygeneral.gov)
2021: HOW GENDER AND RACE AFFECT JUSTICE NOW

Overview and Spotlight on Sexual Assault

Presented to the WA Sexual Assault Coordinated Community Response (SACCR) Task Force

May 25, 2022
Findings: Gender, combined with race, ethnicity, and poverty, adversely impacts outcomes in WA court system

• Trustworthy, factual data about the effect of gender in Washington courts is hard to find. Especially hard to find for Black, Indigenous, other people of color, and LGBTQ+ people

• Two points stand out from our data:
  (1) gender matters – it does affect the treatment of court users (including litigants, lawyers, witnesses, jurors, and employees); and

  (2) the adverse impact of these gendered effects is most pronounced for Black, Indigenous, other women of color, LGBTQ+ people, and women in poverty
Gender-Based Violence: Domestic Violence & Sexual Assault

• Domestic violence and sexual assault mostly harm women and LGBTQ+ people—particularly those who are Black, Indigenous, people of color, immigrants, or living in poverty. They also face barriers to reporting.

• Despite improvements in the law and its enforcement, barriers to justice remain for victims of gender-based violence. The large numbers of missing and murdered Indigenous women and people remain a key concern.

• The law requiring mandatory arrests in domestic violence cases may have unintended adverse effects on women, people of color, immigrants, those living in poverty, and LGBTQ+ people.
Gender, Violence, Youth, and Exploitation

- Girls, LGBTQ+ people, and youth with disabilities take different pathways into the juvenile justice system than other youth, and have different needs inside the system.

- Boys are targeted for commercial sexual exploitation in larger numbers than previously known. But women, youth of all genders, LGBTQ+ people, those in poverty, and Black, Indigenous and communities of color are the main targets.

- The justice system response to commercial sexual exploitation has greatly improved but still treats many in the sex industry, including exploited populations, as criminals.
The Gendered Impact of the Increase in Convictions and Incarceration

- Our pilot project found that Black, Indigenous, and women of color are convicted and sentenced at rates two to eight times higher than white women.

- Incarcerated mothers more likely than fathers to be primary caregivers. Thus, more likely to lose their children to out-of-home care during incarceration.

- Racial disparities in arrests negatively influence pretrial bail decisions, which influences plea deals, affects charging decisions, and creates a higher likelihood of incarceration and longer sentences for both men and women of color.

- Limited data on legal financial obligations (LFOs) suggests that while men face higher LFOs, women face greater challenges trying to pay both their own LFOs and those of people close to them.
Gender, Civil Justice, and the Courts

• The highest rates of workplace discrimination and harassment affect Black, Indigenous, and women of color; women doing farm work, domestic labor, and hospitality work; people with disabilities; and LGBTQ+ workers. They also face barriers to reporting and to justice.

• Our workplace survey of employees in Washington courts, superior court clerk offices, and judicial branch agencies found that 57 percent of respondents had experienced at least one type of workplace harassment in the past 18 months. The highest rates were experienced by those identifying as Indigenous, bisexual, gay or lesbian, multiracial, court clerks and women.

• Data suggests that gender and other biases in family law proceedings can impact custody, child support, and maintenance decisions
Gender, the Legal Community, and Barriers to Accessing the Courts

• Lack of court interpreters and translated materials disadvantages people with distinct communication needs. Of particular concern for those seeking protection from domestic violence, including immigrant women and families

• Black, Indigenous, and women of color not well represented in jury pools. Need for higher juror pay and research on challenges for female jurors

• Women, particularly Black, Indigenous, and other women of color, continue to face bias and pay disparities in the legal profession. Women and men of color also underrepresented in judicial and law firm leadership positions
Moving Forward

• Our findings resulted in five main goals to reduce the problems we found in every area of inquiry

• When evaluated in light of historical injustices against women, particularly Black, Indigenous, and other women of color and LGBTQ+ people, the data demonstrates systemic problems

• Our goals prioritize work on the areas of highest need. Gender neutral goals seemed like the best way to gain the best outcomes for those with the greatest need, and to benefit us all
Overall Goal #1

• Improve data collection in every area of the law that this report covers

• Ensure collection and distribution of accurate, specific data, disaggregated by gender, race, ethnicity, and LGBTQ+ status
Overall Goal #2

- Improve access to the courts in every area of the law that this report covers:
  - expand remote access
  - adopt more flexible hours
  - increase access to legal help
  - reduce communication barriers
  - ensure that courts treat all court users in a trauma responsive manner
Overall Goal #3

• Address the impacts of the vast increase in convictions and detentions over the last generation:
  o Recognize and remedy the increase in conviction rates and incarceration length for women, especially Black, Indigenous, and other women of color, and
  o Recognize and remedy the consequences that the increased incarceration of Black, Indigenous, and other men of color over the last generation has had on women and other family members
Overall Goal #4

• Reduce reliance on revenue from court users to fund the courts.
Overall Goal #5

• Identify the best evidence-based curricula for judicial and legal education on gender and race bias.
Consequences of Gender-Based Violence – Preliminary notes

• Acknowledgment
• Language and use of the term “victim”
Consequences of Gender-Based Violence – 1989 Study findings & recommendations

Findings:
- Victims afraid to report, discouraged
- Repeated continuances
- Poor communication between system and victims
- Perception that acquaintance rape cases not taken as seriously as stranger rape cases

Recommendations:
- Education for judges, prosecutors, law enforcement
- Establish specialized units (prosecution, law enforcement)
- Emphasis on taking acquaintance rape cases seriously (prosecution, law enforcement)
- Oppose continuances in rape cases (prosecution)
Consequences of Gender-Based Violence – 2021 Study

Findings

Since the 1989 Study, Washington has undertaken significant efforts to address sexual violence. Those discussed in Ch. 8 include:

- Rape shield interpretation
- Prison Rape Elimination Act
- Rape kit Backlog
- Expanded access to civil protection orders
- Advocate privilege, other victim rights, statute of limitations
- Education for law enforcement, prosecutors, judicial officers, other criminal justice system stakeholders
Consequences of Gender-Based Violence – 2021 Study Findings

30 years later… many of those same barriers to access and perceptions of the system that were cited in the 1989 study persist. E.g.

- Estimated 65% of sexual assaults are not reported:
  - Fear of unintended consequences
  - Perceived false reports
  - Negative system response and treatment of victims
  - Rape myths (See also Chapter 13)
  - Case attrition (See also Chapter 13)

Disproportionate impact on women, BIPOC individuals, immigrants, those living in poverty, LGBTQ+ people
Financial and Language Barriers to Court*

- Evidence shows very low rates of attorney representation for Sexual Assault Protection Order (SAPO) petitioners.

- 2018 survey of advocates revealed high unmet need for interpreters, leading to delay in court access or reliance on non-certified interpreters.

- Not all interpreters feel prepared to handle domestic violence or sexual assault cases; specialized training could help.

- Legal language creates a barrier for individuals to fully understand and exercise their rights.

- Data also lacking re: prevalence and reporting of sexual assault and intimate-partner crimes against people who are deaf, hard of hearing, or disabled. As a result, it is also unknown whether these crimes are investigated or prosecuted at rates comparable to crimes against hearing survivors.

* Chapters 1 & 2
Coercion and Sexual Harassment in the Workplace*

- Available data suggests rates of sexual harassment are extremely high among female farmworkers.

- Sexual harassment in these workplaces can include unwanted touching, verbal abuse and exhibitionism, but sometimes also sexual assault or sexual coercion, and can continue for months or years.

- Data on the prevalence on gender-based coercion and assaults in the farm labor and service industries is limited.

* Chapter 5
Prosecutorial Discretion and Charging Decisions*

• High rates of attrition for sexual assault cases; evidence suggests that charging is a significant point of case attrition, partially due to continuing bias and stereotypes.

• Before the pandemic, sexual assault victims in King County waited, on average, eight months after arraignment for disposition. The wait has grown to 19 months.

• White victims were more likely than Black victims to have charges filed, and Black suspects were more likely to be charged with more serious crimes and felonies.

• Transgender individuals report very high rates of sexual violence and unwanted sexual contact, but research data is lacking.

• There is evidence that male victims of sexual assault are more likely to have their cases declined by prosecutors; lack of data regarding charging decisions for LGBTQ+ victims.

* Chapter 13
Recommendations

- Expanded and improved data collection for assessment*
  - Prevalence & consequences of
    - sexual assault in prison
    - coercion and sexual assault in the workplace
    - investigation & processing of sexual assault cases

- One proposal - a statewide online dashboard where law enforcement reports its data on reported incidents and investigations.
- Collect data on the time from referral to prosecutors to filing charges, resolution via the court process, and the reasons for delays. This work will require legislative funding.

- Data collected should include disaggregated demographic information
Recommendations

• Increased access to civil legal aid attorneys

• Modify education for judges, law enforcement, prosecutors, and attorneys on gender-based violence
Follow-up:

Access the 2021 Gender Justice Study Final Report, Executive Summary, and five pilot project reports on the Gender and Justice Commission webpage.
Points of Summary:

Age of Consent Statute is silent – no explicit policy – in the following states:
AL, AK, AR, CT, DE, FL, GA, HI, LA, MA, MN, MS, MT, NE, NV, NH, NM, NC, RI, SC, TN, UT, VA, WV

States allowing minors can consent but no age specified:
CO, IL, IN, ID*, IA**, KS, KY, ME, MD, MI, MS, NY, ND, OH, OK, PA, TX, VT, WI, WY***
*If able to comprehend the nature of risk of treatment
**Information cannot be kept confidential from parent
***If parent or guardian cannot be located

States noting minors can consent but provides age:
AZ (12+), CA (12+), NJ (13+), SD (16+)

States noting minors cannot consent:
WA

This article summarizes consent and privacy laws state-by-state. The primary focus is privacy and confidentiality issues among adolescents, but also summarizes state’s consent laws. However, this article mainly brings forward the struggles of mandatory reporting and patient confidentiality in a digital age as the loftier issue beyond minor consent.

Evidence demonstrates that adolescents are more likely to seek health care for potentially sensitive issues, including sexual assault evaluations, if they can provide their own consent and be ensured their information is private.

Study examines the issues that arise due to inconsistences in privacy and confidentiality protections state-by-state. This concern has increased with the expanded use of electronic health records (EHRs), as well as with Open Notes and the 21st Century Cures Act, which has a focus on increasing electronic health information and reducing information blocking.

- Summaries of Open Notes and 21st Century Cures Act
  - “Open Notes is an international movement committed to spreading and studying the effects of transparent communication among patients, families and clinicians.” (https://www.opennotes.org/about/)
  - Designed to help accelerate medical product development and bring new innovations and advances to patients who need them faster and more efficiently. (https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act)

This article highlights the difficulties for health care providers to ensure medical consent and access to health information is done in compliance with state and federal laws. Due to substantial variability in privacy and consent laws regarding adolescent health care, consistent high-quality guidance for providers is impossible.

The American Academy of Pediatrics (AAP) has recommended adolescent confidentiality protections through its evidence-based guidance. However, the AAP has been deliberately nonprescriptive to avoid situations where its recommendations are in direct conflict with state laws. Although best practices have been established state laws do not necessarily adhere to these standards.

TABLE 1
State-by-State Policies on the Ability for Minors to Consent for Medical Services

<table>
<thead>
<tr>
<th>State</th>
<th>General Medical Care</th>
<th>Immunizations (see Figure 2)</th>
<th>Dental Care</th>
<th>Sexual Assault Evaluation</th>
<th>STI Testing and Treatment</th>
<th>HIV Testing and Treatment</th>
<th>Contraceptive Care</th>
<th>Prenatal Care</th>
<th>Substance Abuse Treatment</th>
<th>Mental Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>If 14 y or older or graduated high school, ever married or pregnant. Age of maturity is 19 y</td>
<td>Yes, if 14 y or older or graduated high school</td>
<td>14 y or older or graduated high school, ever married or pregnant</td>
<td>No explicit policy</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 12 y or older</td>
<td>14 y or older or graduated high school, ever married or pregnant</td>
<td>Yes</td>
<td>Yes</td>
<td>14 y or older or graduated high school, ever married or pregnant</td>
</tr>
<tr>
<td>State</td>
<td>General Medical Care</td>
<td>Immunizations (see Figure 2)</td>
<td>Dental Care</td>
<td>Sexual Assault Evaluation</td>
<td>STI Testing and Treatment</td>
<td>HIV Testing and Treatment</td>
<td>Contraceptive Care</td>
<td>Prenatal Care</td>
<td>Substance Abuse Treatment</td>
<td>Mental Health Care</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Alaska</td>
<td>If emancipated, living apart and financially independent, married or parents. Otherwise, if parent cannot be contacted or unwilling to give consent</td>
<td>No explicit policy</td>
<td>Yes, if parent cannot be contacted or won’t grant consent</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Arizona</td>
<td>If emancipated, married, or homeless</td>
<td>No, unless court ordered</td>
<td>No</td>
<td>Yes, if 12 y or older</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Arkansas</td>
<td>If emancipated, married, incarcerated, or if have sufficient intelligence to appreciate the consequences of treatment</td>
<td>Yes, if mature minor</td>
<td>No explicit policy</td>
<td>No</td>
<td>Yes</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>No, unless court ordered</td>
<td>Yes, if 12 y or older</td>
</tr>
<tr>
<td>California</td>
<td>If 15 y or older, living separately and financially independent, or 12 y or older if in contact with infectious, contagious, or communicable disease</td>
<td>15 y or older</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 12 y or older</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No explicit policy</td>
<td>Yes, if 12 y or older</td>
</tr>
<tr>
<td>Colorado</td>
<td>If 14 y or older, living separately and financially independent</td>
<td>No</td>
<td>If 14 or older, living separately and financially independent</td>
<td>Yes</td>
<td>Yes, if 13 y or older</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No explicit policy for unmarried minors</td>
<td>Yes, if 15 y or older</td>
</tr>
<tr>
<td>Connecticut</td>
<td>If emergency case, emancipated or married</td>
<td>No</td>
<td>Yes, if married, or emancipated minor, or a parent.</td>
<td>No explicit policy</td>
<td>Yes, if married</td>
<td>No explicit policy for unmarried minors</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 15 y or older</td>
<td>Yes</td>
</tr>
<tr>
<td>Delaware</td>
<td>If married, pregnant, in an emergency, or 12 y or older with infectious diseases</td>
<td>Yes, if 12 y and older, except COVID-19</td>
<td>Yes, if married or pregnant, in an emergency, or 12 y or older with infectious diseases</td>
<td>No explicit policy</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 12 y or older</td>
<td>Yes</td>
<td>Yes</td>
<td>No explicit policy</td>
<td>Yes, if 14 y or older</td>
</tr>
<tr>
<td>Florida</td>
<td>If 16 y or older and emancipated, or married, homeless, or living apart and financially independent</td>
<td>No</td>
<td>Yes, 16 y or older and emancipated, or married, homeless, or living apart and financially independent</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 13 y and older</td>
<td>No explicit policy</td>
</tr>
</tbody>
</table>

*If they have sufficient intelligence to appreciate the consequences*
<table>
<thead>
<tr>
<th>State</th>
<th>General Medical Care</th>
<th>Immunizations (see Figure 2)</th>
<th>Dental Care</th>
<th>Sexual Assault Evaluation</th>
<th>STI Testing and Treatment</th>
<th>HIV Testing and Treatment</th>
<th>Contraceptive Care</th>
<th>Prenatal Care</th>
<th>Substance Abuse Treatment</th>
<th>Mental Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>If emancipated or married No Yes, if emancipated minor No explicit policy Yes* Yes* Yes Yes Yes Yes No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td>If 14 y or older, not under the control of a legal guardian, with informed consent, and care is for minor’s benefit No 14 y or older, not under the control of a legal guardian, with informed consent, and care is for minor’s benefit No explicit policy Yes, if 14 y or older* No Yes, if 14 y or older* Yes* Yes*, No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td>If 14 y and older and emancipated, understands benefits and risks, identified by a listed representative, or married, pregnant, or a parent Yes, if 12 y or older for HPV or Hep B Yes, if 12 y or older* Yes, if 12 y or older* Yes, if married, a parent, pregnant or ever pregnant, or referred Yes Yes Yes, if married, a parent, younger than 16 y Yes, if married, a parent, younger than 16 y Yes, if 14 y or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>If emancipated, 14 y old and financially independent and living apart from parents, married, or in the military No No explicit policy Yes Yes Yes, if married Yes No explicit policy for unmarried minors Yes No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>If 16 y or older and emancipated, or married, or incarcerated as an adult Yes, if 12 y or older for HPV or Hep B Yes, treatment information cannot be kept confidential from parent Yes, parent must be notified for a positive result Yes No explicit policy for unmarried minors Yes No explicit policy for general mental health; may consent to immediate or short-term mental health services if a victim of sexual assault or sexual abuse No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>If 16 y or older No Yes, if 16 y or older Yes Yes* No Yes, if mature minor Yes, if mature minor No No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>Yes except COVID-19 No No explicit policy No No explicit policy for Yes* No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>Yes No If emancipated, married, or parent No If emancipated, married, or parent Yes Yes* Yes Yes Yes* Yes* Yes, if 16 y or older* No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>Yes No explicit policy No explicit policy Yes* Yes No explicit policy for Yes* No explicit policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>General Medical Care</td>
<td>Immunizations (see Figure 2)</td>
<td>Dental Care</td>
<td>Sexual Assault Evaluation</td>
<td>STI Testing and Treatment</td>
<td>HIV Testing and Treatment</td>
<td>Contraceptive Care</td>
<td>Prenatal Care</td>
<td>Substance Abuse Treatment</td>
<td>Mental Health Care</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>--------------------</td>
<td>---------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Maine</td>
<td>If living independently, or married, or in the Armed Forces, or emancipated</td>
<td>No</td>
<td>If living independently, or married, or in the Armed Forces, or emancipated</td>
<td>Yes</td>
<td>Yes*</td>
<td>No</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>Maryland</td>
<td>If married, a parent, living independently, or in an emergency</td>
<td>No</td>
<td>If married, a parent, living independently, or in an emergency</td>
<td>Yes</td>
<td>Yes*</td>
<td>No</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health</td>
<td>No</td>
<td>If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health</td>
<td>No explicit policy</td>
<td>Yes, parent must be notified if minor's health or life at risk</td>
<td>No</td>
<td>Yes, not through state funding</td>
<td>Yes, parent must be notified if minor's health or life at risk</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 16 y or older</td>
</tr>
<tr>
<td>Michigan</td>
<td>If emancipated, living apart from parents, ever married, pregnant, or a parent</td>
<td>No</td>
<td>If emancipated, living apart from parents, ever married, pregnant, or a parent</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes, if married</td>
<td>Yes*</td>
<td>Yes, if 14 y or older</td>
<td>Yes, if 14 y or older</td>
</tr>
<tr>
<td>Minnesota</td>
<td>If living independently, married, pregnant, a parent, or in an emergency</td>
<td>Yes, only for Hep B</td>
<td>If living independently, married, pregnant, a parent, or in an emergency</td>
<td>No explicit policy</td>
<td>Yes*</td>
<td>No</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>Mississippi</td>
<td>If married or emancipated</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, but does not include treatment</td>
<td>Yes, if married or a parent or referred</td>
<td>Yes</td>
<td>Yes, if 15 y or older</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Missouri</td>
<td>If married, parent, or pregnant</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes*</td>
<td>No</td>
<td>Yes, if married</td>
<td>Yes*</td>
<td>Yes*</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Montana</td>
<td>If emancipated, married, a parent, graduated from high school, or living apart from parents</td>
<td>Yes, if married, a parent, or graduated high school, except for COVID-19</td>
<td>Yes, if delay in care would endanger health</td>
<td>No explicit policy</td>
<td>Yes*</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes, if 16 y or older</td>
</tr>
<tr>
<td>Nebraska</td>
<td>No explicit policy. *Age of maturity is 19 y</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if married</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Nevada</td>
<td>If living apart from parents, ever married,</td>
<td>No</td>
<td>If living apart from parents, ever married,</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if married, a parent or a mature minor</td>
<td>Yes</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>State</td>
<td>General Medical Care</td>
<td>Immunizations (see Figure 2)</td>
<td>Dental Care</td>
<td>Sexual Assault Evaluation</td>
<td>STI Testing and Treatment</td>
<td>HIV Testing and Treatment</td>
<td>Contraceptive Care</td>
<td>Prenatal Care</td>
<td>Substance Abuse Treatment</td>
<td>Mental Health Care</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Emergency care</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes, if 14 y or older</td>
<td>No</td>
<td>Yes, if mature minor</td>
<td>Yes, if mature minor</td>
<td>Yes, if 12 y or older</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>New Jersey</td>
<td>If married or pregnant</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes*, if 13 y or older</td>
<td>Yes*, 13 y or older*</td>
<td>Yes*</td>
<td>Yes, if married, pregnant or ever pregnant</td>
<td>Yes*</td>
<td>Yes, if 14 y or older, parents notified if psychotropic medications given</td>
<td>Yes, 16 y or older for outpatient services, excluding medications</td>
</tr>
<tr>
<td>New Mexico</td>
<td>If 14 y with capacity to give consent and living apart from parents, or a parent</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, but does not include treatment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 14 y or older, parents notified if psychotropic medications given</td>
<td>Yes</td>
</tr>
<tr>
<td>New York</td>
<td>If parent, married, or in an emergency</td>
<td>Yes, only for HPV</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, but does not include treatment</td>
<td>Yes, not through state funding</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>North Carolina</td>
<td>If married, or 16 y or older and emancipated, or for emergency care</td>
<td>Yes, except for those with emergency use authorization</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>Yes, for emergency care.</td>
<td>No</td>
<td>Yes, if 14 y and homeless</td>
<td>Yes</td>
<td>Yes, if 14 y or older</td>
<td>No explicit policy</td>
<td>Yes, during first trimester and first visit</td>
<td>Yes, if 14 y or older</td>
<td>No explicit policy</td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>No explicit policy</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, but does not include treatment</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy.</td>
<td>No</td>
<td>Yes, if in an emergency or if married, emancipated, living apart, or has had a pregnancy.</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy; 16 y or older for inpatient treatment</td>
<td>Yes, 16 y or older for inpatient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>If 15 y or older</td>
<td>Yes, if 15 y or older</td>
<td>Yes, if 15 y or older</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes, if 15 y or older</td>
<td>Yes*</td>
<td>Yes*</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>If married, emancipated, pregnant, or graduated from high school.</td>
<td>No, unless 11 y and older for COVID-19 in Philadelphia, and able to consent</td>
<td>Yes, if minor is emancipated or has graduated high school, been married or been pregnant.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 14 y or older</td>
<td>Yes</td>
<td>Yes*</td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td>If 16 y or older for certain services</td>
<td>Yes, if 16 y or older</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes*</td>
<td>No explicit policy</td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>If 16 y or older</td>
<td>Yes, if 16 y or older</td>
<td>No explicit policy</td>
<td>Yes, if 16 y or older or mature minor</td>
<td>Yes, if 16 y or older or mature minor</td>
<td>Yes, if 16 y or older, mature minor or married</td>
<td>Yes, if 16 y or older, younger when deemed necessary</td>
<td>Yes</td>
<td>No explicit policy</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>General Medical Care</td>
<td>Immunizations (see Figure 2)</td>
<td>Dental Care</td>
<td>Sexual Assault Evaluation</td>
<td>STI Testing and Treatment</td>
<td>HIV Testing and Treatment</td>
<td>Contraceptive Care</td>
<td>Prenatal Care</td>
<td>Substance Abuse Treatment</td>
<td>Mental Health Care</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>South Dakota</td>
<td>If married or emancipated</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes, if 16 y or older</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if married</td>
<td>No explicit policy for unmarried minors</td>
<td>Yes</td>
<td>No explicit policy</td>
</tr>
<tr>
<td>Tennessee</td>
<td>If 16 y or older, and mature minor</td>
<td>Yes, if 14 y or older for numerous situations</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Texas</td>
<td>If 16 y or older</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Utah</td>
<td>If emancipated, married, a parent, or an unaccompanied homeless minor who is 15 y or older</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if married</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>If emancipated or married</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 12 y and older, but does not include treatment</td>
<td>Yes, if married</td>
<td>No explicit policy for unmarried minors</td>
<td>Yes, if 12 y or older</td>
<td>Yes, if 14 y or older</td>
</tr>
<tr>
<td>Virginia</td>
<td>If emancipated, married, or a parent</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes, if 16 y or older</td>
<td>Yes, 16 y and older for outpatient treatment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 13 y or older for outpatient treatment</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>If emancipated, married, or meets criteria for being homeless</td>
<td>Yes, if mature minor</td>
<td>No explicit policy</td>
<td>No</td>
<td>Yes, if 14 y or older</td>
<td>Yes, if 14 y or older</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, if 13 y or older for outpatient treatment</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>If 16 y and emancipated or married</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if married</td>
<td>No explicit policy</td>
<td>Yes, if 14 y or older</td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>No explicit policy</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td>No explicit policy</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>If emancipated, is or was married, in the military, or living apart from parents and managing their own affairs</td>
<td>No</td>
<td>No explicit policy</td>
<td>Yes, if parent or guardian cannot be located</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, not through state funding</td>
<td>No explicit policy for unmarried minors</td>
<td>Yes, if 12 y or older and the parent cannot be found. The parent or guardian must be notified at least as soon as possible.</td>
<td>Yes, if 14 y or older</td>
</tr>
</tbody>
</table>

STI, Sexually Transmitted Infections; HIV, HIV.

* Parent/guardian may be informed.
Data sources for this table are found in Table 3. The information in this table may not be the most updated, accurate or complete.