



Sexual Assault Coordinated Community Response (SACCR) Task Force

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 Raigrod, 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)"

Jaclyn Rodriguez, SANE Coordinator at the Office of the Illinois Attorney General Kwame Raoul, and Jessica O'Leary, Assistant Attorney General at the Office of the Illinois Attorney General provided a presentation on Illinois' [Sexual Assault Survivors Emergency Treatment Act](#) (SASETA). PowerPoint presentation is attached (pages 5-19).

What is SASETA?

- Creates standardized care for all SA victims across state
- Department of Public Health oversees SASETA
 - o Must comply and report out every three years
- Statewide evidence collection program
 - o Kit processing times reduced to 88 days/average
 - o Due to collaboration with crime lab, etc.
- Addresses reimbursement costs – bills private insurance & Medicaid/Medicare
 - o 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:
 - o Medical exam (lenient timeframes up to minimum of 7 days after assault)(modified exam up to 30 days after assault)
 - o Laboratory tests
 - o Confidential records
 - o Oral and written information
 - o Medication (both at hospital and after discharge)
 - o 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)
 - o Care for a drug-facilitated sexual assault
 - o Referral to physician
 - o Referral for appropriate counseling (MOU with crisis response center)
 - o Brochures (After SA & Crime Victim’s Compensation)
 - o 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
 - o 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
 - o 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)
 - o 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
 - o No photography requirement (Prior 2019)
 - Forensic photography (07/01/2019)
 - o No education requirement for SA patient care (Prior 2019)
 - Mandatory 2 hour sexual assault training every 2 years (07/01/2020)
 - o 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

Domestic Violence – Moral Reconciliation Therapy (DV-MRT)? How/when/effectiveness of this service/training?

https://www.courts.wa.gov/subsite/gjc/documents/GJ_Study_Pilot_DVMRT.pdf

- 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
 - o Lack of availability on county level
 - o 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

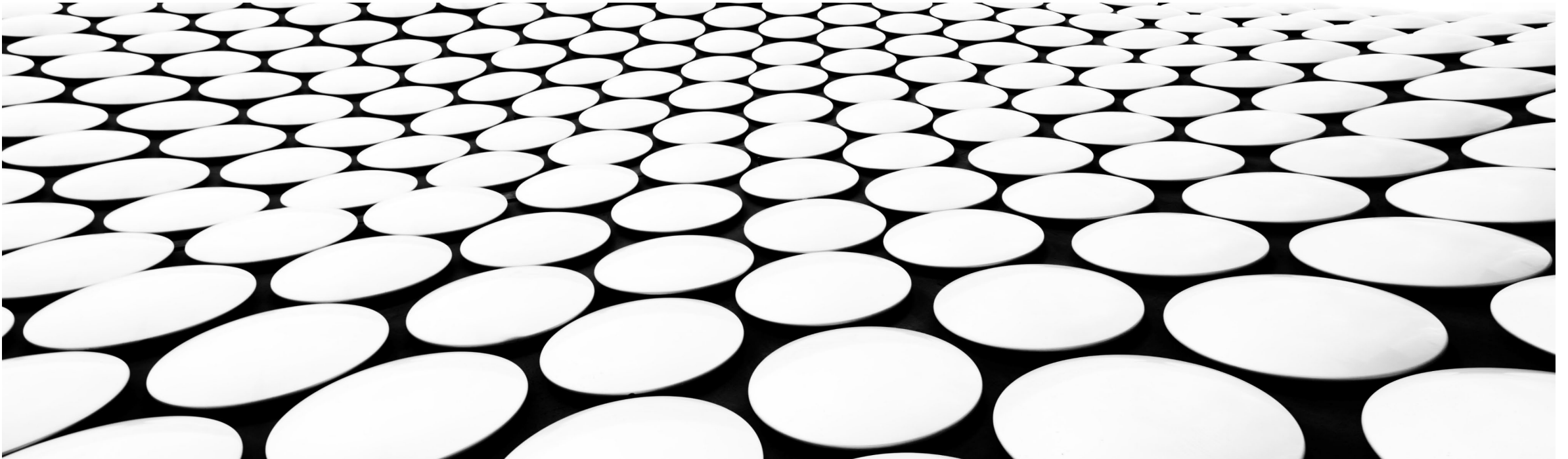
Broader system response subgroup (per Kelly Richburg)

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

ILLINOIS SEXUAL ASSAULT LEGISLATION

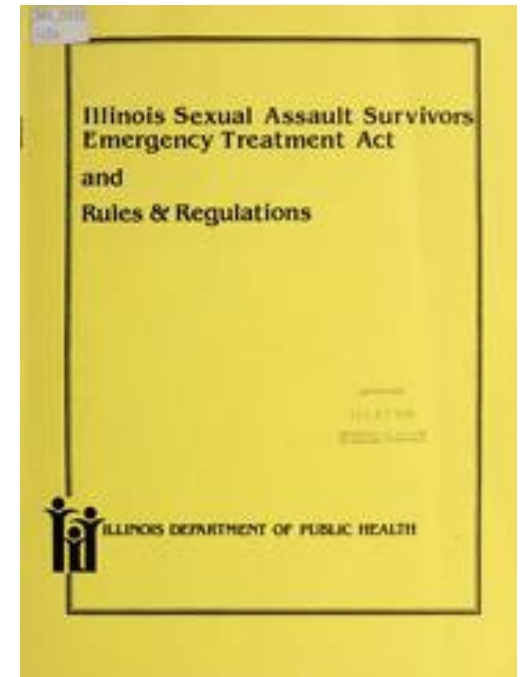
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SEXUAL ASSAULT SURVIVORS EMERGENCY TREATMENT ACT

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





MEDICAL FORENSIC SERVICES

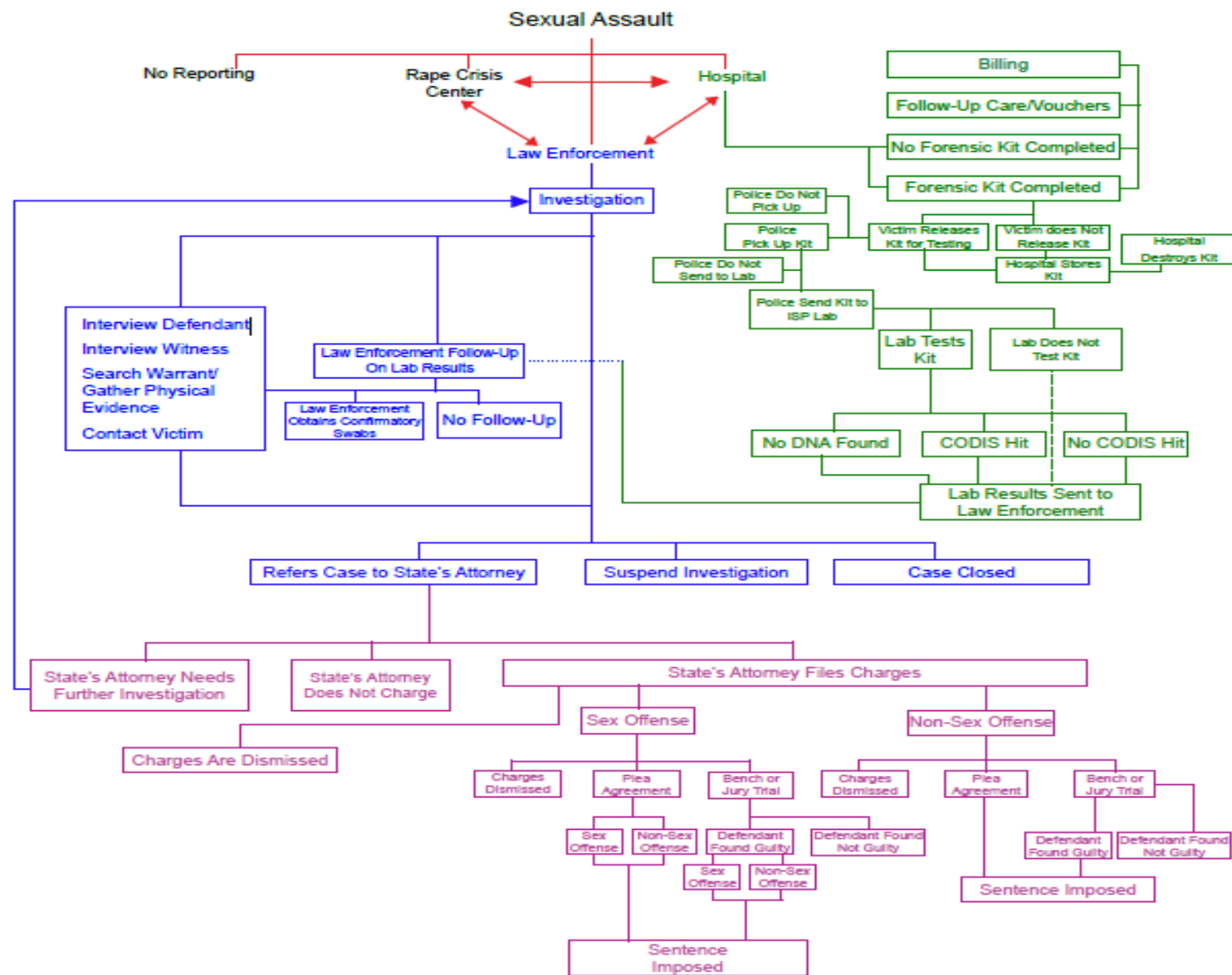
- includes, but is not limited to, taking a medical history, performing photo documentation, performing a physical and anogenital examination, assessing the patient for evidence collection, collecting evidence in accordance with a statewide sexual assault evidence collection program administered by the 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



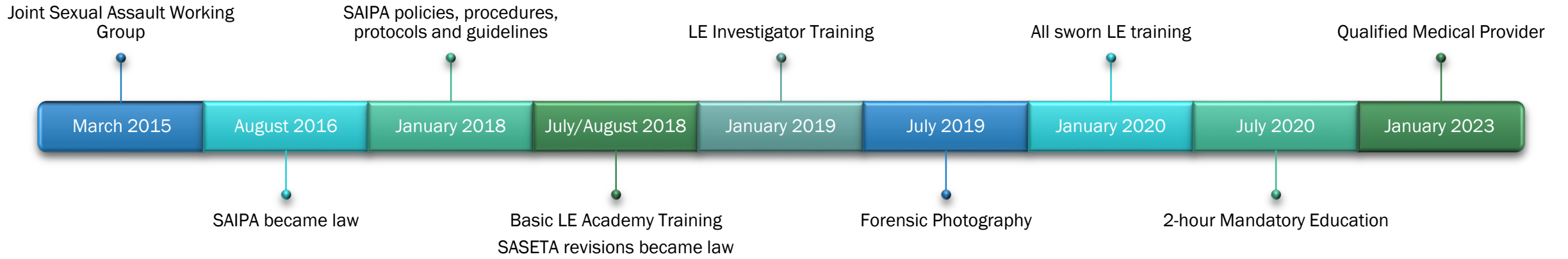
TREATMENT FACILITY

- 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

Overview of Sexual Assault Incident Handling



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- 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



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- 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

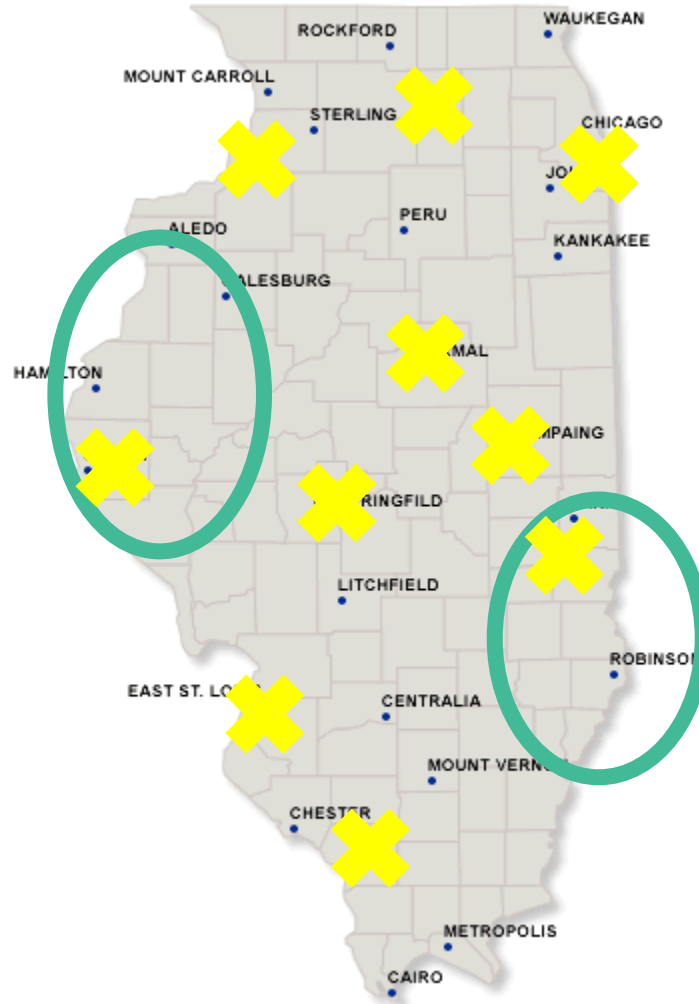
Prior to 2019

- 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
- 1/1/2023: 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

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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 \(illinoisattorneygeneral.gov\)](#)

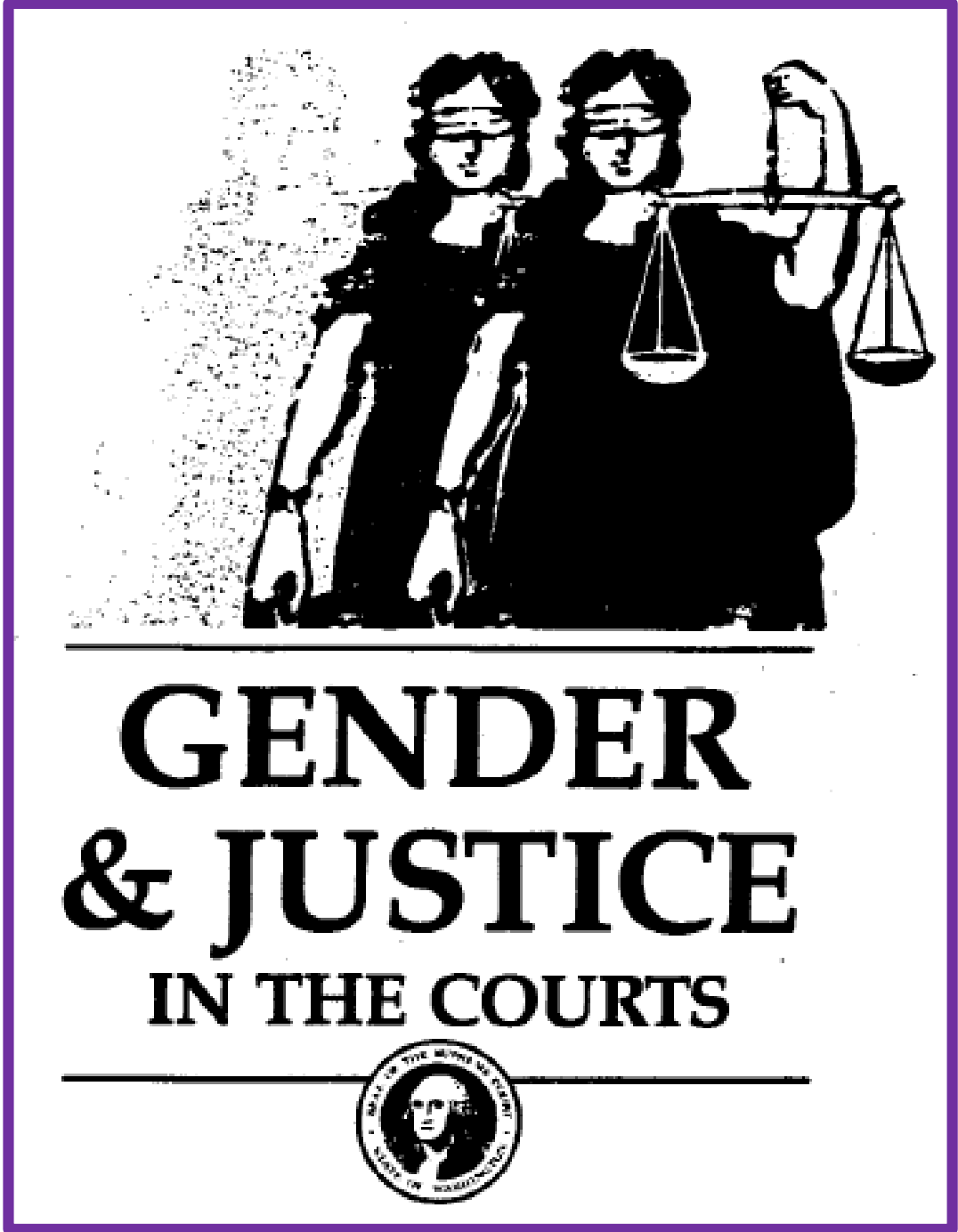
2021: HOW GENDER AND RACE AFFECT JUSTICE NOW

Overview and Spotlight on Sexual Assault

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

May 25, 2022





**2021: HOW
GENDER AND RACE
AFFECT JUSTICE NOW**

**WASHINGTON
COURTS**
ADMINISTRATIVE OFFICE OF THE COURTS
**GENDER AND JUSTICE
COMMISSION**
Promoting Gender Equality
In the Justice System



Final Report

 www.courts.wa.gov/genderjustice 

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:**
 - **Recognize and remedy the increase in conviction rates and incarceration length for women, especially Black, Indigenous, and other women of color, and**
 - **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](#)

Article: [Adolescent Consent and Confidentiality: Complexities in Context of the 21st Century Cures Act](#)

A English, CA Ford - Pediatrics, 2022 - publications.aap.org

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 inconsistencies 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
 - o “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/>)
 - o 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

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
Alabama	If 14 y or older or graduated high school, ever married or pregnant. Age of maturity is 19 y	Yes, if 14 y or older or graduated high school	14 y or older or graduated high school, ever married or pregnant	No explicit policy	Yes, if 12 y or older ^a	Yes, if 12 y or older ^a	14 y or older or graduated high school, ever married or pregnant	Yes	Yes	14 y or older or graduated high school, ever married or pregnant

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
Alaska	If emancipated, living apart and financially independent, married or parents. Otherwise, if parent cannot be contacted or unwilling to give consent	Yes, if parent cannot be contacted or won't grant consent	If emancipated, living apart and financially independent, married or parents. Otherwise, if parent cannot be contacted or unwilling to give consent	No explicit policy	Yes	No	Yes	Yes	No explicit policy	No explicit policy
Arizona	If emancipated, married, or homeless	No, unless court ordered	No	Yes, if 12 y or older	Yes	No	Yes	No explicit policy	Yes, if 12 y or older	No explicit policy
Arkansas	If emancipated, married, incarcerated, or if have sufficient intelligence to appreciate the consequences of treatment	Yes, if mature minor	No explicit policy	No explicit policy	Yes ^a	No	Yes	Yes	If they have sufficient intelligence to appreciate the consequences	If they have sufficient intelligence to appreciate the consequences
California	If 15 y or older, living separately and financially independent, or 12 y or older if in contact with infectious, contagious, or communicable disease	Yes, if 12 or older for HPV, Hep B (or COVID-19 in San Francisco)	15 y or older	Yes, if 12 y or older	Yes, if 12 y or older	Yes, if 12 y or older	Yes	Yes	Yes, if 12 y or older ^a	Yes, ^a if 12 y or older and is mature enough to participate intelligently and is in present danger or victim of incest or child abuse
Colorado	If 14 y or older, living separately and financially independent	No	If 14 or older, living separately and financially independent	Yes	Yes, if 13 y or older	Yes, if 13 y or older ^a	Yes	Yes	Yes	Yes, if 15 y or older ^a
Connecticut	If emergency case, emancipated or married	No	Yes, if married, or emancipated minor, or a parent.	No explicit policy	Yes, physician must report positive result if younger than 12 y	Yes, physician must report positive result if younger than 12 y	Yes, if married	No explicit policy for unmarried minors	Yes	Yes
Delaware	If married, pregnant, in an emergency, or 12 y or older with infectious diseases	Yes, if 12 y and older, except COVID-19	Yes, if married or pregnant	No explicit policy	Yes, if 12 y or older ^a	Yes, if 12 y or older ^a	Yes, if 12 y or older ^a	Yes, if 12 y or older ^a	Yes, if 14 y or older for outpatient	No explicit policy
Florida	If 16 y or older and emancipated, or married, homeless, or living apart and financially independent	No	16 y or older and emancipated, or married, homeless, or living apart and	No explicit policy	Yes	Yes	Yes, if married, a parent, pregnant or ever pregnant	Yes	Yes	Yes, if 13 y and older

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
			financially independent							
Georgia	If emancipated or married	No	Yes, for emancipated minor	No explicit policy	Yes ^a	Yes ^a	Yes	Yes	Yes ^a	No explicit policy
Hawaii	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 ^a	No	Yes, if 14 y or older ^a	Yes, if 14 y or older ^a	Yes ^a	Yes, if 14 y or older
Idaho	If able to comprehend the nature of and risks of treatment	Yes, if mature minor	If able to comprehend the nature of and risks of treatment	If able to comprehend the nature of and risks of treatment	Yes, if 14 y or older	Yes, if 14 y or older	Yes	Yes	Yes, ^a Info may be shared with parent if younger than 16 y	Yes, if 14 y or older
Illinois	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	Emergency dental care	Yes	Yes, if 12 y or older ^a	Yes, if 12 y or older ^a	Yes, if married, a parent, pregnant or ever pregnant, or referred	Yes	Yes, if 12 y or older	Yes, if 12 y or older, 16 or older for inpatient ^a
Indiana	If emancipated, 14 y old and financially independent and living apart from parents, married, or in the military.	No	No explicit policy	Yes	Yes	No	Yes, if married	No explicit policy for unmarried minors	Yes	No explicit policy
Iowa	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	No explicit policy	Yes, treatment information cannot be kept confidential from parent	Yes	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
Kansas	16 y or older	No	Yes if, 16 y or older	Yes	Yes ^a	No	Yes, if mature minor	Yes, if mature minor	Yes	No explicit policy
Kentucky	If emancipated, married, or parent	No	If emancipated, married, or parent	Yes	Yes ^a	Yes	Yes ^a	Yes ^a	Yes ^a	Yes, if 16 y or older ^a
Louisiana	Yes	Yes, except COVID-19	No explicit policy	No explicit policy	Yes ^a	No	Yes, if married	No explicit policy for	Yes ^a	No explicit policy

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
								unmarried minors		
Maine	If living independently, or married, or in the Armed Forces, or emancipated	No	If living independently, or married, or in the Armed Forces, or emancipated	Yes	Yes ^a	No	Yes ^a	Yes ^a	Yes ^a	Yes ^a
Maryland	If married, a parent, living independently, or in an emergency	No	If married, a parent, living independently, or in an emergency	Yes	Yes ^a	No	Yes ^a	Yes ^a	Yes ^a	Yes, a minor 12 y or older ^a
Massachusetts	If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health	No	If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health	No explicit policy	Yes, parent must be notified if minor's health or life at risk	No	Yes, not through state funding	Yes, parent must be notified if minor's health or life at risk	Yes, if 12 y or older	Yes, if 16 y or older
Michigan	If emancipated, living apart from parents, ever married, pregnant, or a parent	No	If emancipated, living apart from parents, ever married, pregnant, or a parent	Yes	Yes ^a	Yes ^a	Yes, if married	Yes ^a	Yes, if 14 y or older	Yes, if 14 y or older
Minnesota	If living independently, married, pregnant, a parent, or in an emergency	Yes, only for Hep B	If living independently, married, pregnant, a parent, or in an emergency	No explicit policy	Yes ^a	No	Yes ^a	Yes ^a	Yes ^a	Yes, if related to pregnancy, venereal disease, or alcohol and other drug abuse
Mississippi	If married or emancipated	No	No explicit policy	No explicit policy	Yes	Yes, but does not include treatment	Yes, if married or a parent or referred	Yes	Yes, if 15 y or older ^a	No explicit policy
Missouri	If married, parent, or pregnant	No	No explicit policy	Yes	Yes ^a	No	Yes, if married	Yes ^a	Yes ^a	No explicit policy
Montana	If emancipated, married, a parent, graduated from high school, or living apart from parents	Yes, if married, a parent, or graduated high school, except for COVID-19	Yes, if delay in care would endanger health	No explicit policy	Yes ^a	Yes	Yes ^a	Yes ^a	Yes ^a	Yes, if 16 y or older
Nebraska	No explicit policy. *Age of maturity is 19 y	No	No explicit policy	No explicit policy	Yes	No	Yes, if married	No explicit policy	Yes	No explicit policy
Nevada	If living apart from parents, ever	No	If living apart from parents, ever married,	No explicit policy	Yes	Yes	Yes, if married, a parent or a mature minor	Yes, if married or mature minor	Yes	No explicit policy

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
	married, parent, or health emergency		parent, or health emergency							
New Hampshire	Emergency care	No	No explicit policy	No explicit policy	Yes, if 14 y or older	No	Yes, if mature minor	Yes, if mature minor	Yes, if 12 y or older	No explicit policy
New Jersey	If married or pregnant	No	No explicit policy	Yes, if 13 y or older	Yes ^a	Yes, 13 y or older ^a	Yes, if married, pregnant or ever pregnant	Yes ^a	Yes	Yes, 16 y or older for outpatient services, excluding medications
New Mexico	If 14 y with capacity to give consent and living apart from parents, or a parent	No	If 14 y with capacity to give consent and living apart from parents, or a parent	No explicit policy	Yes	Yes, but does not include treatment	Yes	Yes	Yes, if 14 y or older, parents notified if psychotropic medications given	Yes, if 14 y or older, parents notified if psychotropic medications given
New York	If parent, married, or in an emergency	Yes, only for HPV	If parent, married, or in an emergency	Yes	Yes	Yes, but does not include treatment	Yes, not through state funding	Yes	Yes ^a	Yes ^a
North Carolina	If married, or 16 or older and emancipated, or for emergency care	Yes, except for those with emergency use authorization	No explicit policy	No explicit policy	Yes	Yes	Yes	Yes ^a	Yes	Yes
North Dakota	Yes, for emergency care.	No	Yes, if 14 y and homeless	Yes	Yes, if 14 y or older	Yes, if 14 y or older	No explicit policy	Yes, during first trimester and first visit after first trimester	Yes, if 14 y or older	No explicit policy
Ohio	No explicit policy	No	No explicit policy	Yes	Yes	Yes, but does not include treatment	No explicit policy	No explicit policy	Yes	Yes, if 14 y or older
Oklahoma	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy.	No	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy.	Yes	Yes ^a	Yes ^a	Yes, if married, pregnant or ever pregnant ^a	Yes ^a	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy; 16 y or older for inpatient treatment	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy; 16 y or older for inpatient treatment
Oregon	If 15 y or older	Yes, if 15 y or older	Yes, if 15 y or older	No explicit policy	Yes	Yes	Yes ^a	Yes, if 15 y or older ^a	Yes, ^a outpatient: 14 y or older; onpatient: 15 y or older	Yes, ^a outpatient: 14 y or older; inpatient: 15 y or older
Pennsylvania	If married, emancipated, pregnant, or graduated from high school.	No, unless 11 y and older for COVID-19 in Philadelphia, and able to consent	Yes, if minor is emancipated or has graduated high school, been married or been pregnant.	Yes	Yes	Yes	Yes, if 14 y or older	Yes	Yes ^a	No explicit policy
Rhode Island	If 16 y or older for certain services	Yes, if 16 y or older	No explicit policy	No explicit policy	Yes	Yes	No explicit policy	No explicit policy	Yes	No explicit policy
South Carolina	If 16 y or older	Yes, if 16 y or older	Yes, if deemed medically necessary	No explicit policy	Yes, if 16 y or older or mature minor	Yes, if 16 y or older or mature minor	Yes, if 16 y or older, mature minor or married	Yes, if 16 y or older, or mature minor	Yes, if 16 y or older, younger when deemed necessary	Yes, if 16 y or older, younger when deemed necessary

State	General Medical Care	Immunizations (see Figure 2)	Dental Care	Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
South Dakota	If married or emancipated	No	No explicit policy	Yes, if 16 y or older	Yes	No	Yes, if married	No explicit policy for unmarried minors	Yes	No explicit policy
Tennessee	If 16 y or older	Yes, if 14 y or older, and mature minor	Yes, 14 y or older for numerous situations	No explicit policy	Yes	Yes	Yes	Yes	Yes ^a	Yes, if 16 y or older
Texas	If 16 y or older	No	Yes, if 16 y or older and lives separate from parents or guardians	Yes	Yes ^a	Yes ^a	Yes, if married	Yes ^a	Yes ^a	Yes
Inpatient: 16 y or older										
Utah	If emancipated, married, a parent, or an unaccompanied homeless minor who is 15 y or older	No	No explicit policy	No explicit policy	Yes	No	Yes, if married	Yes	No explicit policy	No explicit policy
Vermont	If emancipated or married	No	No explicit policy	Yes	Yes, if 12 y or older	Yes, if 12 y and older, but does not include treatment	Yes, if married	No explicit policy for unmarried minors	Yes, if 12 y or older	Yes, ^a outpatient: any age; inpatient: 14 y or older
Virginia	If emancipated, married or a parent	No	If emancipated, married, or parent.	No explicit policy	Yes	Yes	Yes	Yes	Yes, for outpatient treatment	Yes, for outpatient treatment
Washington	If emancipated, married, or meets criteria for being homeless	Yes, if mature minor	No explicit policy	No	Yes, if 14 y or older	Yes, if 14 y or older	Yes	Yes	Yes, if 13 y or older for outpatient treatment	Yes, if 13 y or older for outpatient treatment
West Virginia	If 16 y and emancipated or married	No	No explicit policy	No explicit policy	Yes	No	Yes, if married	Yes, if 16 y or older and married or a mature minor	Yes	Yes, if 14 y or older
Wisconsin	No explicit policy	No	No explicit policy	Yes	Yes	No	No explicit policy	No explicit policy	Yes, ^a if 12 y or older and the parent cannot be found. The parent or guardian must be notified at soon as possible.	Yes, if 14 y or older
Wyoming	If emancipated, is or was married, in the military, or living apart from parents and managing their own affairs	No	No explicit policy	Yes, if parent or guardian cannot be located	Yes	Yes	Yes, not through state funding	No explicit policy for unmarried minors	Yes * If 12 y or older and is a smoker or user of tobacco products	No explicit policy

STI, Sexually Transmitted Infections; HIV, HIV.

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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.