

NOTE: As provided in LFC policy, this report is intended for use by the standing finance committees of the legislature. The Legislative Finance Committee does not assume responsibility for the accuracy of the information in this report when used in any other situation.

Only the most recent FIR version, excluding attachments, is available on the Intranet. Previously issued FIRs and attachments may be obtained from the LFC office in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR: Beam DATE TYPED: 2/14/01 HB 410
 SHORT TITLE: Pregnancy Treatment for Minors SB _____
 ANALYST: Dunbar

APPROPRIATION

| Appropriation Contained | | Estimated Additional Impact | | Recurring or Non-Rec | Fund Affected |
|-------------------------|------|-----------------------------|------|----------------------|---------------|
| FY01 | FY02 | FY01 | FY02 | | |
| | | | | | |
| | | | | | |

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 376, HB 372, SB 33, HB 129, HB 399,

SOURCES OF INFORMATION

Health Policy Commission
 Children Youth and Families Department
 Attorney General

SUMMARY

Synopsis of Bill

HB 410 allows licensed health care providers to provide prenatal, delivery and postnatal care to a minor. The bill further provides a minor with the capacity to consent for such health care.

Significant Issues

Key provisions of the act include a minor’s right to obtain, and a healthcare provider right to provide, prenatal, delivery and postnatal health care without parental consent.

The Attorney General writes that although common law endows minors with the legal capacity to contract for life necessities which arguably includes the capacity to consent to necessary medical services, the common law requires a case by case determination. Furthermore, the AG office states that by codifying the common law, the bill creates certainty for minors and health care providers and that the consequence of not enacting the bill will be to perpetrate the uncertainty for minors requiring services and health care providers.

The HPC comments that the intentions of the bill with regard to the “health care provider” are not clear and may need to be specified as to appropriate types of provider, provisions of licensure, training or specialization. Lack of definition or conditions of “health care provider”, the HPC says, may result in liability issues for some health care providers. HPC expresses concern over the provisions of the bill that refer simply to “prenatal, delivery and postnatal care” without the terms being defined, e.g., terms may be interpreted to include the provision of abortion. HPC states this can result in conflicting issues of interpretation and liability.

RELATIONSHIP:

Relates to HB 376, creating a program to address issues and consequences of teen pregnancy.

Relates to HB 372, relating to the abortion rights of a minor.

Relates to SB 33, appropriation provisions for prenatal services.

Relates to HB 129, appropriation provisions for prenatal services

Relates to HB 399, making an appropriation for prenatal services.

OTHER SUBSTANTIVE ISSUES

The Health Policy Commission provided the following information and/or suggestions:

- C Two federal programs – Title X and Medicaid prohibit parental consent requirement when providing family planning services. Both programs mandate that, in exchange for receiving monies from the federal government, health care services treat patients confidentially, including minors. Several courts have found that state parental consent requirements may not be imposed on federally funded family planning programs.
- C It may be appropriate to consider amending existing law determining emancipated minor status to include a pregnant female as is the case with several states including California.
- C Existing law provides health care to a minor without parental consent in “emergency situations”. “Emergency” situations may easily be interpreted to include labor and delivery, as well as unanticipated outcomes of pregnancy including medically necessary intervention for miscarriage, ectopic pregnancy, fetal death and other conditions of pregnancy that may threaten the life of mother or new or unborn child.

BD/njw