North Carolina is nationally recognized for having one of the best School-Based/School-Linked Health Center infrastructures in the United States. Last year, the 32 SBHCs funded by NC DHHS served more than 14,400 students through 72,000 visits.¹

Sexual and reproductive health care matters to the overall health of youth. While adolescents ages 15-24 only make up about a quarter of the nation’s population, almost half of all new STD infections happen in this age group.² North Carolina’s teen pregnancy rate has dropped 67% since 1991, and the single-biggest reason for the decline is increased contraceptive use. ³, ⁴

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

Ripple Effects for North Carolina...

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

How the North Carolina General Assembly Can Help...

Public Policy Measures

Preserve Minor’s Consent to Health Care Services
• 83% (76% Republican, 79% Independent, 93% Democrat) of North Carolina parents say North Carolina’s current minor’s consent law is important or very important.⁴
• Addresses a key concern of young patients – privacy – and helps doctors start a dialogue about sensitive topics, including sexual health, relationships/abuse, mental health, and substance abuse
• Increases access to early prenatal care, testing and treatment of communicable diseases, and contraceptive care for sexually active patients
• Allows victims of abuse or incest to seek care without needing the abuser’s permission

Preserve the current right of insured individuals to access contraceptives and gynecological care, and treatment through private insurance
• Preserve GS 58.3-178, which ensures youth with insurance coverage are able to access adequate health care.
• Ensure young people have access to the most effective methods of contraception, including long-acting reversible contraceptives.

Ensure that North Carolina communities maintain an infrastructure that can provide adolescent-friendly health care, including adolescent-friendly sexual and reproductive health care.
• Ensure that public health and social services consolidation does not reduce access to services.

Budget and Funding Issues

Safeguard current funding and provide additional support for School-Based Health Centers
• Safeguard $1,378,633 for School-Based Health Centers in the state budget. This amount reflects the portion of the funding provided by the NCGA, and funds 32 of the 90 schools served by SBHCs across 27 counties.
• Increase access to health care for an additional 1,297 economically disadvantaged children by increasing the North Carolina School Health Center Program budget by $400,000.
• A total of 40,000 students are served each year by North Carolina’s 90 School-Based Health Centers. 14,400 students are served in the 32 centers which receive state funding.
• Centers increase the number of NC youth who have access to treatment and referrals for serious illness and injury, alcohol and substance abuse issues, weight, STDs, immunization, and chronic disease and mental (or behavioral) health.

Safeguard funding for Medicaid and HealthChoice
• Ensures low-income North Carolina youth have access to adequate preventative care

Safeguard state contributions to the Women’s Health Services Fund
• Ensures low-income men and women have access to contraceptives, including the most effective methods, long-acting reversible contraceptives (LARCs)
• Reduces the state’s expenditures for prenatal care, labor and delivery, and infant care
Current North Carolina Statutes Affecting Access to Care

GS 90-21.5 - Minor’s Consent Sufficient for Certain Medical Health Services
(a) Minors may give effective consent for the prevention, treatment, or diagnosis of STDs/HIV, pregnancy, substance abuse, and emotional disturbance. This law, enacted in 1971, is especially important to prevent the spread of STDs, to ensure pregnant minors seek responsible prenatal care, and in cases of abuse or incest. Under this section, minors may not consent to abortion, sterilization, or admission to a 24-hour facility. Minors may seek emergency care as authorized in GS 122C-223.
(b) Any emancipated minor may consent to medical treatment, dental treatment, or health services for himself or his child.

GS 58.3-178 – Insurance/Cover Contraceptives
(A) Requires insurers who provide health benefit plans that include prescription drug coverage to provide coverage for FDA-approved contraceptive drugs or devices. In general, the same coinsurance or deductible fee structure that applies to other covered drugs or devices will apply to contraceptive drugs or devices. An exception for religious employers is provided under this provision of the law.
(B) Requires insurers who provide coverage for out-patient services to also provide coverage for out-patient contraceptive services such as “consultations, examinations, procedures, and medical services provided on an outpatient basis related to the use of contraceptive methods to prevent pregnancy.”
(C) Provides that the prescription drugs or devices requiring coverage under the provision of this law do not include “the prescription drug known as ‘RU-486’ or an equivalent drug product as defined in GS 91-85.27(1) or the prescription drug marketed under the name ‘Preven’ or an equivalent drug product as defined in GS 91- 85.27(1).”

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

Women’s Health Services Fund This fund provides long-acting reversible contraceptives (LARCs) to low-income women and teens ineligible for Medicaid. The fund provides LARCs, including IUDs, Depo Provera injections and hormonal implants, that are effective for up to 10 years for a one-time cost of $40-$700 each. The Women’s Health Services Fund prevents unplanned pregnancies among women who would qualify for Medicaid by becoming pregnant. If these women experienced a pregnancy, their prenatal care, labor and delivery costs, and pediatric care during the year after the baby’s birth would cost the state more than $13,000. Of the $1,038,730 provided for this program, 100% goes to local health departments.

Be Smart Family Planning Program (also known as a Medicaid Family Planning Program) North Carolina receives $9 Federal for every $1 State to provide critical contraceptive services to men and women of reproductive age who meet certain income eligibility requirements. Annual evaluations of this program have demonstrated significant cost savings to North Carolina in the form of reduced Medicaid spending.

References and Additional Resources
1. North Carolina School Community Health Alliance.
3. North Carolina State Center for Health Statistics