This is Volume III of OTA's assessment, Adolescent Health. *This* volume addresses a number of crosscutting issues in the delivery of health and related services to adolescents ages 10 to 18. As shown in box A, which lists the table of contents for all three volumes of the assessment, the following issues are discussed in this volume:[1]

- Chapter 15: Major Issues Pertaining to the Delivery of primary and Comprehensive Health Services to Adolescents;
- Chapter 16: Financial Access to Health Services;
- Chapter 17: Consent and Confidentiality in Adolescent Health Care Decisionmaking;
- Chapter 18: Issues in the Delivery of Services to Selected Groups of Adolescents; and
- Chapter 19: The Role of Federal Agencies in Adolescent Health.

Chapter 15 reviews research on the shortcomings of the mainstream primary health care system with respect to adolescents, including the scarcity of specially trained providers. It also discusses recent innovations to improve the delivery of health and related services to adolescents. Prominent among these innovations are community-based and school-linked health centers, which at their best can simultaneously address a number of barriers to adolescents' receipt of basic health services. Other innovations, such as adolescent participation in the design of services, can also help to meet the demonstrated need for more user-friendly health services for adolescents. Even should the rate of these innovations be accelerated, the chapter makes clear that increased and improved training of health care providers is essential in order for adolescent health services to be more accessible and effective.

Chapter 16 addresses issues in financial access to health services. Financial access is key to any discussion of adolescents' access to health services, yet one out of seven adolescents are without any health insurance, and the percentage of adolescents who are uninsured is growing. Even when adolescents have health insurance, available benefit packages may not meet adolescents' special needs (e.g., their needs for preventive and early intervention services; for dental, mental health, substance abuse treatment, or for prenatal care; for services provided by nonphysician health care professionals, or in school settings). Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program theoretically provides the most generous and comprehensive benefits package, but one out of three poor adolescents does not have access to Medicaid, and average EPSDT spending on adolescents appears to be quite low. The promise of Medicaid in meeting the health care needs of the country's most disadvantaged adolescents appears not to have been fulfilled.

Chapter 17 turns to a third major issue affecting adolescents' access to health services: requirements for parental consent or notification. The chapter summarizes the body of law that determines how the authority for adolescent health care decisionmaking is allocated-including the extent of parental involvement in adolescent health care decisionmaking. The chapter summarizes the common law rule, the exceptions to the common law rule, the positions of health care provider organizations on issues in adolescent health care decisionmaking, and the research literature on the capacity of adolescents to make health care decisions on their own. Chapter 19 also provides a framework for conducting an analysis of the various interests that must be considered—those of the state, of parents, of health care providers, and of adolescents—should change in the existing situation be desired.

Chapter 18 addresses the health issues and barriers to effective and appropriate health services that are faced by selected groups of adolescents: those living in poverty, members of racial or ethnic minorities (black adolescents, Hispanic adolescents, Asian adolescents, American Indian and Alaska Native adolescents, Native Hawaiian adolescents), and residents of rural areas. In addition, the chapter reviews available knowledge on interventions designed to increase access to health services among these groups of adolescents. Federal programs and policies for poor adolescents, racial and ethnic minority adolescents, and adolescents living in rural areas are also assessed. The chapter takes on

[1]The entire assessment is being published in three volumes: in addition to this volume, the reader can obtain *Volume I—Summary and Policy Options* (published in April 1991) and *Volume II-Background and the Effectiveness of Selected Prevention and Treatment Services* (to be published later in 1991).

***Box A--Full Table** of **Contents for OTA's Adolescent Health Report***



importance as one considers that the population of the United States is becoming increasingly racially and ethnically diverse, and that racial and ethnic minority adolescents—as well as rural adolescents—are more likely than white adolescents to face the health risks associated with living in poverty. Sadly, the systematic knowledge base on assisting these adolescents is as yet underdeveloped.

Chapter 19 provides an overview of the Federal role in adolescent health. The chapter is based primarily on the results of an OTA survey of

### *Box B—Summary of Major Policy Options*

OTA suggests a range of options that could be implemented in an effort to help improve adolescent health, broadly defied. Three major options that OTA believes Congress may want to consider are:

1. improving U.S. adolescents' access to appropriate health services,
2. restructuring and invigorating Federal efforts to improve adolescent health, and
3. improving adolescents' environments.

Strategies to improve U.S. adolescents' access to appropriate health services include:

- support the development of centers that provide, in schools and/or communities, comprehensive and accessible services designed specifically for adolescents-e. g., by providing seed money, continuation funding, or removing existing financial barriers;
- increase financial access-e. g., by expanding Medicaid to immediately include all poor adolescents, by increasing access to private insurance, and by increasing outreach for Medicaid;
- increase legal access to health services-e. g., by supporting the development of a model State statute, or requiring or conditioning States' receipt of Federal moneys for specific programs on substantive changes in consent and confidentiality regulations;
- increase support for training for the providers of health and related services; and
- empower adolescents to gain access to health and related services-for example, through education and encouraging adolescent participation in the design of services.

Strategies to restructure and invigorate Federal efforts to improve adolescent health include:

- create a new locus for a strong Federal role in addressing adolescent health issues;
- strengthen traditional U.S. executive branch activities in: 1) program development for promising or neglected areas of intervention, 2) research, and 3) data collection,

Strategies to improve the social environment for adolescents include:

- increase support to families of adolescents-e. g., through tangible supports such as child allowances or more flexible working hours, and through providing information on appropriate, health-promoting parenting for adolescents;
- support additional limitations on adolescents' access to firearms;
- support the expansion of appropriate recreational opportunities for adolescents; and
- monitor the effects on adolescents of the implementation of the National and Community Service Act of 1990.

In addition to these major options and strategies, which cut across the areas examinedby OTA, a number of topic-specific policy options are listed in Volume I of the Report.

It is important to note that, apart from whatever specific strategies the Federal Government may adopt to improve adolescents' health, there is a need for a basic change in approach to adolescent health issues in this country, so that adolescents are approached more sympathetically and supportively, and not merely as individuals potentially riddled with problems and behaving badly.

numerous Federal agencies identified by OTA as having a role or potential role in adolescent health. The survey was followed by a meeting between U.S. executive branch representatives and OTA staff and advisors. The chapter concludes that funding for adolescent health issues—including research and services-is meager, that existing interagency coordination efforts are ineffective, and that Federal leadership specific to adolescent health issues is urgently needed.

Although each chapter in this volume (and in Volume II) ends with a section on conclusions and policy implications, specific legislative options relevant to each of the issues discussed in Volume III can be found in *Volume I-Summary and Policy Options* of this assessment.[2] In addition, many of the major policy options that were suggested by OTA's full analysis of adolescent health issues focus on issues discussed in this volume. OTA's major policy options are briefly summarized in box B.

[2]See the back of this Report for an order form.

In order to provide context on the extent of a number of adolescent health concerns, appendix B in this Volume summarizes data from Volume II on the prevalence and incidence of the broad range of health concerns found among adolescents. Appendix A is a glossary of terms and abbreviations, and appendix C provides technical details on the Health Care Financing Administration's method for estimating national Medicaid enrollment and expenditures for adolescents. The many individuals who assisted OTA in the development of the three volumes of this Report are listed in Appendix B of Volume I. The way OTA went about conducting the assessment-including lists of workshop participants and members of-tie Youth Advisory Panel—is described in Appendix A of Volume I. The requesters of the assessment are listed in box C below.

***Box C—Requesters of OTA's Adolescent Health Report (with current committee chair or ranking minority assignment)***

Senator Daniel K. Inouye, Chairman of the Senate Select Committee on Indian Affairs;
Senator Nancy Landon Kassebaum, Ranking Minority Member of the Subcommittee on Education, Arts, and Humanities of the Senate Committee on Labor and Human Resources;
Senator Bob Dole, Minority Leader of the Senate;
Senator Robert C. Byrd, Chairman of the Senate Committee on Appropriations;
Representative William H. Gray, III, Majority Whip of the House of Representatives;
Senator James M. Jeffords, Ranking Minority Member of the Subcommittee on Labor of the Senate Committee on Labor and Human Resources;
Senator Orrin G. Hatch, Ranking Minority Member of the Senate Committee on Labor and Human Resources;
Senator Edward M. Kennedy, Chairman of the Senate Committee on Labor and Human Resources;
Senator Quentin W. Burdick, Chairman of the Senate Committee on Environment and Public Works;
Senator Mark O. Hatfield, Ranking Minority Member of the Senate Committee on Appropriations;
Senator Alan K. Simpson, Assistant Minority Leader of the Senate;
Senator Alan Cranston, Chairman of the Senate Committee on Veterans Affairs;
Senator Ted Stevens, Ranking Minority Member of the Senate Committee on Rules and Administration;
Senator Bob Packwood, Ranking Minority Member of the Senate Committee on Finance;
Senator Charles Grassley, Member of the Technology Assessment Board;
Senator Barbara Mikulski, Chairman of the Subcommittee on Veterans Affairs, Housing and Urban Development, and Independent Agencies of the Senate Committee on Appropriations;
Senator Ernest Hollings, Chairman of the Senate Committee on Commerce, Science, and Transportation;
Senator Arlen Specter, Ranking Minority Member of the Subcommittee on Veterans Affairs;
Representative Henry A. Waxman, Chairman of the Subcommittee on Health and the Environment of the House Committee on Energy and Commerce;
Senator Daniel K. Akaka;
Representative Morris K. Udall, Chairman of the House Committee on Interior and Insular Affairs;
Senator Frank H. Murkowski, Vice Chairman of the Senate Select Committee on Intelligence;
Senator Christopher J. Dodd, Chairman of the Subcommittee on Children, Family, Drugs, and Alcohol of the Senate Committee on Labor and Human Resources;
Senator Claiborne Pen, Chairman of the Senate Committee on Foreign Relations;
Senator Dale Bumpers, Chairman of the Senate Committee on Small Business;
Senator Lloyd Bentsen, Chairman of the Senate Committee on Finance;
Senator Daniel P. Moynihan, Chairman of the Subcommittee on Social Security and Family Policy of the Senate Committee on Finance;
Senator John D. Rockefeller, IV, Chairman of the Subcommittee on Medicare and Long Term Care of the Senate Committee on Finance;
Representative Don Young, Ranking Minority Member of the House Committee on Interior and Insular Affairs.

A letter of support was received from the House Select Committee on Children, Youth, and Families.