



Case Study
Wellinois County Termination of Family Planning Services

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April 1, 1999

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Introduction:

On November 12, 1997, the Wellinois County Board Chairman directed the County Health Department (CHD) to terminate its contractual agreement with the Illinois Department of Public Health (IDPH) for federal funds (Title X) to support the provision of family planning services. The CHD had provided family planning services without incident for about six years. The County Board came to this dramatic decision in response to a particular incident where a minor involved in a sexual relationship with a teacher had received family planning services at a CHD clinic. This incident brought to the forefront the CHD's policy, consistent with their grant requirements, of not requiring parental consent for their adolescents prior to obtaining family planning services.

The Board also was responding to more conservative members of the community who believed that family planning service availability promotes sexual activity amongst adolescents and erodes parental authority. Because the County Board is the governing body of the CHD, the CHD Administrator, I.M. Beleaguered, had no remedial action available to him and was forced to cease operations of family planning clinics, leaving 2,500 Wellinois County women of all ages without a source of care for their family planning needs.

Legislative Authority for the Delivery of Family Planning Services

Both the Illinois legislature and the U.S. Congress have recognized that in the case of some medical and mental health issues, requiring parental involvement consent might pose an insurmountable barrier to minors. Family Planning Services have been recognized both federally and at the state level as one of the services that may be obtained by minors without parental consent.

Federal: The U.S. Congress enacted Title X of the Public Health Service Act in 1970 to establish a nationwide program expressly to make "comprehensive family planning services readily available to all persons desiring such services." Congress authorized the then-Department of Health, Education and Welfare to financially support public and non-profit entities in the establishment of projects offering a broad range of family planning methods. Subsequent to the initial enactment of Title X, Congress frequently articulated its concern about the continuing unmet family planning needs of sexually active adolescents. In 1978, the statute was amended to require specifically that Title X projects offer "a broad range of acceptable and effective family planning methods and services (including . . . services for adolescents)." [42 U.S.C. Sec. 300(a)]. This addition reflected Congress' intent to place "a special emphasis on preventing unwanted pregnancies among sexually active adolescents." [S. Rep. No. 822, 95th Cong., 2d Sess. 24 (1978)].

"Congress has recognized the critical importance of preserving patient confidentiality in the Title X program. The Senate report accompanying the 1977 reauthorization of Title X expressly

acknowledged that adolescents are more likely to seek family planning services at Title X facilities precisely because of the policy of patient confidentiality."

Relevant Illinois law: In Illinois, youth under the age of 18 years are considered minors and the general rule is that their parents must consent to their medical treatment. Illinois law provides several exceptions to this general rule, however, including the law governing provision of birth control services:

Birth control services and information may be rendered by doctors licensed in Illinois to practice medicine in all of its branches to any minor: who is married; or who is a patient; or who is pregnant; or who has the consent of his parent or legal guardian; or as to whom the failure to provide such services would create a serious health hazard; or who is referred for such services by a physician, clergyman or a planned parenthood agency. (325 ILCS15/3)

Illinois law also permits minors to consent to treatment for sexually transmitted diseases, substance abuse and outpatient mental health treatment. The law recognizes that there may be some instances in which a health care provider believes that it is necessary to inform a minor's parent or guardian of the minor's condition or treatment and permits the sharing of information in these particular situations.

The Case

The Setting: Wellinois County is a relatively medium-sized county that has traditionally been a bucolic, rural, agricultural area dotted with small towns. Due to its relative proximity to a large city, Wellinois County has experienced some changes in its character as "urban sprawl" has reached the county. The County has been self-described as "family-oriented" and has a long-established conservative bent in the political realm.

A comparison with Illinois and the nearby large city, Big Shoulders, indicates the prosperity and homogeneity of Wellinois:

Indicator	Wellinois	Illinois	Big Shoulders
Total Population	183,241	11,430,602	2,783,726
% Rural	24%	15%	--
% White	98%	78%	38%
% below federal poverty level	3%	12%	22%
Median family income	\$47,991	\$38,664	\$30,707
Median household income	\$43,471	\$32,252	\$26,301
Per capita income	\$17,271	\$27,929	\$12,899

Note: Percents have been rounded; 1990 Census

The Chronology: In the Fall of 1991, the Wellinois CHD was considering applying for family planning funding available through Title X of the federal Public Health Service Act (Title X). This grant funding is administered through the Illinois Department of Public Health, which was given the responsibility by the federal government to assure delegate compliance with federal program requirements. Among the federal requirements was one that mandated that some services be made available to all clients irrespective of demographic characteristics, such as age or income (i.e., ability to pay) This provision prohibited a Title X delegate from requiring parental notification for clients of minor age prior to receiving services, and it precluded agencies from notifying parents/guardians of a client's receipt of services.

Knowing the political and social climate of the community, CHD Administrator Beleaguered recognized the potential public relations fallout of accepting Title X money, and the ramifications this decision could have on other CHD funding. However, this concern was outweighed by the County's public health need. Statistics showed that 82% of the women who used the county prenatal and well-baby clinic had not planned their pregnancies, indicating a serious need for low-cost family planning services. As the Wellinois County teen pregnancy rate was one of the lowest in the state, Beleaguered estimated that 95% of the services' clients would be adults. This estimate was borne out.

Advocacy groups, both in favor of and against the program, mobilized during the County's consideration of the application. The local chapters of Planned Parenthood and the League of Women Voters strongly supported the program while a citizen's committee formed in opposition. PIT's (Parents In this Together) platform was based on the belief that permitting teenagers to receive family planning without parental consent usurped parental authority and that widespread availability of birth control counseling and contraceptives would promote sexual activity.

The County Board was forced to act. Given the small-town environment of Wellinois County, Board members knew very well, on a personal level, various PIT members, and were by and large very sympathetic to their concerns. The Board's response to community discontent was to submit an application to IDPH that required parental notification/consent for minors, cognizant that the policy was in clear violation of federal and state requirements. Not surprisingly, the State rejected the application.

The CHD Administrator asked IDPH for assistance in forging a mutually acceptable policy. He was hopeful that the presence of the State public health authority would bolster what he viewed as *the* public health position on the matter. The County and IDPH began negotiations that resulted in a new application form which provided that minors would be *encouraged* to consult with parents about family planning services, but would not require it. In October, the State approved the application and the County began to receive Title X funding. This resolution occurred fairly quickly. The County Board and the CHD agreed to the revised family planning to minors policy even though they knew they were walking a thin line. But at the time, they decided it was better to resolve the controversy and get the clinic going. And as CHD Administrator Beleaguered commented, "We just didn't want to get mired down in a lot of detail on the teen issue when the client load does not reflect a significant demand of [family planning services by adolescents]."

The compromise seemed to quiet the opposition, and the issues that had percolated while the application was first submitted generally died down. The family planning program had a deliberately low profile even while meeting grant requirements for community education and outreach. Even though there was always the possibility that this issue could heat up, no formal promotion plan or public relations strategy was developed.

The program provided services to 2,500 patients annually, the overwhelming majority of whom were adults.

“The ‘Main Event’: Nearly six years later, in June of 1997, a \$17.5 million lawsuit was filed by the parents of a thirteen year-old girl alleging that the CHD had provided the girl birth control services, which was in the form of an injectable contraceptive, Depo-Provera. It was further alleged that the thirteen year old girl had been driven to the clinic by a junior high school teacher with whom she has had sexual relations for eight months and that he waited in the clinic’s parking lot while she received services. The suit alleged, among other charges, that the potential side effects of Depo-Provera had not been fully explained to the thirteen year old before it was prescribed. The initial defendants named were the CHD, school district, and the teacher; however, the CHD was dropped from the lawsuit because it was operating in strict compliance with federal law.

The news of the lawsuit provoked outrage in Wellinois County. PIT remobilized, and membership expanded by those particularly incensed by the teacher’s alleged behavior and the resultant molestation charges. The County Board was driven to action by this particular event and by its already predisposed discomfort with permitting the provision of family planning services to minors without parental consent.

Even after CHD was no longer a defendant in the suit, Administrator Beleaguered was limited in his ability to speak out on this issue, based on the advice of legal counsel. Early supporters of the Title X policies had disbanded once the funding was approved and there was no organized effort to remobilize them when this issue surfaced, in part because of the overall outrage generated by the incident.

In November 1997, The Board, by a swift and decisive vote of 15-6, ordered the CHD to terminate its funding agreement for \$48,700 in Title X funds. This decision was made, seemingly with little regard on how the CHD would continue to provide family planning services to any patients, regardless of their age. The CHD Administrator Beleaguered noted that “Without the Title X funds, financially strapped Wellinois County cannot continue to provide the [family planning] services. It’s [Title X dollars] not a big part of the [CHD’s]\$3 million budget, but it’s a big part of that [family planning] program.”

The Results

Family planning services are no longer offered by Wellinois County Health Department. Approximately 2,500 women, primarily adults, do not have a source of family planning services offered to patients regardless of their ability to pay. In addition, I.M. Beleaguered moved on to become the Administrator of another County Health Department

Study Guide

1. Is there anything I.M. Beleguered and his staff could have done to change Board sentiment regarding the issue of minor's access to family planning? If so, at what point(s) in time?
2. Should Family Planning staff have handled the case of the 13 year-old girl differently than they did? e.g., any leeway around confidentiality, counseling regarding her partner, involvement of school?
3. Were there any other steps that I.M. Beleguered could have taken to assure that family planning services would continue to be offered without Title X funding?
4. Could IDPH have taken more steps to assure that family planning would be offered at Wellinois County? Could more leadership from the state have changed the outcome? What are the State's responsibilities, if any, in "assurance" when, as in this case, "assurance" goes against community wishes?
5. What, if any, is the federal government's responsibility for a policy that, in this case, has precluded a unit of local government from availing itself of funding to provide a basic public health service?