

# ***Minnesota Confidential***

**A Guide for Education and Advocacy to Maintain  
the Minor's Consent to Health Services Act**



Minnesota Public Health Association

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The guide is a companion to *Minnesota Confidential*, a 30-minute documentary designed to increase the level of awareness about the ability of minors to access confidential health services and the need for data-supported, sound public health policy to protect the health of minors and their families. Together, the documentary and guide are intended to generate discussion, clarify policy issues and move people to take action to maintain the Minor's Consent to Health Services Act.

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# ***Minnesota Confidential*** **A Guide for Education and Advocacy to Maintain the Minor's Consent to Health Services Act**

## **Introduction**

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The Minnesota Public Health Association (MPHA) advocates for policies and practices that protect and enhance the health and well being of our citizens and communities. In keeping with its mission, MPHA was instrumental in forging a large coalition of community groups and professional associations to secure passage of the Minor's Consent to Health Services Act in 1971.

This law enables minors to access a broad array of essential health services without the consent or knowledge of their parents. This law also permits health practitioners to provide confidential services without fear of legal reprisal. MPHA believes that this public health policy continues to be a vital tool to ensure that minors have access to confidential health services.

In recent years, the Minor's Consent to Health Services Act has been under attack and the ensuing policy debate around efforts to repeal the law has often been acrimonious. MPHA believes that good citizenship and sound policy-making require accurate facts, thoughtful reasoning and conversations without rancor. To this end, *Minnesota Confidential* brings together proponents and opponents of the Act and provides them an opportunity to make their cases as clearly as possible.

In Minnesota and throughout the nation, a growing separation of social and political views threatens to disrupt and dismantle long-standing public policies. MPHA views *Minnesota Confidential* as a vehicle for facilitating respectful conversations, while maintaining unwavering support for the ability of minors to access confidential health services.

## **History and Background**

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The Minor's Consent to Health Services Act [Minnesota Statutes - Chapter 144, Sections 144.341 - 144.347] was passed in 1971 to address the critical and unmet health needs of minors during a time of enormous social change. Changes in family structures and the broadening of the individual rights of minorities, women and children showed that minors were particularly vulnerable if they needed to seek health services. While Minnesota law was silent on the ability of minors to access health services, practitioners declined to see or treat minors without parental consent, fearing potential liabilities. Minors, apprehensive of parental reactions, embarrassment, or disrupting family harmony, were not receiving needed health services, often jeopardizing their health and future lives.

MPHA organized a coalition of professional associations and service providers in the late 1960s and early 1970s to document that the basic health needs of minors were not being met. In many situations, parents or guardians were not always caring, functional, available or capable of making responsible decisions in the best interests of minors. MPHA led the coalition in drafting legislation that clarified the rights and conditions that would encourage minors to seek needed help and enable professionals to provide the services on a confidential basis. The coalition engaged and mobilized their constituencies to educate their members and the public. This widespread support and advocacy resulted in passage of the Minor's Consent to Health Services Act of 1971, which became a model statute across the country.

In 2003, the Parental Health Access bill was introduced into the Minnesota Legislature. This bill would have repealed key elements of the original Minor's Consent Act, granted a parent or guardian full access to a minor child's health care records without the minor's consent and eliminated a minor's right to give effective legal consent for health services. In 2004, this attempt to repeal the Minor's Consent law passed in the Minnesota House of Representatives, but narrowly failed in the Senate. The repeal bill was re-introduced, but not acted upon during the 2005 legislative session. The policy debate is certain to continue in future legislative sessions.

The policy debate centers on the role of parental authority and control. Minors today are exposed to the adult world at much younger ages. They live in a world that is far more complex than ever before. While society has moved away from earlier-held views that minors are the exclusive "property" of their parents, tension still exists. Minors desire more independence by taking responsibility for their own actions and making their own informed decisions.

MPHA and its partners, in response to the growing needs of today's minors, continue to defend and uphold the integrity and intent of the Minor's Consent Act. Repeal of this law would be a step backwards. Taking away the entire law or parts of it would have the effect of isolating many minors from the safety net of health services that are critical to their long term health and well being. It would leave Minnesota out of step with other states that have also granted minors this needed protection. The protection of vulnerable minors is more urgently needed now than ever before.

# Guide to Facilitating a Discussion

## Getting Ready

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The *Minnesota Confidential* video is designed to help a wide range of audiences expand their understanding of policy issues it raises, and to trigger action to support maintaining the intent and integrity of the Minor's Consent to Health Services Act. As a facilitator, it is important to create a setting where people feel safe, encouraged and respected to share their views honestly and openly. Thank people for watching *Minnesota Confidential* and participating in a discussion.

Here are some guidelines to offer participants:

1. Listen carefully and with respect. Everyone in the video demonstrated that they can make their points without shouting and acrimony. This is an exercise in responsible, civil discourse.
2. Create an environment in which each person gets a chance to talk.
3. One person talks at a time. Don't cut people off, but don't let people who are long-winded unfairly dominate the group.
4. It's okay to disagree, but do so respectfully.

## Tips for Facilitators

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Facilitating a group discussion is about listening, paying attention to what people have to say and creating a comfortable environment for people to share their points of view. Your audience may vary in size, composition or level of formality. It may include people from different walks of life, age groups, generations, and cultures, such as co-workers, colleagues, neighbors, practitioners, friends or family members. You might be involved in an impromptu conversation or have planned it in advance by inviting people to gather to watch the video at a certain time and place. Whether you are holding an informal conversation or a more formal discussion with a group of people, encourage diversity in the breadth and depth of thinking to help individuals formulate and express their own viewpoints.

This guide is full of useful information and resources in the key resources section, pages 8 to 17. Consider how the fact sheets, annotated summary of the law, frequently asked questions and bibliography can inform your conversation or discussion.



## **Posing the Questions**

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The following questions are offered to spark a conversation about the video and some of the issues it raises. The objective is to encourage groups of individuals to consider the value of this public health law for the citizens of Minnesota. There are no right and wrong answers.

### **From Your Perspective**

1. What are some of the issues you heard presented in the video? What points do you agree with, and which ones do you disagree with? Why?
2. What question(s) would you like to ask someone in the video?
3. What lessons can be learned from listening to differing opinions on this issue? Which points or issues are fact-based (research/evidence), which ones are based in anecdote or story and which ones are expressed as opinions or beliefs?
4. How would the repeal of the Minor's Consent Act impact you and your community?

### **From Society's Perspective**

5. How can the Minor's Consent Act facilitate communication between minors, their parent(s) or guardian(s) and practitioners?
6. How do changing social norms impact the relationships between minors and parent(s) or guardian(s)?
7. Why should society write laws to increase the ability of minors to access an array of health services?
8. How do generational and cultural differences affect the goals and services inherent in these laws?

### **Education and Advocacy Roles**

9. What did you know about the Minor's Consent Act before viewing the video?
10. How would you describe the Minor's Consent Act to someone who knows little or nothing about it?
11. What are your views about the importance of the Minor's Consent Act?
12. How have your views been impacted by the video and discussion?
13. What can you do to educate others about the Minor's Consent Act?
14. What can you do to help advocate to keep the integrity and intent of this public health policy intact?

## **Call To Action**

Now that you've had an opportunity to see and discuss *Minnesota Confidential*, the hope is that your understanding of the Minor's Consent to Health Services Act and the policy debate around it has been expanded and sharpened. You are invited to join MPHA and its partners to engage in EDUCATION and ADVOCACY efforts to keep this important public health law in place. Your time and energy are needed to ensure that our collective voices make a positive difference in achieving this goal. Here are some ways you can get involved:

### **Keep Learning**

Deepen your understanding of the policy issues by reading evidence-based research articles (selected bibliography on page 16) and policy positions of partner organizations (websites of interest on page 17).

Engage in informal or formal conversations with your co-workers, colleagues, neighbors, friends and family. Share information and resources with them.

### **Organize in Your Community**

Host a meeting in your workplace, home, faith community, classroom or another setting to view the video, discuss key questions and policy issues, and/or to coordinate action strategies. Your audience could include youth, adults, practitioners, elected officials or a mix of people.

Build networks of supporters in your community by setting up e-mail and telephone call lists to keep people informed about the issues and opportunities for them to speak up and out.

### **Contact Your Legislators**

Visit your legislators to establish a relationship with them in face-to-face meetings and participate in meetings or community events in your district.

Write personal letters or emails to your legislators to get your message heard.

Participate in advocacy days at the Capitol to meet and network with other supporters and to talk with your legislators.

## **Use the Media**

Write a letter to the editor or guest column for statewide, regional or community newspapers.

Call-in to radio talk shows to offer your viewpoints and perspectives.

## **Tips for Contacting Your Legislators**

Your elected officials are interested in hearing from you. As a constituent, you are in the best position to help make the case for maintaining the Minor's Consent Act. Get to know your legislators, building one-on-one relationships in order to gain access and have credibility. Some of the most valuable and timely information legislators receive comes from people who have knowledge in the field (facts based on evidence/research) or have personal experiences with issues that are being discussed.

Letters, emails and phone calls are also ways to let your legislators know that you are interested in a specific issue. If you do not personally connect with your legislator when you call, leave a message with the staff person who will relay your message. Be brief and to the point when you communicate your views.

To find your representative in the Legislature and to contact them: [www.leg.state.mn.us](http://www.leg.state.mn.us).

Senate Information Office  
Room 231, State Capitol  
(651) 296-0504  
(888) 234-1112  
TTY (651) 296-0250/(888) 234-1216

House Information Office  
Room 175, State Office Building  
(651) 296-2146  
(800) 657-3550  
TTY (651) 296-9896/(800) 657-3550

## **Tips for Writing a Letter to the Editor**

Letters to the editor are among the most highly read items in newspapers. Timing is important. Your letter is more likely to get printed if the issue you write about is in the news. All letters should be typed or neatly handwritten. They should be signed and include your home address and home/work telephone numbers because editors may want to contact you prior to printing your letter. Letters should be between 150 and 200 words--longer letters might be cut significantly or not printed at all. Be sure to communicate your message clearly, in a reasonable tone, and to include verifiable facts and quotes.

## Fact Sheet

### Minor's Consent to Health Services Act of 1971 Keep The Door Open!

The Minnesota Minor's Consent to Health Services Act opens the door for minors to seek and obtain confidential health services, and leaves the door open for parent(s) or guardian(s) to become involved in serious health issues. It **enables** and **protects** the rights of minors to access a broad array of medical, dental, mental and other health services without fear of legal consequences for the practitioner.

- Many mental and physical health issues, such as eating disorders, depression, diabetes, urinary tract infections, chemical/alcohol abuse, and violence in the home or elsewhere are often identified during the course of a minor's confidential visit to a clinic. These may go undiagnosed and untreated if the minor does not have access to confidential health services.
- Under current law, health practitioners may inform parents or legal guardians of any treatment given or needed where, in the practitioner's judgment, failure to do so would jeopardize the health of the minor patient.<sup>1</sup>
- Most health practitioners encourage dialogue between minors and their parents or guardians. Often the services and counseling a minor receives in a clinic is the impetus to fostering better communication with parents or guardians.

### Minors and Their Families Need This Law

- Research shows that mandatory parental consent laws do not convince adolescents to talk with their parents, but rather increase their health risks by making them less likely to access essential health services.<sup>2</sup>
- 55 percent of teens would not seek care for depression if parental notification were required.<sup>3</sup>

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<sup>1</sup> Minnesota Statute 144.346 (2003)

<sup>2</sup> Reddy D, Effect of Mandatory Parental Notification on Adolescent Girls' Use of Sexual Health Care Services. *Journal of the American Medical Association*, 2002, 288:710-714.

<sup>3</sup> Advocates for Youth: Adolescent Access to Confidential Health Services. Available at [www.advocatesforyouth.org/publications/iag/confhlth.htm](http://www.advocatesforyouth.org/publications/iag/confhlth.htm)

- The estimated annual cost associated with requiring parental consent in Minnesota is \$11 million, which includes an additional 1,235 teen pregnancies, 888 births, and 349 abortions among minors. <sup>4</sup>
- In Illinois, after mandating parental consent, an immediate increase in teen pregnancies was seen; 24% in the first two years of the law going into effect. <sup>5</sup>
- In Texas, parental notification laws are attributed to \$44 million in increased annual medical costs. <sup>6</sup>

### **The Current Law is Working!**

- The Minor's Consent to Health Services Act has been around since 1971 and so far it has NOT increased the number of teen pregnancies.
- Minnesota has the 4th lowest teen pregnancy rate in the U.S. <sup>7</sup>
- The teen pregnancy rate in Minnesota has declined by almost half (47%) since 1980. <sup>4</sup>

**Keep the door open to confidential health services for minors!**

**A repeal or amendment of this law will be a step backward for Minnesota. It will close the door for minors who are most in need of health services.**

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<sup>4</sup> Minneapolis Department of Health & Family Support, Policy & Research Brief, 2005.

<sup>5</sup> Zavodny M. Fertility and Parental Consent for Minors to Receive Contraceptives. *American Journal of Public Health*, 2004; 94; 1347-1351.

<sup>6</sup> Franzini L, Marks E, Cromwell PF, et al. Projected Economic Costs Due to Health Consequences of Teenagers' Loss of Confidentiality in Obtaining Reproductive Health Care Services in Texas. *Archives of Pediatrics and Adolescent Medicine*, 2004; 158: 1140-1146.

<sup>7</sup> Alan Guttmacher Institute. US Teenage Pregnancy Statistics. [http://www.guttmacher.org/pubs/state\\_pregnancy\\_trends.pdf](http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf)

## **The Real Impact of the Minor's Consent to Health Services Act on Youth, Parents and Practitioners**

### **From a Youth Standpoint**

Some minors do not live with their parents or may feel uncomfortable talking with their guardians, grandparents, foster parents, aunt or uncle, or case worker:

- “My parents are not with me. I live with my grandpa and he just wouldn't understand.”

*– 17 year-old male*

A parent refuses to discuss the issue with his or her minor child:

- “I asked my parents about birth control. My mom said I should just not have sex, but I already am. So what do I do now?”

*– 16 year-old female*

Some minors in and out of home placements are unable to contact their parents, even if they want to include parents in health care decisions:

- “I would definitely call my dad to get his permission to start these depression medications, if he was around or I knew where he was.”

*– 15 year-old male*

Some minors have worked with practitioners to build bridges with their parents:

- “I just wasn't ready to get my parent involved in my personal business. With the help of the staff at the clinic, I was able to get the help I need and talk to my parents about things.”

*– 14 year-old female*

Gay, Lesbian, Bisexual and Transgendered (GLBT) youth often do not have many options for accessing health services:

- “There are only a couple places I can go to because most other clinics just don't understand what it's like to be a gay teen. I can't just go to my childhood clinic and tell them what's going on because my pediatrician just wouldn't understand or treat me with the respect I get from places like Youthlink.”

*– 16 year-old male*

## **From a Parent's Standpoint**

Many parents believe that the Minor's Consent Act works:

- "This isn't just about the families who struggle out there, or families in poverty. This law helps all families and their children, regardless of socio-economic strata."  
– *Mother of a 15 year-old son*

Parents describe the law as a "bridge" to communicate with their teens:

- "Of course it was an initial shock to know that my daughter was on birth control and had gotten it at another clinic. After time, I grew proud of her decision to do so, and now we are able to talk about anything which would typically have been left unsaid."  
– *Mother of a 16 year-old daughter*

Teens are at a developmental crossroads, requiring multiple connections to adults:

- "I understand that my three teenagers will have stuff that comes up during this time of their lives. The fact is, they aren't going to talk to me about those things. I'm grateful that they will talk to someone, and all the better it be a healthcare professional."  
– *Mother of three teens, aged 12, 16 and 19*

## **From a Practitioner's Standpoint**

Health practitioners understand the intent of the Minor's Consent Act:

- "I don't have to utilize Minor's Consent very often because I work hard to avoid having youth make their own healthcare decisions. If I do need to employ the use of their independent consent, it is under very clear circumstances."  
– *Physician, suburban teen clinic*

Missed opportunities for basic prevention, like the Hepatitis B vaccinations, will become more common:

- "We won't be able to do valuable teaching about safe behaviors or give the state-mandated Hepatitis B vaccine to youth without their parents consent if these changes are made."  
– *Community clinic nurse manager*

A parent abuses his or her minor, sexually, physically or emotionally:

- "While treating a young woman for a sexually transmitted infection, we discovered she was being sexually abused by her father."  
– *Nurse Practitioner at an adolescent clinic*

## Annotated Summary

### Minnesota Statutes 2005, Chapter 144, Sections 144.341 – 144.347

#### An annotated summary of key legislative and judicial provisions

<http://www.leg.state.mn.us/leg/statutes.htm>

#### General Summary

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The Minnesota Legislature enacted the Minor's Consent to Health Services Act in 1971. The statute permits health care providers to serve minors confidentially for a variety of health needs. The statute *does not require* professionals to serve minors, rather it *enables* them to do so. The law permits health care providers to inform parents or legal guardians of minors about any treatment needed or given if the provider concludes that failure to inform parents or guardians would jeopardize the health of the minor patient involved.

#### Section 144.341. *"Living apart from parents and managing financial affairs, consent for self"*

This section authorizes minors who live apart from their parents or legal guardians, regardless of the duration of such separate residence, and who manage their own personal finances, regardless of the source or extent of those finances, to give effective consent for medical, dental, mental and other health services. This section states "... the consent of no other person is required" for the provision of such health services.<sup>1</sup>

#### Section 144.342.

##### *"Marriage or giving birth, consent for health service for self or child"*

This section empowers minors who have been married or given birth to give effective consent for personal medical, dental, mental and other health services or for services for the minor's child and him or herself.

#### Section 144.343. *"Pregnancy, venereal disease, alcohol or drug abuse, abortion"*

As originally enacted in 1971, this section authorizes minors to give effective consent for health services to diagnose or treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse. In 1981, the Minnesota Legislature enacted an amendment to this section, which prohibits health care professionals from providing abortion services for unemancipated minors without first providing personal or written notification to both biological parents or the legal guardians of the minor patient at least 48 hours prior to the provision of abortion services. The amendment

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<sup>1</sup> Minnesota Statutes 253B.03 "Rights of Patients" at subdivision 6, paragraph (d) "Consent for medical procedures" states "Consent to treatment of any minor shall be secured in accordance with Sections 144.341 – 144.346. A minor patient 16 years of age or older may consent to hospitalization, routine diagnostic evaluation and emergency or short-term acute care."



contained a provision for a judicial proceeding, which could be substituted for parental notification, but stipulated the judicial proceeding could not become effective unless the universal parental notification requirement was stricken by court order.

In 1990, the U. S. Supreme Court upheld lower federal court rulings, which found mandatory parental notification without the alternative of a confidential judicial bypass procedure to be unconstitutional.<sup>2</sup> Section 144.343 now requires 48-hour notification of either biological parents or legal guardians or, in the alternative, the authorization of a judge of a court of competent jurisdiction prior to the provision of an abortion for an unemancipated minor. Subdivision 4 of this section waives the notification requirement if the attending physician certifies in writing the abortion is necessary to prevent the woman's death, or if the minor declares she is the victim of sexual abuse or neglect and has reported such abuse or neglect to proper authorities.<sup>3</sup>

**Section 144.344** *"Emergency treatment"*

This section authorizes medical, dental, mental and other health services for minors when the health professional believes such services should be provided without delay in order to avoid risk to the minor's life or health.

**Section 144.3441.** *"Hepatitis B vaccination"*

Added by the Minnesota Legislature in 1993, this section states minors may consent for hepatitis B vaccination.

**Section 144.345.** *"Representations to persons rendering service"*

This section enables health care providers to rely upon the effective consent of minors for medical, dental, mental or other health services.

**Section 144.346.** *"Information to parents"*

This section authorizes the health care professional to inform parents or legal guardians of minor patients of treatment given or needed if the professional believes that failure to provide such notification would seriously jeopardize the health of the minor patient.

**Section 144.347.** *"Financial responsibility"*

Minors consenting for health services thereby assume financial responsibility for the cost of such services.

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<sup>2</sup> Hodgson vs. Minnesota, 497 US 417, 1990

<sup>3</sup> Minnesota Statutes 626.556 "Reporting of maltreatment of minors" requires that reports of suspected or alleged sexual abuse, physical abuse or neglect of minors be reported to "...local welfare department, police department, county sheriff, or agency responsible for assessing or investigating maltreatment."

## Frequently Asked Questions

### **Minor's Consent to Health Services Act**

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*Minnesota Statutes 2005, Chapter 144, Sections 144.314 – 144.347*

**1. Under what circumstances does the Minor's Consent to Health Services Act permit minors to give effective consent for health services?**

A minor who seeks confidential health services without parental or guardian involvement need only separate himself/herself from the residence of the parent(s) or guardian(s) regardless of the length of the separation. It also means that the minor may be managing his/her own finances regardless of the source or amount. Minors who have married or born a child may also give effective consent for accessing medical, dental, mental or other health services.

**2. What general issues are raised most frequently by those individuals and groups or organizations that seek to repeal the Minor's Consent to Health Services Act?**

Opponents of minor's confidential access to health services most often allege the law drives a wedge between parents and their children and thereby damages relationships within families. Supporters of the law disagree and point out that existing provisions within the statute actually serve to open communication between parents and children.

**3. Do opponents of the law seem to object more strenuously to some health services than to others?**

Yes. Legislative testimony and public statements of many who seek to repeal the law suggest that health services related to human sexuality, especially birth control and abortion services, seem particularly objectionable. Some opponents of the law assert that sexual expression and sexual activity are intended to be reserved for a heterosexual marital relationship, and they see the statute as undermining fundamental values and morals in this regard.

**4. Are the objections of opponents of the law supported by research and clinical experience?**

No. Minor's Consent laws have been in existence in Minnesota and other states for more than 35 years, and research findings from throughout the country consistently have shown that such laws do not erode parental authority, damage families, nor cause adolescents to initiate behaviors that often result in them needing and seeking health services. To the contrary, it is known that most minors choose to involve one or both parents in their health decisions – and this includes such intensely complicated decisions as abortion. For some minors, the legal ability to seek confidential services often means the difference between getting a problem diagnosed and treated, versus going without care at all.

**5. Do other states have laws similar to Minnesota?**

Yes. While not identical, all states have laws that empower adolescents to give effective consent for at least some health services. All 50 states and the District of Columbia, for example, permit minors to consent to health services for sexually-transmitted diseases (STDs). Thirty states explicitly permit minors to consent for HIV testing and

treatment. Forty-six states and the District of Columbia explicitly allow minors to consent to contraceptive care. There are no states without some form of statutory protection for minors who seek confidential access to health services.

**6. What exactly does the Minnesota law say about parental notification in general?**

While the statute is clear that minors may give effective consent for a variety of medical, dental and mental health services, section 144.346 specifies that the health care professional may inform the parent or legal guardian of the minor patient about any treatment needed or given if, in the judgment of the professional, failure to inform the parent(s) or guardian(s) would seriously jeopardize the health of the minor patient. Most health professionals do not view the law as a way to circumvent family communication, but rather as a way to begin critically important conversations with minor patients and their parent(s) or guardian(s).

**7. Does the law mandate that professionals treat minors in the absence of family involvement?**

No. The law does not require any professional to treat any minor patient. It does, however, *enable* health professionals to treat minors confidentially without fear of violating the law.

**8. Does this mean that health professionals are immune to lawsuits if they provide confidential care to minors?**

No. The statute makes clear that professionals may rely upon the consent for health services given by minor patients without legal liability in doing so. The law does not, however, protect against allegations of professional liability or medical malpractice.

**9. What about abortions?**

Abortion was not a legal medical service when the statute was originally enacted. Under an amendment subsequently passed by the Minnesota Legislature and ultimately adjudicated by the U.S. Supreme Court, both biological parents of minors must be notified 48 hours in advance of the provision of abortion services or the minor must receive approval from a judge as an alternative to such notification. In actual practice, the majority of minors choose to voluntarily involve one or both parents in this decision.

**10. How does the law affect youth who are sexually abused, homeless, in foster care and/or are Gay, Lesbian, Bisexual or Transgendered (GLBT)?**

The Minor's Consent law is intended to protect vulnerable youth. Suspected or alleged sexual and physical abuse or neglect of minors by persons responsible for their care, in a position of authority or in a significant relationship mandates practitioners to report the abuse to the local welfare department, police department, or county sheriff to assess and investigate the reported maltreatment (Minnesota Statutes 626.556). Repealing the law would make it difficult for minors who are homeless, runaways, victims of rape or incest, and/or GLBT to access needed health services, as it would remove the option of talking to a practitioner who could offer help in the absence of a parent(s) or guardians(s).

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## Websites of Interest

Advocates for Youth .....	<a href="http://www.advocatesforyouth.org">www.advocatesforyouth.org</a>
Alan Guttmacher Institute .....	<a href="http://www.agi-usa.org">www.agi-usa.org</a>
Annex Teen Clinic .....	<a href="http://www.teenhealth411.org">www.teenhealth411.org</a>
Center for Adolescent Health & the Law .....	<a href="http://www.cahl.org">www.cahl.org</a>
Center for Adolescent Nursing at the University of Minnesota .....	<a href="http://www.nursing.umn.edu/CANL">www.nursing.umn.edu/CANL</a>
Children, Youth and Family Consortium .....	<a href="http://www.cyfc.umn.edu">www.cyfc.umn.edu</a>
Face to Face Clinic.....	<a href="http://www.face2face.org">www.face2face.org</a>
League of Women Voters Minnesota.....	<a href="http://www.lwvmn.org">www.lwvmn.org</a>
Local Public Health Association of Minnesota .....	<a href="http://www.mncounties2.org/lpha">www.mncounties2.org/lpha</a>
Minnesota AIDS Project (MAP) .....	<a href="http://www.mnaidsproject.org">www.mnaidsproject.org</a>
Minnesota Medical Association .....	<a href="http://www.mnmed.org">www.mnmed.org</a>
Minnesota Nurses Association.....	<a href="http://www.mnnurses.org">www.mnnurses.org</a>
Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP) .....	<a href="http://www.moapp.org">www.moapp.org</a>
Minnesota Public Health Association (MPHA).....	<a href="http://www.mpha.net">www.mpha.net</a>
Minnesota Religious Coalition for Reproductive Choice.....	<a href="http://www.mnrsrc.org">www.mnrsrc.org</a>
Minnesota Women’s Political Caucus.....	<a href="http://www.mnwpc.org">www.mnwpc.org</a>
NARAL Pro-Choice Minnesota.....	<a href="http://www.prochoiceminnesota.org">www.prochoiceminnesota.org</a>
National Campaign to Prevent Teen Pregnancy .....	<a href="http://www.teenpregnancy.org">www.teenpregnancy.org</a>
National Adolescent Health Information Center at University of California, San Francisco .....	<a href="http://nahic.ucsf.edu">http://nahic.ucsf.edu</a>
Planned Parenthood of Minnesota, North Dakota, and South Dakota.....	<a href="http://www.ppmns.org">www.ppmns.org</a>
Pro-Choice Resources .....	<a href="http://www.prochoiceresources.org">www.prochoiceresources.org</a>
School Nurse Association of Minnesota .....	<a href="http://www.minnesotaschoolnurse.org">www.minnesotaschoolnurse.org</a>
Sexuality Education for Life-Minnesota Coalition.....	<a href="http://www.sexedforlife.org">www.sexedforlife.org</a>
Sexuality Information and Education Council of the United States (SIECUS) .....	<a href="http://www.siecus.org">www.siecus.org</a>
University of Minnesota Boynton Health Service .....	<a href="http://www.bhs.umn.edu">www.bhs.umn.edu</a>
University of Minnesota Healthy Youth Development Prevention Research Center .....	<a href="http://www.allaboutkids.umn.edu/prc">www.allaboutkids.umn.edu/prc</a>
University of Minnesota School of Public Health, Student Senate and Mentor Program .....	<a href="http://www.sph.umn.edu/mentor">www.sph.umn.edu/mentor</a>
West Suburban Teen Clinic .....	<a href="http://www.westsuburbanteenclinic.org">www.westsuburbanteenclinic.org</a>

**Notes**



