

LATE RESOLUTION 78-15

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3 Title: Remove Prohibition Pertaining to the Provision of Birth Control at
4 School-based Health Clinics
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6 Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation
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8 Original Author: Annette Mercatante, MD
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10 Referred to: Rules and Order of Business/Reference Committee D
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12 House Action: **REFERRED TO THE BOARD**
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15 Whereas, the United States has the highest adolescent birth rate of all
16 developed countries, despite sexual activity rates that are similar or higher among
17 Western European teenagers, and
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19 Whereas, Michigan was ranked 32 out of the 50 states and the District of
20 Columbia on 2011 final teen births rates among females aged 15-19 (with 1
21 representing the highest rate and 51 representing the lowest rate), and
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23 Whereas, 2011 statisticsⁱ indicate the following:

- 24 • 27.8 percent teen birth rate (births per 1,000 females aged 15-19)
- 25 • 17 percent repeat births to females under 20 years of age
- 26 • 10.7 percent low birth weight among females under 20 years old
- 27 • Over 40 percent of high school students (grades 9-12) report sexual
28 behaviorⁱⁱ, and
29

30 Whereas, many adverse outcomes are associated with teen birthsⁱⁱⁱ including:

- 31 • The incidence of low birth weight (<2500 g) is more than double the rate
32 for adults, and the neonatal death rate (within 28 days of birth) is almost
33 three times higher
- 34 • The mortality rate for the mother, although low, is twice that for adult
35 pregnant women
- 36 • Adolescent pregnancy has been associated with other medical
37 problems, including poor maternal weight gain, prematurity (birth at <37
38 weeks' gestation), pregnancy-induced hypertension, anemia, and
39 sexually transmitted diseases
- 40 • Approximately 14 percent of births to adolescents 17 years old or
41 younger are premature versus 6 percent for women 25 to 29 years old
- 42 • Young adolescent mothers (14 years and younger) are more likely than
43 other age groups to give birth to underweight infants, and this is more
44 pronounced in the African American population, and
45

46 Whereas, teen mothers who give birth are much more likely to live in poverty;
47 although 38% of adolescents live in poor or low-income families, approximately 83

48 percent of adolescents who give birth and 61 percent who have abortions are from
49 poor or low-income families, and
50

51 Whereas, research during the past decade supports the common belief that
52 children of adolescent mothers do not fare as well as do children of adult mothers
53 from a psychosocial perspective, and
54

55 Whereas, these children have an increased risk of developmental delay,
56 academic difficulties, behavioral disorders, substance abuse, and becoming
57 adolescent parents themselves, and
58

59 Whereas, the Michigan Department of Community Health Child and Adolescent
60 Health Center Program (CAHCP)^{iv} services are aimed at achieving the best possible
61 physical, intellectual, and emotional status of adolescents by providing services that
62 are high quality, accessible, and acceptable to youth, and
63

64 Whereas, included in the CAHCP are three models of service delivery – clinical
65 health centers, School Wellness Program, and Behavioral Health Service, and
66

67 Whereas, the CAHCP administers 82 clinical and alternative clinical centers,
68 14 School Wellness Programs, and four Behavioral Health Service models throughout
69 the state, and
70

71 Whereas, risk assessment is required in every CAHCP in order to improve
72 early identification of risky behaviors; with the ultimate goal of eliminating or reducing
73 risk, and
74

75 Whereas, teen childbearing is associated with adverse consequences for
76 mothers and their children and imposes high public sector costs^{v,vi}, and
77

78 Whereas, prevention of teen pregnancy requires evidence-based sex
79 education, support for parents in talking with their children about pregnancy
80 prevention and other aspects of sexual and reproductive health, and ready access to
81 effective and affordable contraception for teens who are sexually active^{vii}, and
82

83 Whereas, providing sexual health and contraceptive services in an “age
84 appropriate” environment and manner is particularly important for adolescents, as
85 they will simply not use services they regard as inaccessible or unfriendly, and
86

87 Whereas, there is evidence^{viii} that the dispensing of hormonal contraception at
88 on-site school-based health clinics results in a lower pregnancy rate than referral of
89 female students for hormonal contraception, and
90

91 Whereas, Section 380.1507 of the Michigan Revised School Code prohibits
92 anyone from dispensing or distributing a family planning drug or device on public
93 school property and prohibits the teaching of abortion as a method of reproductive
94 health, and

95 Whereas, a violation of this prohibition by any school results in the forfeiture of
96 5 percent of its state aid appropriation per Section 388.1766 of the State School Aid
97 Act, and

98
99 Whereas, this law creates frequent and predictable barriers to evidence based
100 practice and results in adverse events for teens using a school based health clinics;
101 therefore be it

102
103 RESOLVED: That MSMS lobby for the removal of Section 380.1507 (7) of the
104 Michigan Revised School Code, which prohibits a school-based health clinic or other
105 pregnancy prevention program from dispensing or distributing contraception to their
106 clients in a public school or on public school property.

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109 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

ⁱ Centers for Disease Control and Prevention (2013). National Vital Statistics System. Hyattsville, MD: National Center for Health Statistics

ⁱⁱ Centers for Disease Control and Prevention. (2012). 1991-2011 High School Youth Risk Behavior Survey Data. Retrieved August 7, 2013, from <http://apps.nccd.cdc.gov/youthonline>

ⁱⁱⁱ AMERICAN ACADEMY OF PEDIATRICS: Adolescent Pregnancy: Current Trends and Issues Jonathan D. Klein and the Committee on Adolescence Pediatrics 20 05; 116:1 281-286

^{iv} http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4912-342503--,00.html

^v MMWR Morb Mortal Wkly Rep. 2011 Apr 8;60(13):414-20

^{vi} Vital signs: teen pregnancy--United States, 1991--2009

^{vii} Centers for Disease Control and Prevention (CDC). BMJ. 2005 Mar 12; 330(7491): 590–593

^{viii} Smith, Peggy; Novello, Gabrielle; and Chacko, Mariam R. (2011) "Does Immediate Access to Birth Control Help Prevent Pregnancy? A Comparison of Onsite Provision Versus Off Campus Referral for Contraception at Two School-Based Clinics," Journal of Applied Research on Children: Informing Policy for Children at Risk: Vol. 2: Iss. 2, Article 8. Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss2/8>