



Healthy Teen Network

POSITION STATEMENT ON UNIVERSAL RIGHT TO HEALTH CARE

Adopted by the Healthy Teen Network Board of Directors on September 21, 2017



Position

Healthy Teen Network maintains that health care is a universal human right, and by extension, a right all Americans should enjoy equitably. In the United States, the universal right to health care must be accomplished by ensuring that each American 1) can enter the nation's healthcare system without any barrier of discrimination or other impediment with regard to age, gender, gender identity, sexual orientation, disability, health condition, immigration status, or other characteristic; 2) can receive the full range of promotive, preventive, curative, and rehabilitative services for all diseases, infections, and conditions a person may experience over their life span; 3) have access to a complete network of health services organizations and individuals which offer services at locations, days, and hours convenient to and through modalities appropriate for the health services seeker; and 4) face no barrier to health services due to inability to pay for them or to disruption in their payment method.

Healthcare system considerations specific to adolescents and young adults (youth) include that youth shall 1) have the lawful right to consent for health services for any disease, illness, or condition without need for parent or guardian permission beginning at least at age 13; 2) have the lawful assurance that all information about the health services they request or receive and the results of such services remain confidential, including from parents and guardians; 3) have access to health services organizations and individuals that are organized and trained to deliver services that are developmentally appropriate and friendly to youth; 4) be able to remain a party to their family's health insurance so long as the youth is dependent on their family for health care; and 5) receive information and guidance in planning their continuous healthcare arrangements as they transition from adolescence into adulthood.

The nation's healthcare system must be founded on a robust infrastructure fully capable of: educating and training members of the health research and services workforce; financing health research and innovation and the translation of knowledge into practice; leading information management, quality assurance, and safety efforts; preventing and controlling the spread of diseases and infections; monitoring population health; and influencing public policy regarding health and its social determinants.

Issue

The United States is one of very few developed nations that does not extend universal health coverage to its people. As of 2016, the number of uninsured Americans stood at 28.2 million.¹ The absence of universal coverage contributes to health disparities and health inequities between those who hold health care coverage and those who do not.² That is to be expected, as people without health insurance are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.^{3 4}

Supporting Information

Article 25 of The Universal Declaration of Human Rights establishes, among other things, that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”⁵ Other international agreements to which the United States is a party also establish health care as a right.

Legislatures in each of the states establish laws on minors' right to consent for their health care and right to protect their health information. Factors that states take into consideration when establishing minor consent laws

¹ National Center for Health Statistics. (2017). Health insurance coverage: Early release of estimates from the national health interview survey, January–September 2016. Atlanta, GA: Centers for Disease Control and Prevention.

² McWilliams, J. M. (2009). Health Consequences of Uninsurance among Adults in the United States: Recent Evidence and Implications. *The Milbank Quarterly*, 87(2), 443–494. <http://doi.org/10.1111/j.1468-0009.2009.00564>.

³ Jack Hadley, “Insurance Coverage, Medical Care Use, and Short-term Health Changes Following an Unintentional Injury or the Onset of a Chronic Condition.” *JAMA* 297, no. 10 (March 2007):1073-84.

⁴ Stacey McMorrow, Genevieve M. Kenney, and Dana Goin, “Determinants of Receipt of Recommended Preventive Services: Implications for the Affordable Care Act,” *American Journal of Public Health* 104, no. 12 (Dec 2014): 2392-9.

⁵ United Nations. 1948. Universal declaration of human rights. Viewed May 2, 2017 at http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf.

include whether consent rights shall vary by type of health service being provided and the independence status of the minor. These rights vary by state, making it difficult to uniformly educate youth, family members, and health services providers on minors' health care rights.

Healthy Teen Network ©2017

1501 St. Paul Street | Suite 124 | Baltimore, MD 21202 | 410.685.0410

www.HealthyTeenNetwork.org