Resound Research for Reproductive Health

November 2026

Parental consent requirements and federally funded reproductive healthcare among adolescents

Lauren J. Ralph, PhD, MPH, Gracia Sierra, PhD, MA, Kari White, PhD, MPH. *JAMA Network Open*, 2026.

Background Since the 1970s, the federal Title X program has guaranteed confidential reproductive healthcare for all patients, including young people. In Texas, where state law requires minors to obtain parental consent for most healthcare, including contraception, Title X health centers were their only option for confidential care. However, a December 2022 court ruling in *Deanda v. Becerra* determined Title X's confidentiality guarantee violated Texas state law regarding parental rights. Since January 2023, Texas has been the only state in the nation to require parental consent for minors' contraceptive care at Title X health centers.

Study Description This article compares minors (≤17 years) who received care at Title X health centers to 18-year-olds before and after the *Deanda* decision in order to study the impacts of the parental consent requirement. The study compares the first year parental consent for minors went into effect in Texas (January 1, 2023 – December 31, 2023) to the previous year (January 1, 2022 – December 31, 2022). Researchers analyzed data from over 33,200 Title-X-supported visits for both minors and 18-year-olds from all of the state's Title X health centers that provided care during the full period of study (n=147).

Key Findings Overall, the study findings are consistent with prior research showing that minors may forego reproductive healthcare if parental involvement is required.

- **The number of individual minor patients at Texas Title X health centers decreased 11% after the parental consent requirement went into effect.** This equates to 1300 fewer minors being seen for appointments annually when comparing 2022 to 2023 (11,492 to 10,193). In contrast, nearly the same number of 18-year-olds obtained care in 2022 (5,738) and 2023 (5,792). This suggests that parental consent requirements deterred some minors from visiting Title X health centers.

- **Minors who visited Title X health centers received the same services during their appointments before and after the *Deanda* decision.** A similar percentage of minors obtained a prescription contraceptive method in 2022 (48%) and 2023 (52%), and there were also no changes in the percent who obtained STI and pregnancy testing, which do not require parental consent. The same patterns were observed among 18-year-olds.

- **There were some demographic differences in minors seen at Title X health centers after the parental consent was required.** Fewer patients with limited English language proficiency were seen in 2023 than in 2022. Individuals with limited language proficiency have been historically marginalized from family planning care, have unmet needs for services, and often rely on Title X as a safety net. This disproportionate change is concerning for ensuring equitable access and health moving forward.



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"Our research shows that parental consent requirements may discourage minors from seeking needed reproductive healthcare. However, it's important to note that many minors choose to involve a parent in their care. Fewer minors coming to clinics can also reflect some parents' inability to comply with parental consent requirements because of transportation barriers or difficulties getting off work to attend appointments. Minors, like all Texans, deserve reproductive autonomy and the ability to consent to their own reproductive healthcare."

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Policy Implications At present, Texas is the only state that does not offer minors any confidential pathway to obtain prescription contraceptive methods. However, other states may soon follow. At a time when confidentiality protections for adolescent patients are under threat, these study findings provide critical, real-world evidence: parental consent requirements risk reducing access to care among a population least able to navigate barriers.