

OFFICE OF THE FIRST LADY
DOMESTIC POLICY COUNCIL
FILE INVENTORY

File Type: Hanging File Folders
File Size: Legal Size
File Contents: Issues related to Children

3 OF 8

- ABORTION/ ADOPTION/ FOSTER CARE
- OCTOBER WHITE HOUSE CHILD CARE CONFERENCE
- REPORT OF THE WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD AND LEARNING
- RIMA SHORE REPORTS
- CHILD HEALTH & WELFARE/HEADSTART
- BUSINESS ASPECTS OF CHILD CARE

ENCLOSURES FILED OVERSIZE ATTACHMENTS

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Abortion/Adoption/
Foster Care

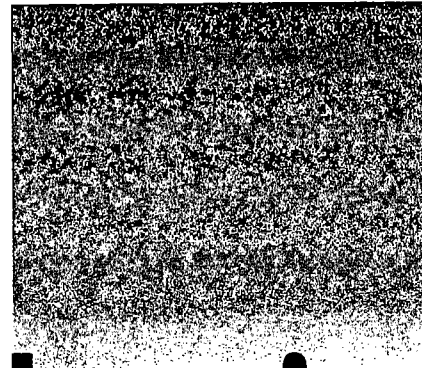
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Foster Care - Too Much Too Little
Too Early Too Late



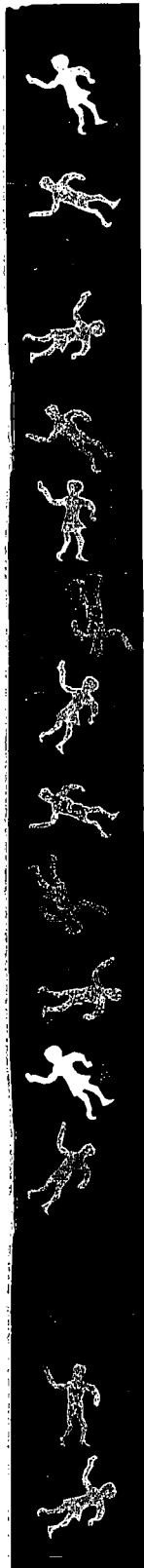
FOSTER CARE

TOO MUCH
TOO LITTLE
TOO EARLY
TOO LATE

CAROL STATUTO BEVAN, Ed. D.

CHILD PROTECTION:
OLD PROBLEM, NEW PARADIGM

National Council For Adoption



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Title X and the U.S. Family Planning Effort

Although a woman's ability to become pregnant spans almost half her lifetime, American women today typically want only two children—a goal that, for most, is unrealistic without contraception. One of the United States' key public health goals has long been to expand access to contraceptive services to all those who need and want them, with a special emphasis on reaching those traditionally hindered in their attempts to obtain care by income or other factors, such as age or geography. This *Issues in Brief* examines the 30-year record of the nation's voluntary family planning effort, outlining its origins, describing its current structure and funding, and assessing the impact it has had in preventing unintended pregnancies, births and abortions.

Origins of the Program

Studies conducted during the 1960s showed that rates of unwanted childbearing among low-income women were at least twice as high as those among the more affluent—a phenomenon traceable in large part to inequalities in access to family planning services. By the end of the decade, a sizable, bipartisan consensus had emerged favoring government support of voluntary family planning programs as a means of expanding economic development, alleviating poverty, avoiding welfare dependency and improving the health of women and their families.

Even as this consensus was forming, Congress amended a number of federal laws to allow

family planning services to be provided under existing programs. In 1965, as part of the "War on Poverty," federal funds were made available for family planning through the Office of Economic Opportunity. In 1967, Title IV-A of the Social Security Act was amended to require state welfare agencies to offer and provide family planning services to women receiving public assistance.

Then, in 1970, with broad bipartisan support, legislation establishing Title X of the Public Health Service Act was signed into law by President Richard Nixon, creating for the first time a comprehensive federal program devoted entirely to the provision of family planning services on a national basis. The new program sought to fulfill the president's promise that "no American woman should be denied access to family planning assistance because of her economic condition."

Public expenditures for family planning grew rapidly in the early 1970s, as the clinics Title X helped to create became

established across the country. In 1972, in recognition of disparities in services across states, Congress amended the Medicaid statute (Title XIX of the Social Security Act) to mandate inclusion of family planning services in all state Medicaid programs. By the early 1980s, almost \$340 million in federal and state funds was being spent to provide family planning services to five million women at nearly 5,200 service sites.

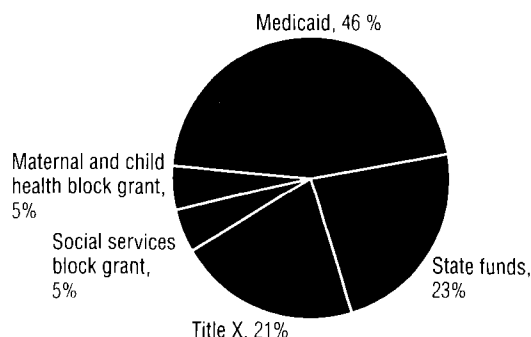
Since then, however, a persistent combination of conservative politics and fiscal pressures has forced family planning clinics to confront both budget cuts and new administrative restrictions. Despite these ongoing struggles, publicly funded agencies continue to provide services to large numbers of low- and moderate-income women and teenagers.

Sources of Funding

Public funds to provide family planning services come from diverse programs with different focuses (see Chart A). The

chart a
Funding Sources, 1994

Several public programs fund contraceptive services.



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National Adoption Reports

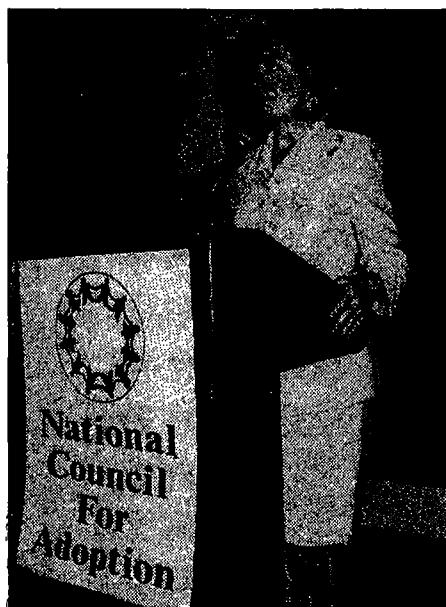
A Newsletter from National Council For Adoption in Washington, D.C.

NCFA Honors Adoption Advocates

For the tenth year in a row, the National Council For Adoption honored those Americans who have distinguished themselves by their promotion of adoption. As NCFA's President Bill Pierce said, "it is so appropriate to make the time to say thank you to the men and women who work so hard everyday to support and defend the loving option of adoption."

Wall Street Journal columnist Al Hunt was master of ceremonies at the intimate celebration in the residence of Ambassador Park Kun Woo from the Republic of Korea.

First Lady Hillary Rodham



First Lady Hillary Rodham Clinton after receiving the NCFA Bully Pulpit Award for her promotion of adoption

Clinton led the list of American political leaders, Congressmen, ambassadors from other nations, professionals from the field of adoption and families touched by adoption who were honored. Mrs. Clinton was presented the first "Bully Pulpit Award" by NCFA Board Member Lou Davidson, whose warm, personal talk set the tone for the evening. Mrs. Clinton received the award for using her White House position to "preach" on behalf of adoption and in recognition of President Clinton's initiative to double the number of adoptions of children in foster care by the year 2002.

Inside: NCFA Honors Adoption Leaders, Annual Conference Report, International Adoption Committee Meets, State Department Holds Final Briefing on the Hague Convention, & Adamec on Adoption.

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Teenagers' Right to Consent To Reproductive Health Care

For sexually active adolescents who will not seek birth control if they have to inform their parents or have their parents' consent, access to confidential family planning services is essential to avoiding an unplanned pregnancy. Federal and state lawmakers have long recognized that, while parental involvement is desirable, confidentiality can be crucial to encouraging young people to address sensitive health concerns such as pregnancy prevention, and have responded to this need for privacy.

Since its inception in 1970, for example, services supported by the federal Title X family planning program have been available to anyone who needs them without regard to age or marital status. As a result, Title X—supported clinics have always provided confidential services to individuals, including adolescents, who request them—a key reason why four in 10 teenagers who are sexually active and in need of contraceptive services turn to Title X—funded clinics.¹

In 1997, however, teenagers' access to confidential services came under attack by conservative activists in both Congress and some state legislatures. With varying degrees of success, they have advanced a variety of proposals to require parental consent or notice before a minor may obtain a contraceptive method.

These initiatives are a central component of a broader conservative agenda to enshrine in federal and state law the unfettered legal right of parents to control their children's upbringing—

a right some allege has been largely usurped over the years by a wide range of governmental actions and programs. Indeed, as the movement to "restore" parental rights through enactment of broadly worded statutes and constitutional amendments has largely been blocked, attempts to legislate parental control over teens' reproductive health care decisions have proliferated.

Title X Attempt Fails

In September 1997, for example, the U.S. House of Representatives narrowly rejected a mandatory parental involvement amendment to legislation making appropriations for the Title X family planning program. Under the proposal, clinics receiving Title X funds had to notify a parent at least five days prior to providing contraceptive drugs or devices to a minor—unless the minor already had a parent's written consent or permission from a court to obtain a contraceptive without her parents' knowledge. By a handful of votes, the House acted, instead, to reiterate longstanding Title X policy that parental involvement be encouraged, but not required.

In Texas, on the other hand, the legislature early in 1997 approved the state's budget bill that included a flat prohibition on the use of state family planning funds to provide prescription drugs, such as birth control pills and medication for treating sexually transmitted diseases, to minors without parental consent. The restriction was added to the massive bill at the last minute and with

virtually no debate on its merits. The measure was invalidated by a state court judge on the grounds that it conflicted with the Texas constitution, which prohibits legislating policy on an appropriations bill, as well as with Title X and other federal programs that support confidential family planning services for minors. However, at Gov. George Bush's (R) request, the state attorney general is appealing the ruling directly to the Texas Supreme Court.

A more far-reaching proposal, which would have required parental consent for all services, including pregnancy tests, sexually transmitted disease (STD) screening and contraception, provided in publicly funded family planning programs, received serious consideration in the Wisconsin legislature. And in Maine, a bill requiring parental consent before a minor could obtain "contraceptive supplies or prescription contraceptive procedures" from any source was defeated in committee.

Teens' Authority to Consent

Proponents of mandatory parental involvement in minors' reproductive health decisions contend that it will encourage abstinence among teenagers while recognizing the right of parents to make health care decisions on their children's behalf. They argue, for example, that since minors generally need their parents' permission to get their ears pierced or to obtain aspirin from a school nurse, they should be required

(continued on page 3)

The Alan Guttmacher Institute

New York and Washington



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and Public Education

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e-mail: policyinfo@agi-usa.org

MEMORANDUM

TO: Interested Parties
FROM: Cory L. Richards
Vice President for Public Policy
DATE: November 1997
RE: New AGI *Issues in Brief*

I am pleased to enclose the newest installment in The Alan Guttmacher Institute's *Issues in Brief* series, **"Teenagers' Right to Consent to Reproductive Health Care."**

This policy paper examines the status of state law governing the ability of minors to consent to sensitive health services, with particular focus on reproductive health care. It also reports on recent attempts, both in Congress and in a few states, to restrict minors' access to confidential services. As the paper shows, these efforts run counter to the long-standing conclusion among federal and state lawmakers that while parental involvement in minors' decisions about health care related to pregnancy, contraception, sexually transmitted diseases and abortion is desirable, confidentiality can be crucial to encouraging young people to address sensitive health concerns.

I hope you find this information useful in your work. If we can provide further assistance in any way, please feel free to contact us here in the Institute's Washington office.

The freedom to choose:
A fundamental American value



January 20, 1998

Dear Colleagues:

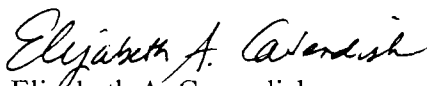
We are pleased to enclose a complimentary copy of *"Who Decides? A State-by-State Review of Abortion and Reproductive Rights, 1998."* The study provides an in-depth look at the status of abortion and reproductive rights in each of the 50 states and the District of Columbia. Among this year's key findings:

- In 1997, an unprecedented 62 percent of states enacted anti-choice legislation. These 31 states enacted a total of 55 anti-choice measures.
- In 1997, an anti-choice bill that was introduced was more than twice as likely to be enacted than in 1996.
- In 1998, the number of states enforcing three or more restrictions is 17, an increase of 467 percent since immediately prior to the Supreme Court's 1992 decision in *Planned Parenthood v. Casey*.

We hope the study will serve as a useful resource for your work in the field of reproductive health. Additional copies can be purchased for \$24.99 each by calling the NARAL Legal Department Information Line at 202-973-3018.

Also enclosed is a brief survey designed to help tailor The NARAL Foundation's research for *"Who Decides? A State-by-State Review of Abortion and Reproductive Rights, 1999."* Please take a moment to tell us how you use this resource, as well as what you think could be added or changed to make it more helpful. Thank you for your time.

Sincerely,


Elizabeth A. Cavendish
General Counsel and
Legal Director


Elizabeth Arndorfer
Senior Staff Attorney

NARAL

National Abortion
and Reproductive Rights
Action League

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"Who Decides? A State-by-State Review of Abortion and Reproductive Rights"

Survey for the 1999 Edition

Please take a moment to let The NARAL Foundation know what you think of this resource. These comments will assist us in making the next edition of this book a more useful tool for readers.

How do you use *"Who Decides? A State-by-State Review of Abortion and Reproductive Rights,"* and which sections of the book do you find most useful?

Which sections or aspects of *"Who Decides? A State-by-State Review of Abortion and Reproductive Rights"* do you think could be improved?

What do you think we should add to the book to make it more useful?

Please fax this survey back to The NARAL Foundation (202) 973-3030, or email your comments to <jgrant@nara1.org>. Thank you for your time.

The NARAL Foundation

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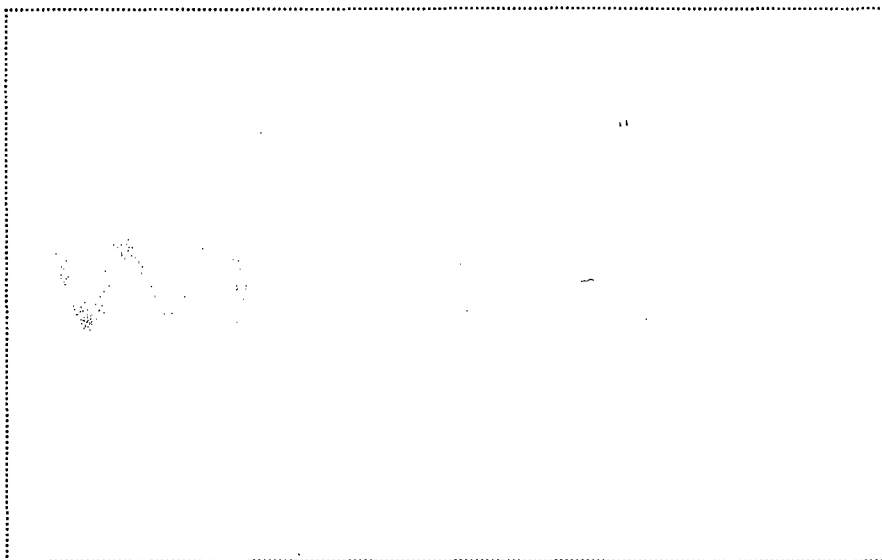
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25th

***Roe v. Wade
Anniversary***

***A State-by-State Review of
Abortion and Reproductive Rights***



SPECIAL EDITION, 1998

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