



Health Care Coverage for Pregnant and Parenting Teens in California¹

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INTRODUCTION

Teens who become pregnant face a different set of challenges when accessing and receiving health care services as compared to adults who become pregnant. Teens may be uncertain how to obtain health care services related to their pregnancies. They may also need confidentiality, financial assistance, or information on whether they need permission to obtain certain types of health care, such as prenatal or abortion care. This issue brief addresses using and obtaining health coverage, including consent and confidentiality issues, using parent's health insurance, public insurance options, and health coverage for newborns. It also covers specific access issues for teens in foster care and teens who are undocumented immigrants.

USING AND OBTAINING HEALTH COVERAGE

Consent Issues

¹ In this issue brief, we use the term "teen" to refer generally to someone aged 13 – 18 years old. However, portions of this issue brief may also be applicable to those whose exact age may fall outside of this range.

² Emily Hayes was an intern at NHeLP during the summer of 2017.

Minors, usually defined as those under age 18, can consent to receive certain sensitive services, including sex- and pregnancy-related services. This means that a teen can receive contraception, pregnancy testing, prenatal care, abortion care, and labor and delivery services without permission or notifying a parent or guardian.³ Services at federally-funded Title X providers, including family planning services; contraception access, education, and counseling; breast and pelvic exams; breast and cervical cancer screening; and screening and treatment for sexually transmitted infections (STIs), must also be made available to teens without parental permission.⁴ A teen may also consent to receive screening and treatment for infectious, contagious, or communicable diseases, including STIs, as well as outpatient mental health services, and drug and alcohol treatment, all without parental consent.⁵

Confidentiality Issues⁶

After consenting to a service on their own, a minor is often entitled to confidentiality, but confidentiality is not absolute. Most sex- and pregnancy-related services are entitled to confidentiality. Thus, in the case of contraception, pregnancy testing, prenatal care, abortion care, and labor and delivery services, a health care provider is not allowed to notify a parent or guardian of a minor's receipt of these services without the specific consent of the minor.⁷ Health providers are also not permitted to inform a patient or legal guardian about treatment related to infectious, contagious, or communicable diseases, including STIs.⁸

There are some services to which a minor can consent to receive without parental consent, but to which they are not necessarily entitled to confidentiality. For example, in the case of sexual assault or in cases of rape of minors under 12 years of age, the health care provider must attempt to contact the parent or guardian of the minor. This requirement does not apply where the health care provider reasonably believes that the parent or guardian committed the sexual assault or rape.⁹

Accessing Health Services

³ CAL. FAM. CODE § 6925; *Am. Acad. of Pediatrics v. Lungren*, 16 Cal. 4th 307, 359 (1997) (finding a state statute requiring parental permission for a minor to receive abortion in violation of the state constitution's protection of privacy).

⁴ 42 C.F.R. § 59.5(a)(4). More information can be found at <https://www.hhs.gov/opa/title-x-family-planning/title-x-grantees/index.html>.

⁵ CAL. FAM. CODE §§ 6924(b) and (d), 6929.

⁶ On minor consent and confidentiality laws in California, see generally, *California Minor Consent and Confidentiality Laws*, NAT'L CTR. FOR YOUTH LAW (Oct. 2014), <http://www.chhs.ca.gov/Child%20Welfare/CA%20Minor%20Consent%20and%20Confidentiality%20Laws.pdf>.

⁷ CAL. CIV. CODE §§ 56.10, 56.11; CAL. FAM. CODE § 6925, declared unconstitutional in *American Academy of Pediatrics v. Lungren*, 16 Cal. 4th 307 (1997).

⁸ CAL. CIV. CODE §§ 56.10, 56.11

⁹ CAL. FAM. CODE § 6928. Note that in cases of rape for minors 12 years of age and over, the health care provider is not permitted to inform the parent or guardian without the minor's consent. CAL. CIV. CODE §§ 56.10, 56.11.

Even though a teen may consent to and receive confidentiality for certain health care services, they may also face a decision about how to pay for them. Whether the teen is currently covered under their parent's private health insurance, enrolled in Medi-Cal, or uninsured, there are several options for them to obtain confidential and low-cost or free services related to their pregnancy.

Using Parents' Insurance

A teen who is currently enrolled in their parents' health insurance in California will be covered for maternity care, including prenatal care and labor and delivery, as well as contraception. Also, most private health plans in California are required to include abortion care without medical justification.¹⁰ The only exceptions to this rule are multi-state plans in Covered California (California's state Marketplace Exchange) or employers who self-fund plans.¹¹ A teen may obtain an abortion without parental permission or notification.¹²

If the teen wishes to receive these services confidentially, they may submit a Confidential Communication Request to their health plan or medical provider. The teen is able to select confidentiality for all services or only for sensitive services, which includes sexual and reproductive health care. This will require the health plan to honor the teen's request that the specified health care services received remain confidential. The health plan can send communications to an alternate address or contact, such as an email address.¹³ The teen will be responsible for the bill for any confidential services received. However, note that some sensitive services, such as contraception coverage and some prenatal tests and screenings, are preventive services required by the ACA to be provided without cost-sharing.

Medi-Cal¹⁴

¹⁰ Michelle Rouillard, Director of Department of Managed Health Care letter to Mark Morgan, California President of Anthem Blue Cross, RE: Limitations or Exclusions of Abortion Services. August 22, 2014. See also *Coverage for Abortion Services in Medicaid, Marketplace Plans, and Private Plans*, KAISER FAMILY FOUND. (Jan. 20, 2016), <http://www.kff.org/womens-health-policy/issue-brief/coverage-for-abortion-services-in-medicare-marketplace-plans-and-private-plans>.

¹¹ For more information about multi-state health plans, see <https://www.opm.gov/healthcare-insurance/multi-state-planprogram>. To learn more about employer self-funded plans, see <http://www.hcaa.org/page/selffunding>.

¹² CAL. FAM. CODE § 6925, declared unconstitutional in *American Academy of Pediatrics v. Lungren*, 16 Cal. 4th 307 (1997).

¹³ To submit a Confidential Communications Request, see <http://www.myhealthmyinfo.org>.

¹⁴ For more about family planning and abortion access in the Medi-Cal program, see *Reproductive Health Care Coverage in Medi-Cal*, NAT'L HEALTH LAW PROGRAM (May 31, 2017), <http://www.healthlaw.org/issues/reproductive-health/abortion/public-coverage-of-family-planning-abortion-services>.

If a teen is already enrolled in Medi-Cal, they have comprehensive health coverage including inpatient and outpatient hospital services, laboratory services, prescription drugs, prenatal and postpartum care, labor/delivery, abortion care, sterilization, family planning, and contraception.¹⁵ Medi-Cal also covers access to certified nurse midwife services and freestanding birth centers.¹⁶ No premiums or cost sharing is required.¹⁷

Pregnant teens in full-scope Medi-Cal are often enrolled in Medi-Cal managed care plans, where they must typically obtain services from a specific network of providers and obtain a referral from their primary care provider before seeking services from a specialist. However, Medi-Cal enrollees, including teens, do not need to obtain a referral or prior authorization to obtain obstetrical or gynecological care, including care such as family planning services, abortion services, and visits with a woman's health specialist.¹⁸ For abortion and family planning services, Medi-Cal managed care enrollees may also see any Medi-Cal provider of their choice, without prior authorization or medical justification. This applies whether that provider is in or out-of-network, is an individual provider, or a health clinic.¹⁹

If the teen is not already enrolled in Medi-Cal and wishes to enroll, they must apply. If the teen lives with one or more parents or legal guardians, they must include the parent or guardian's income in their application. If they do not wish to do so, they can apply for Medi-Cal Minor Consent, which we explain further below.

There is no immigration requirement for full-scope Medi-Cal for teens ages 18 and under, including teens who are pregnant.²⁰ Pregnant teens who are age 19 or above and are undocumented immigrants will qualify for pregnancy-related Medi-Cal with incomes up to and including 213% FPL.²¹

Minor Consent Medi-Cal

Pregnant teens who wish to receive services related to their pregnancy but do not wish to involve their parents, can apply for minor consent Medi-Cal, a program which provides confidential sensitive health services to young people.²² Minor consent Medi-Cal covers

¹⁵ CAL. WELF. & INST. CODE §§ 14132, 14132.4, 14021.4; CAL. CODE REGS. tit. 22, §§ 51341.1, 51309(a).

¹⁶ 42 U.S.C. § 1396d (l)(3)(C).

¹⁷ DHCS, MEDI-CAL PROVIDER MANUAL, PROVIDER REGULATIONS CH. AT 9, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/provreg_z01.doc.

¹⁸ CAL. HEALTH & SAFETY CODE § 1367.695(c).

¹⁹ *Id.*; DHCS, ALL PLAN LETTER NO. 15-020 TO ALL MEDI-CAL MANAGED CARE PLANS ON ABORTION SERVICES (SEPT. 30, 2015), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-020.pdf>.

²⁰ S.B. 75, 2015 Leg., Reg. Sess. (Cal. 2015).

²¹ CAL. WELF. & INST. CODE §§ 14005.64(c)(3)(A), 14007.5, 14007.7.

²² CAL. FAM. CODE § 6925(a); CAL. WELF. & INST. CODE § 14010. Note that there are some very limited circumstances involving mental health and substance abuse treatment, in which a provider could involve the

contraception (including emergency contraception), STI testing and treatment, abortion care, pregnancy testing, prenatal care, labor and delivery, postpartum care, mental health services, and drug and alcohol treatment.²³

All minors under 19 years of age, and those under 21 years of age who are full time students, are eligible.²⁴ Eligibility is determined based on the applicant's income alone, if the minor has income.²⁵ Teens getting services through the minor consent program must re-certify their need for services each month.²⁶

Most services provided are kept confidential from any parents or guardians.²⁷ However, unlike regular full-scope Medi-Cal, minor consent Medi-Cal does not constitute comprehensive health insurance coverage.

There is no immigration requirement for the minor consent Medi-Cal program. Undocumented immigrants are welcome to apply.

Medi-Cal Presumptive Eligibility

New applicants for Medi-Cal who are pregnant are able to start receiving Medi-Cal services right away through a special program called Medi-Cal Presumptive Eligibility.²⁸ Under this program, registered PE clinics and hospitals can issue a temporary Medi-Cal card that

parent. NATIONAL CENTER FOR YOUTH LAW, CALIFORNIA CONFIDENTIALITY LAW: WHEN PARENTS MAY ACCESS ADOLESCENT MEDICAL RECORDS (2006), <http://teenhealthlaw.org/wp-content/uploads/2015/05/ParentAccessRules.pdf>.

²³ DHCS, MEDI-CAL PROVIDER MANUAL, MINOR CONSENT PROGRAM CH. AT 3-5, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/minor_m00i00o03v00.doc.

²⁴ CAL. DEP'T OF HEALTH SERVS., LETTER NO. 183 TO ALL HOLDERS OF MEDI-CAL ELIGIBILITY PROCEDURES MANUAL ON MINOR CONSENT MEDI-CAL CHANGES, 4V-1 TO 4V-3 (AUG. 12, 1997), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c183.pdf>.

²⁵ DHCS, MEDI-CAL PROVIDER MANUAL *supra* note 23 at 1. For minors with their own income, the income limit to qualify for minor consent Medi-Cal is from 0% FPL up to and including 138% FPL. CAL. WELF. & INST. CODE § 14005.4.

²⁶ DHCS, MEDI-CAL PROVIDER MANUAL, ELIGIBILITY RECIPIENT IDENTIFICATION CARDS CH. at 4, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/eligreccrd_z01.doc; CAL. DEP'T OF HEALTH SERVS., *supra* note 24 at 4V-3.

²⁷ In the case of outpatient mental health services, drug and alcohol treatment, and sexual assault and rape services, the health care provider may be required to try to contact or otherwise involve the minor's parent or guardian. For a full discussion, please see *California Minor Consent and Confidentiality Laws*, NATIONAL CENTER FOR YOUTH LAW, Oct. 2014, <http://www.chhs.ca.gov/Child%20Welfare/CA%20Minor%20Consent%20and%20Confidentiality%20Laws.pdf>.

²⁸ 42 C.F.R. § 435.1110; CAL. WELF. & INST. CODE § 14011.66; DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH. AT 1, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum_m00o03p00.doc; DHCS, MEDI-CAL PROVIDER MANUAL, HOSPITAL PRESUMPTIVE ELIGIBILITY PROGRAM PROCESS CH. at 1, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hospitalpresum_i00.doc; DHCS, *Hospital Presumptive Eligibility Program Frequently Asked Questions*, http://files.medi-cal.ca.gov/pubsdoco/aca/aca_HPE_faq.asp.

provides immediate, same day coverage for patients while their regular Medi-Cal application is being processed.²⁹

To apply for Medi-Cal Presumptive Eligibility, a teen must seek services from a hospital or clinic that is registered as a presumptive eligibility provider.³⁰ The teen must self-attest to income, household size, California residency, and pregnancy.³¹ However, medical verification of pregnancy is not required to enroll or remain in the program, and the provider can conduct a pregnancy test only if the teen requests one.³²

After enrolling in Medi-Cal Presumptive Eligibility, the teen should follow up with a full Medi-Cal application to the county. They will be able to continue receiving Medi-Cal services through Medi-Cal Presumptive Eligibility pending a final decision on their full Medi-Cal application. While presumptive eligibility covers abortions as well as most ambulatory outpatient prenatal care, including dental services, it does not cover family planning services, labor and delivery, or any inpatient care.³³ Thus, it is important that a teen on presumptive eligibility complete and follow up with a full Medi-Cal application. If the teen is not ultimately approved for Medi-Cal, they will not need to pay back for any of the services received while covered under presumptive eligibility, and the provider will still be paid.

There is no immigration requirement for Medi-Cal presumptive eligibility. Undocumented immigrants are welcome to apply.

Medi-Cal Access Program (MCAP)

MCAP provides coverage for pregnant individuals whose household income is too high (214-322% FPL) to qualify for regular Medi-Cal. To be eligible, an applicant must not have other

²⁹ 42 U.S.C. § 1396r-1(b)(1)(A); CAL. WELF. & INST. CODE § 14148.7. See also, DHCS, *Information for Women Interested In Presumptive Eligibility (PE) For Pregnant Women*, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx.

³⁰ A list of qualified hospital presumptive eligibility providers in California is available on the DHCS website at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx> or by calling 800-824-0088.

³¹ DHCS, *MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH. AT 1-7*, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum_m00o03p00.doc. For purposes of Medi-Cal eligibility, household size includes the woman plus the number of children she is expecting to deliver.

³² DHCS, *Presumptive Eligibility for Pregnant Women*, <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>.

³³ 42 U.S.C. § 1396r-1(a); CAL. WELF. & INST. CODE § 14148.7; DHCS, *Information for Women Interested In Presumptive Eligibility (PE) For Pregnant Women*, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx; DHCS, *MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH. AT 19, 28-29*, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum_m00o03p00.doc.

health coverage that covers pregnancy, or have health coverage with a maternity-only deductible or copayment that is \$500 or greater.³⁴

MCAP does not have copayments or deductibles, but there is a charge of 1.5% of the applicant's modified adjusted gross income (MAGI). This is not a monthly premium but a fixed cost that may be paid in twelve monthly installments or in a lump sum upon application.³⁵

MCAP services are provided through Medi-Cal Managed Care and include most medically necessary care, including abortion care, prenatal and postpartum care, labor/delivery, and dental care, during the pregnancy and postpartum period.³⁶ Postpartum coverage lasts until the last day of the month in which the 60th day following the birth falls.

MCAP provides comprehensive coverage, including doctor visits, hospital inpatient and outpatient services, preventive care, maternity care, prescription drugs, mental health care, alcohol and drug abuse treatment, and family planning services including abortion, sterilization, and FDA-approved contraception.³⁷ As of December 2016, it does not provide dental coverage. For a detailed list of the services covered under MCAP, please see the MCAP website at <http://mcap.dhcs.ca.gov/Services>.

There is no immigration requirement for MCAP. Undocumented immigrants are welcome to apply.³⁸

Family Planning, Access, Care, and Treatment (FamilyPACT)

FamilyPACT provides free comprehensive family planning services, including contraception, STI testing and treatment, and pregnancy tests. It also provides Pap smears, sterilization, and certain preventive services such as HIV-testing and breast and cervical exams.³⁹ It does not cover prenatal services, labor and delivery, or abortion.

³⁴ CAL. WELF. & INST. CODE § 15832(a)(1)(B) (taking into account 5% income disregard brings figures to 214% and 322%); CAL. CODE OF REGS. tit. 10, § 2699.200; DHCS, MEDI-CAL ACCESS PROGRAM UNIT, MEDI-CAL ACCESS PROGRAM HANDBOOK, 10 (2015), http://mcap.dhcs.ca.gov/Publications/MCAP_Handbook_en.pdf. For more details, see <http://mcap.dhcs.ca.gov>.

³⁵ DHCS, MEDI-CAL ACCESS PROGRAM UNIT, MEDI-CAL ACCESS PROGRAM HANDBOOK, 15 (2015), http://mcap.dhcs.ca.gov/Publications/MCAP_Handbook_en.pdf

³⁶ *Id.* at 4-7; CAL. CODE REGS. tit., 10 § 2699.300. Women who enroll in MCAP after July 1, 2017 receive their services through Medi-Cal Managed Care. They are initially enrolled in fee-for-service (FFS) Medi-Cal, and will remain in FFS until they select their managed care provider. For a detailed list of the services covered under MCAP, please see the MCAP website at <http://mcap.dhcs.ca.gov/Services>.

³⁷ DHCS, MEDI-CAL ACCESS PROGRAM UNIT, MEDI-CAL ACCESS PROGRAM HANDBOOK, 4-7 (2015), http://mcap.dhcs.ca.gov/Publications/MCAP_Handbook_en.pdf; CAL. CODE REGS. tit., 10 § 2699.300.

³⁸ CAL. WELF. & INST. CODE §§ 15832(a)(1)(A); CAL. CODE REGS. tit. 10, §§ 2699.200(b)(1)(B).

³⁹ CAL. WELF. & INST. CODE § 14132(aa)(8).

Services are available to men and women whose income is from 0% FPL up to and including 200% FPL, and who do not have other family planning coverage or have a barrier to using that coverage.⁴⁰ A typical barrier arises when an individual wishes to keep family planning services confidential, but they are not otherwise able to access those services through their other health insurance coverage without their spouse, partner, or parents being notified or informed.

There is no age restriction for FamilyPACT.⁴¹ Young people can sign up with specific health providers and clinics that are registered as FamilyPACT providers.⁴² FamilyPACT enrollees have coverage for one full year, and must reapply again on a yearly basis.⁴³

There is no immigration requirement for FamilyPACT. Undocumented immigrants are welcome to apply.

Coverage for the Baby

Even if a parenting teen is a minor, they are still responsible for providing their baby with food, clothing, shelter, education, and health coverage. Most private health insurance plans do not provide coverage for dependents of dependents, so a teen who is covered under a parents' health insurance likely cannot add a baby to their plan. The new parent may purchase private health insurance or apply for Medi-Cal for the baby. If the teen applies for Medi-Cal for just the baby, and not for themselves, their parents' income does not count toward the baby's eligibility even if they lives with their parents.

If the teen has Medi-Cal, Minor Consent Medi-Cal, or MCAP, the baby will receive Deemed Newborn Coverage. This means that the baby will automatically be enrolled in Medi-Cal and remain eligible until the infant's first birthday regardless of any change in the mother's income.

SPECIFIC ACCESS ISSUES

⁴⁰ DHCS, STATE PLAN AMEND. 10-014 ATTACHMENTS. 3.1-A, 2.2-A (July 1, 2010), <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/10-014%20Recent%20Amendment.pdf>; CAL. WELF. & INST. CODE § 24003(a)(3); DHCS, MEDI-CAL PROVIDER MANUAL, FAMILY PACT POLICIES, PROCEDURES AND BILLING INSTRUCTIONS MANUAL, CLIENT ELIGIBILITY DETERMINATION CH. AT 3, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/clienteligdet_f00.doc

⁴¹ CMS, LETTER SMDL #10-013 TO STATE HEALTH OFFICIALS ON FAMILY PLANNING SERVICES OPTION AND NEW BENEFIT RULES FOR BENCHMARK PLANS, 2 (July 2, 2010), <http://www.medicaid.gov/federal-policy-guidance/downloads/smd10013.pdf>.

⁴² A list of Family PACT providers can be found at www.familypact.org or by calling 800-942-1054.

⁴³ DHCS, MEDI-CAL PROVIDER MANUAL, FAMILY PACT POLICIES, PROCEDURES AND BILLING INSTRUCTIONS MANUAL, CLIENT ELIGIBILITY DETERMINATION CH. AT 1, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/clienteligdet_f00.doc.

Teens Enrolled in School⁴⁴

A pregnant teen can be excused from school to attend medical appointments related to their pregnancy or if they are sick during their pregnancy. Moreover, the school district cannot require parental permission or notification if the student leaves school to obtain confidential medical services.⁴⁵ California law also gives pregnant students the right to remain in their same school and to continue taking part in all school activities, both educational as well as extracurricular.⁴⁶

Young people who are parents can also be excused from school if their child is sick or if they need to take their child to medical appointments.⁴⁷

Teens in Foster Care

Teens in foster care have the same health rights as any other individuals, including the right to obtain reproductive health services, to have an abortion, and to give birth to and raise a child. The teen has the right to maintain legal custody of their baby and stay together with the baby, so long as Child Protective Services can find an appropriate placement for the two of them.

Teens in foster care are typically eligible for full-scope Medi-Cal, either connected to their receipt of Title IV-E foster care benefits, or because they otherwise meet Medi-Cal requirements. If a teen in foster care is being considered for Medi-Cal eligibility, only their income, if they have any, is considered in the income calculation.⁴⁸ Teens who turn 18 while in foster care will retain Medi-Cal eligibility through the age of 26, regardless of any changes in income during that period.⁴⁹

Teens who are Undocumented

⁴⁴ For a more detailed discussion on this topic, see Breaking Down Education Barriers for California's Pregnant and Parenting Students, ACLU of California, Jan. 2015, https://www.aclunc.org/sites/default/files/2015_edequity_pregnant_parenting_teens_california.pdf.

⁴⁵ 87 Ops. Cal. Att'y. Gen. 168 (2004).

⁴⁶ CAL. CODE REGS. tit. 5 § 4950(a); CAL. CIV. CODE § 51(e)(5).

⁴⁷ CAL. EDUC. CODE § 48205(a)(6).

⁴⁸ *Health-Care Coverage for Youth in Foster Care—and After*, CHILD. BUREAU, https://www.childwelfare.gov/pubPDFs/health_care_foster.pdf; 42 U.S.C. § 1396a(a)(10)(i)(I).

⁴⁹ CAL. WELF. & INST. CODE 14005.28; DEP'T HEALTH CARE SERVS. (DHCS), ALL COUNTY INFORMATION NOTICE (ACIN) No. I-117-00; DHCS, ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO. 00-61; *Extension of Medi-Cal Benefits for Youth Exiting Foster Care*, CAL. DEP'T SOC. SERVS., <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2015/I-31-15.pdf>.

Undocumented teens ages 18 and younger are eligible for full scope Medi-Cal to cover their health care needs, including reproductive health.⁵⁰ Undocumented immigrants over the age of 18 are eligible for pregnancy related Medi-Cal, Medi-Cal presumptive eligibility, Minor Consent Medi-Cal, MCAP, and Family PACT.⁵¹ Undocumented immigrants are also allowed to purchase private health coverage in California, so long as it is not through Covered California.

Obtaining Medi-Cal does not impact an undocumented immigrant's eligibility for future immigration relief.⁵²

ADDITIONAL RESOURCES

Teen Legal Guide to Sex, Pregnancy, and Parenting

Lawyers from the National Center for Youth Law answer questions about teens' legal rights and responsibilities related to sex, pregnancy, and being a young parent in California.

Website: <http://www.teenhealthrights.org>

Health Consumer Alliance

Offers free assistance over the phone or in-person to help people get health coverage and health care services.

Hotline: 1-888-804-3536

Website: <http://www.healthconsumer.org>

ACCESS Women's Health Justice

Provides free, confidential, and nonjudgmental information, referrals, peer counseling, and advocacy on a full range of reproductive health services.

⁵⁰ CAL. WELF. & INST. CODE §§ 14005.22, 14005.225; DHCS, ACWDL 15-35 ON FULL-SCOPE MEDI-CAL EXPANSION FOR PREGNANT WOMEN (Nov. 12, 2015), <http://www.dhcs.ca.gov/services/medical/eligibility/Documents/ACWDL2015/ACWDL15-35.pdf>; S.B. 75, 2015 Leg., Reg. Sess. (Cal. 2015).

⁵¹ Pregnancy-related Medi-Cal: CAL. WELF. & INST. CODE §§ 14005.64(c)(3)(A), 14007.5, 14007.7; Medi-Cal presumptive eligibility: 42 C.F.R. § 435.1110, CAL. WELF. & INST. CODE § 14011.66, DHCS, Medi-Cal Provider Manual, Presumptive Eligibility Ch. at 1, http://files.medi-cal.ca.gov/pubsdoco/publications/mastersmtp/part2/presum_m00o03p00.doc, DHCS, *Hospital Presumptive Eligibility Program Frequently Asked Questions*, http://files.medi-cal.ca.gov/pubsdoco/aca/aca_HPE_faq.asp, DHCS, *Information for Women Interested In Presumptive Eligibility (PE) For Pregnant Women*, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx; Minor Consent Medi-Cal: CAL. FAM. CODE § 6925(a), CAL. WELF. & INST. CODE § 14010; CAL. DEP'T HEALTH SERVS., LETTER NO. 183 TO ALL HOLDERS OF MEDI-CAL ELIGIBILITY PROCEDURES MANUAL ON MINOR CONSENT MEDI-CAL CHANGES, 4V-1 TO 4V-3 (Aug. 12, 1997), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c183.pdf>; MCAP: CAL. WELF. & INST. CODE §§ 15832(a)(1)(A); CAL. CODE REGS. tit. 10, §§ 2699.200(b)(1)(B), FamilyPACT: CAL. WELF. & INST. CODE § 24003; DHCS, STATE PLAN AMEND. 10-014 ATTACHMENTS. 3.1-A, 2.2-A (July 1, 2010), <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/10-014%20Recent%20Amendment.pdf>.

⁵² *Public Charge*, U.S. CITIZENSHIP & IMMIGRATION SERVS., <https://www.uscis.gov/greencard/public-charge> (receiving Medicaid does not render an undocumented immigrant a "public charge" for green card purposes, unless the undocumented immigration is institutionalized for long-term care).

English hotline: 1-800-376-4636

Spanish hotline: 8-888-442-2237

Website: <http://www.accesswhj.org>