Should high-risk adolescents be permitted to consent to HIV pre-exposure prophylaxis in Texas?

“Yes,” says Quianta Moore, co-author of a paper examining the ethical and legal justifications for permitting high-risk adolescents to consent to pre-exposure prophylaxis (PrEP). PrEP is the use of antiretroviral medications to prevent HIV negative individuals from becoming infected with HIV. Texas law permits minors to seek HIV testing and treatment without parental consent. Yet the statute does not specifically address whether minors can consent to HIV prevention therapy. Through their analysis, Moore and colleagues concluded that it is legally and ethically permissible for minors who are at a high risk for HIV infection to consent to HIV prevention measures without parental permission. Thus, high-risk adolescents should be able to consent to PrEP. Allowing minors to consent to PrEP without parental permission is important because the factors that increase adolescents’ risk for HIV infection — such as drug use, high-risk sexual behaviors and parental estrangement — also contribute to difficulty in obtaining parental permission. Moreover, adolescents are less likely to access sexual health services if parental permission is required.

Despite many advances in decreasing the incidence of HIV infection, the rate of new HIV infection among people aged 13 to 24 is rising, particularly in young men who have sex with men (MSM). Thus, targeting young MSM and other adolescents at high risk for HIV infection with HIV prevention therapies is of high priority. For instance, Truvada is an antiretroviral medication the U.S. Food and Drug Administration has approved for use as PrEP. The Centers for Disease Control and Prevention recommends use of Truvada for individuals with an ongoing and substantial risk of HIV infection, such as nonmonogamous men who have sex with men (MSM), serodiscordant couples and intravenous drug users. Yet Truvada is only approved for use in adults. Additional research must be conducted before Truvada and other PrEP therapies can be approved for use in adolescents. Research regarding PrEP efficacy, adherence and behavioral risk practices among adolescents is important not only to obtain FDA approval, but also to guide and inform clinician prescribing practices for adolescents.

Yet the ability to conduct this vital research depends on whether minors can consent to HIV prevention under state law. As discussed, there are legal and ethical justifications for why minors should be allowed to consent to HIV prevention in Texas. However, the lack of clarity on this issue has hindered research. Until legislators clarify state laws, the authors recommend that institutional review boards, which are responsible for approving research studies, interpret minor consent state laws broadly to include prevention. Without further PrEP research with adolescents, youth who are at the greatest risk of contracting HIV will not have access to medications that could prevent HIV infection. Thus, to achieve the goal of an AIDS free generation, policies should be developed to inform and clarify minor consent laws related to HIV prevention therapy.
HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by Vivian Ho, Ph.D., James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University’s Baker Institute for Public Policy, in collaboration with Laura Petersen, M.D., MPH, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine’s Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

For further information about the program, please contact:
Rice University MS-40
Baker Institute Health Policy Forum
P.O. Box 1892
Houston, Texas 77251-1892
phone: 713.348.2735
email: healthecon@rice.edu

We’re going green!
Rice University’s Baker Institute is reducing print mailings in an effort to be more environmentally friendly. If you would like to receive future Health Policy Research newsletters by email, please send your name and email address to healthecon@rice.edu.