

MALCOLM AUGUSTINE

Legislative District 47

Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the
Management of Public Funds



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Senate Finance Committee

February 18, 2020

Sponsor Testimony - SB611-Consultation, Diagnosis, Treatment of Mental and Emotional Disorders - Consent by Minors

This piece of legislation will enable minors who are not comfortable, or unable to address sensitive behavioral health issues with parents, guardians, and custodians to seek behavioral health care.

According to a National Conference of State Legislators Oct 2018 report, an estimated 1 in 5 children in the US has a diagnosable mental health condition. Untreated mental disorders and mental illness in children can lead to costly outcomes such as school dropout, substance use, incarceration and suicide. Half of lifetime cases of mental illness begin by age 14 and 75 percent present by age 24. The Health Occupations statute for Behavioral Health in Maryland hasn't been touched since 1971 and much has changed since then including delivery of Behavioral Health services. In 1971, there was an attempt to reduce the age of consent from 18 to 14, the compromise was 16 however the hearing is so old there is no data as to why the decision was made to settle at 16. With that being said, behavioral health concerns are presenting in children as young as 6 and in some instances the parent or guardian is a contributing factor in the matter. Adverse Childhood Experiences are real indicators of future behavioral health issues.

This bill attempts to alleviate a barrier to care by providing flexibility for providers to make an appropriate determination if parental consent is not in the best interest of the minor child.

This bill does not:

- Preclude providers from contacting and working in cooperation with parents

- Require providers to provide services
- Require insurers to cover services to which parents or the primary health insured has not consented
- Prohibit parent access to health records

Amendment

Because it is not the intent of this legislation to alter existing language ie. Consultation, Diagnosis, and Treatment, as that can cause unintended consequences and because long term treatment of behavioral health issues is complicated, we will offer a clarifying amendment to make clear that the consent would not extend to prescribing of medication related to long term care of mental illness for this specific group of children.

Young people today face many developmental, and emotional challenges, including bullying of all forms, lack of access to opportunities for advancements, to name a few. Specifically the Social Determinants of Health factors such as where you were born, work, live and socialize play a significant role in well-being, and long term life success. Zip code, is documented as a factor in a 20 year difference in life expectancy. Mental-emotional disorders have a direct negative impact on reaching milestones, and a healthy quality of life standard. Providing minor consent to make decisions about behavioral health care is a common sense solution that will promote advancement, and productivity in Maryland. It reduces one small barrier by removing the fear and stigma factor for seeking help for the vulnerable among us.

I ask for a favorable committee report.

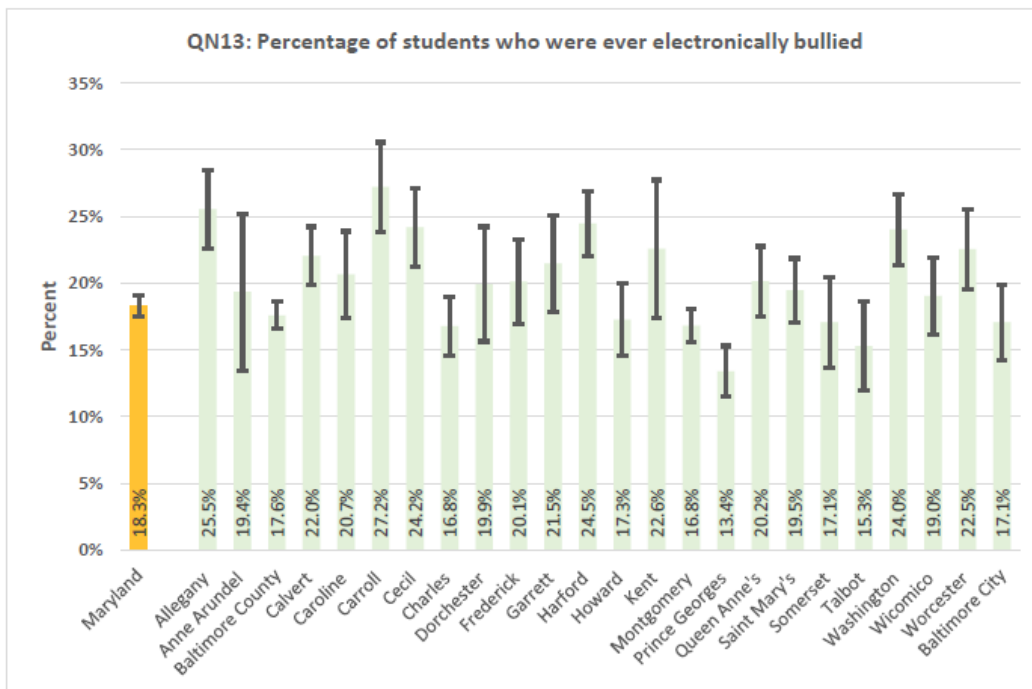
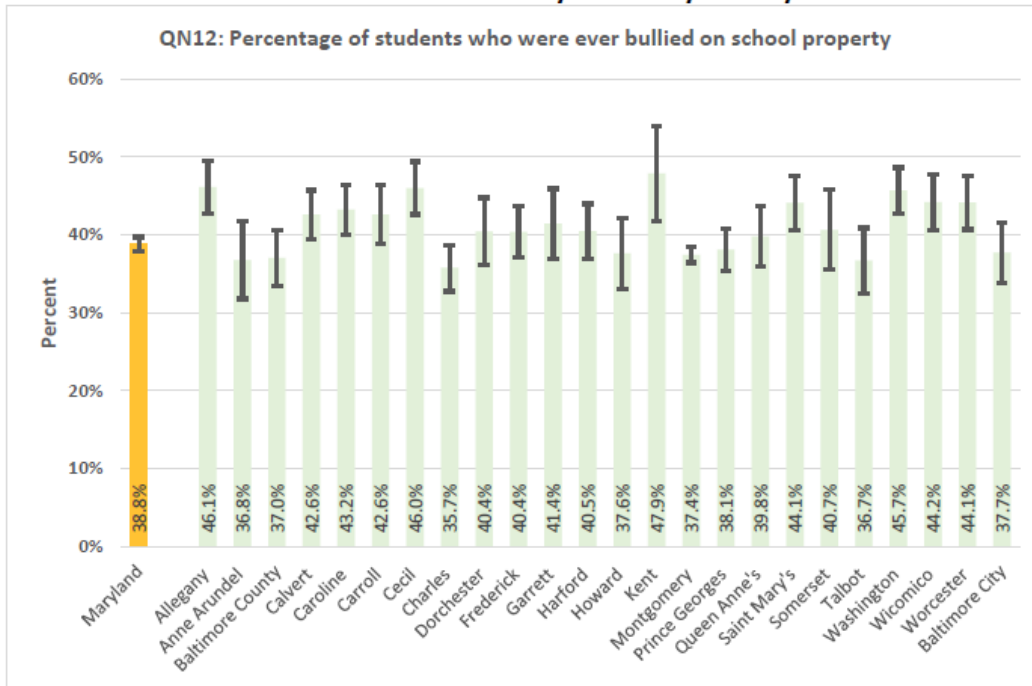
Sincerely,

Senator Malcolm Augustine

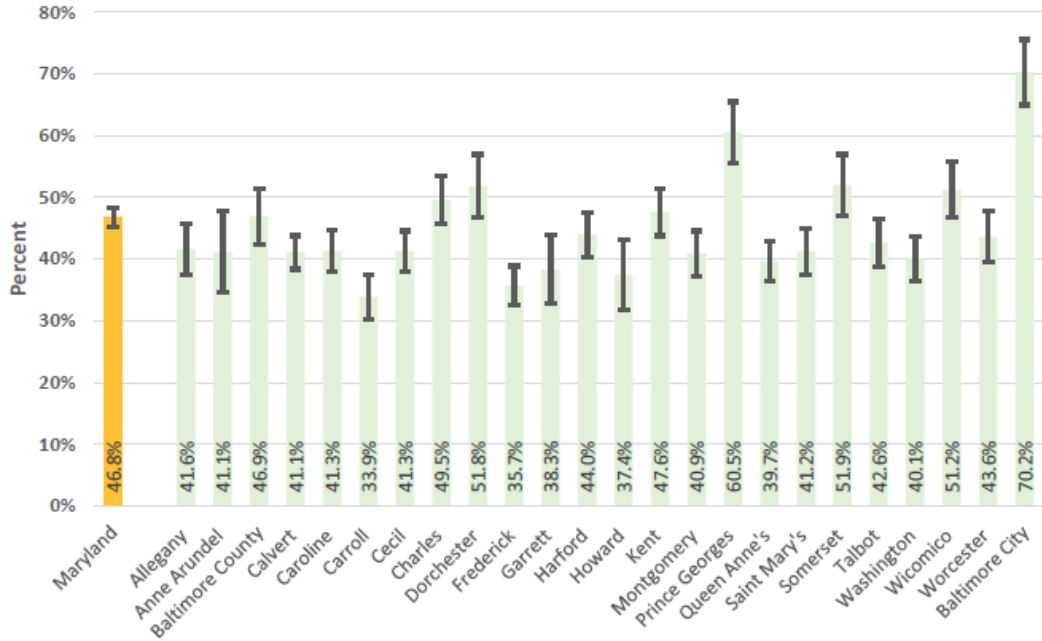
Appendix

2018 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS)

Middle School Summary Tables by County



QN11: Percentage of students who were ever in a physical fight



2018 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS)

Middle School Summary Tables by County

