



**SENATE BILL 41  
TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

***Health- Mental and Emotional Disorders- Consent***  
**Laurence Polsky, MD, MPH, Health Officer, Calvert County Health Department**  
**For the Maryland Association of County Health Officers (MACHO)**  
*Position: Support – February 2, 2021*

Altering the minimum age, from 16 to 12 years, at which time a minor has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider.

**SB 41 will place mental health care access for adolescents on par with established legal norms for reproductive health care and substance misuse services.** SB 41 is of critical importance due to substantial suicide risks among young teens:

- Suicide is the second leading cause of death among adolescents<sup>1</sup>
- During 2009–2018, suicide rates among teens increased by 62% from 6.0 to 9.7 per 100,000 population
- During 2009–2019, prevalence of suicide attempts increased overall and among female, non-Hispanic white, non-Hispanic black students. Rates were equivalent at each grade level from 9<sup>th</sup>-12<sup>th</sup>.<sup>1</sup>
- In 2019, among all students, 8.9% reported having attempted suicide, with prevalence estimates highest among females (11.0%); black non-Hispanic students (11.8%); and students who identified as lesbian, gay, or bisexual (23.4%)<sup>1</sup>
- Suicide attempts are a known risk factor for and the greatest predictor of death by suicide<sup>1</sup>
- During 2018, approximately 95,000 youths aged 14–18 years visited EDs for self-harm injuries<sup>1</sup>

Adolescents of all ages have had the designation of “emancipated minors” in the context of other health services for decades, most notably reproductive health and services for substance misuse. This legal designation has allowed younger adolescents to obtain vital health care without discernable harm to themselves or disruption to their family dynamic. In most cases, once a minor enters care and has the opportunity to receive counsel from a health professional, parents/guardians are able to be brought into the therapeutic process.

Just as increased access to reproductive health care has prevented countless unintended pregnancies, and access to substance misuse services has prevented unintentional overdoses, decreasing the age of consent for mental health care will improve academic performance, decrease the incidence of substance misuse triggered by untreated depression and anxiety, and reduce the number of adolescent suicides in Maryland.

The Maryland Association of County Health Officers strongly encourages the passage of SB41 as critical step toward improving mental health services for adolescents.

<sup>1</sup> <https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm>. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. CDC MMWR August 21, 2020 / 69(1);47–55.

**For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-614-6891.** This communication reflects the position of MACHO.