



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

mdCSWC

TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Heather Bagnall

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 16, 2021

RE: **SUPPORT** – House Bill 132 – *Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*

On behalf of the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for House Bill 132.

House Bill 132 amends current law with respect to a minor's authority to consent to mental health services but also includes specific limitations to ensure that the health care provider retains authority to provide and manage the care in accordance with what they find to be in the best interest of the minor, including involvement of the minor's parents or guardians. Current law limits the authority to consent to minors age 16 and older. House Bill 132 lowers the age for authority to consent to 12 years and older.

Minor consent for health care services has generally been granted for services that a minor may be ashamed, scared, or otherwise unlikely to discuss with a parent or guardian. In addition to mental health services, it includes substance use, sexually transmitted diseases, and other similarly challenging health care needs. With respect to mental health services, the parent or guardian may be the basis for the mental health challenges faced by the minor. Lowering the age of consent to 12 years recognizes that adolescence, which includes minors from age 12 through age 18, is often a time of significant emotional challenges. Providing an adolescent the right to consent to mental health services helps facilitate timely access to necessary services when it is the only way that the adolescent will choose to seek care.

It is important to note that House Bill 132 is clear that even when a minor is authorized to consent to care, a health care provider retains full authority to determine whether the minor has the capacity to understand what is being consented to and the implications of consent. Further, even if a minor consents to care, a health care provider retains full authority to discuss the care with the parent or guardian if the provider believes it is in the best interest of the child.

Finally, while a minor should be allowed to consent to mental health services, the minor should not have the right to consent to medication treatment for a mental health disorder given the complexity often associated with medication management and compliance. There may be side effects or other responses to the medication that should be managed/monitored by the minor's parent or guardian. To that end, House Bill 132 exempts medication from a minor's right to consent to mental health services. House Bill 132, appropriately and safely, improves access to mental health services for adolescents. A favorable report is requested.

For more information call:

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