

Committee Report

REGULAR CALENDAR

October 6, 2020

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 1616-FN,**

**AN ACT relative to the age for minor's visits to mental
health practitioners. Having considered the same,
report the same: RECOMMENDED FOR FUTURE
LEGISLATION.**

Rep. Joe Schapiro

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1616-FN
Title:	relative to the age for minor's visits to mental health practitioners.
Date:	October 6, 2020
Consent Calendar:	REGULAR
Recommendation:	RECOMMENDED FOR FUTURE LEGISLATION

STATEMENT OF INTENT

The majority of the committee feels that there is potential merit in lowering the age of consent for mental health treatment given that adolescents in significant distress sometimes lack access to treatment due to family dynamics and that many other states have reduced ages of consent. That being said, there are many issues that need to be clarified. These include, but are not limited to: extent of the need, appropriate age for consent, definition of "temporary" treatment, payment, confidentiality of care and medical records, hospital admission, and legal protection for providers.

Vote 11-7.

Rep. Joe Schapiro
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1616-FN, relative to the age for minor's visits to mental health practitioners.**RECOMMENDED FOR FUTURE LEGISLATION .**

Rep. Joe Schapiro for Health, Human Services and Elderly Affairs. The majority of the committee feels that there is potential merit in lowering the age of consent for mental health treatment given that adolescents in significant distress sometimes lack access to treatment due to family dynamics and that many other states have reduced ages of consent. That being said, there are many issues that need to be clarified. These include, but are not limited to: extent of the need, appropriate age for consent, definition of "temporary" treatment, payment, confidentiality of care and medical records, hospital admission, and legal protection for providers. **Vote 11-7.**

Original: House Clerk
Cc: Committee Bill File

HB 1616-FN, relative to the age for minor's visits to mental health practitioners.

Majority: Recommended for further legislative action.

Rep. Joe Schapiro for the **Majority** of Health, Human Services, and Elderly Affairs.

The majority of the committee feels that there is potential merit in lowering the age of consent for mental health treatment given that adolescents in significant distress sometimes lack access to treatment due to family dynamics and that many other states have reduced ages of consent. That being said there many issues that need to be clarified. These include, but are not limited to: extent of the need, appropriate age for consent, definition of "temporary" treatment, payment, confidentiality of care and medical records, hospital admission, and legal protection for providers.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: September 3, 2020

LOB ROOM: Remote Meeting

MOTION:

Interim Study (2nd yr) Recommended for Future Legislation

Moved by Rep. Schapiro

Seconded by Rep. Snow

Vote: 11-7

Respectfully submitted,

Rep Susan Ticehurst, Clerk

HOUSE COMMITTEE ON
Health, Human Services & Elderly Affairs
EXECUTIVE SESSION on
HB 1616

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: 9/3/20

LOB ROOM: Remote

MOTION: Recommended for Future Legislation
~~Not Recommended for Future Legislation~~

Moved by Rep. Schapiro

Seconded by Rep. Sow

Vote: 11-7

Respectfully submitted,



Rep. Ticehurst

Committee Clerk

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: September 3, 2020

Subcommittee Members: Reps. Weber, Campion, Ticehurst, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Marsh, M. Pearson and Stapleton

Comments and Recommendations: No one wants to see someone who is in stress and not be able to access help. Some feel this would provide an opportunity to intervene at a time when a difference could be made. This is an age at which people are vulnerable and mental health issues may have impacts well into the future. There are existing laws which allow the treatment of minors, such as for family planning and substance use disorder. Young people can currently access treatment through school of DCYF. Future legislation should consider the age, scope and range of treatment, as well as confidentiality, including the following: Whether the age of 12 is appropriate, Definition of "temporary" treatment, Whether prescriptions for psychotropic drugs would be allowed, Payment if family insurance is not accessible, Potential conflicts with federal statutes and funding, Protection of confidentiality of records, and Documentation of the reasons why the decision was made to treat the minor without parental consent. Hospitals should be brought into the discussion since it may be problematic to admit children without their parents' knowledge. Members opposing future legislation mentioned the following: Current informed consent laws in NH, Insurers will not permit providers to do this, and Exclusion of certain parental consent and involvement.

MOTION:

Interim Study (2nd yr) Recommended for Future Legislation

Moved by Rep. Schapiro

Seconded by Rep. Snow

Vote: 11-8

Respectfully submitted,

Rep. Susan Ticehurst
Subcommittee Clerk

HOUSE COMMITTEE ON
Health, Human Services & Elderly Affairs
SUBCOMMITTEE WORK SESSION on
HB 1616

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: 9/3/20

Subcommittee Members: Reps. Weber, Campion, MacKay, Snow, Frietas, Ticehurst, Knirk, Salloway, Cannon, Nutter-Upham, Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, Marsh, Pearson, Acton, Dennis, DeClercq, Stapleton

Comments and Recommendations:

No one wants to see someone who is in stress not be able to access help. Some feel this would provide an opportunity to intervene at a time when a difference could be made. This is an age at which people are vulnerable and mental health issues may have impacts well into the future.

There are existing laws which allow the treatment of minors, such as for family planning and substance use disorder. Young people can currently access treatment through school of DCYF.

Future legislation should consider the age, scope and range of treatment, as well as confidentiality, including the following:

- Whether the age of 12 is appropriate
- Definition of "temporary" treatment
- Whether prescriptions for psychotropic drugs would be allowed
- Payment if family insurance is not accessible
- Potential conflicts with federal statutes and funding
- Protection of confidentiality of records
- Documentation of the reasons why the decision was made to treat the minor without parental consent

Hospitals should be brought into the discussion since it may be problematic to admit children without their parents' knowledge.

Members opposing future legislation mentioned the following:

- Current informed consent laws in NH
- Insurers will not permit providers to do this
- Exclusion of certain parental consent and involvement

MOTION: Recommended for Future Legislation
~~Not Recommended for Future Legislation~~

Moved by Rep. Schapiro

Seconded by Rep. Snow

Vote: 11-8

Respectfully submitted,


Rep. Ticehurst

Subcommittee Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

8/28/2020 10:44:42 AM
Roll Call Committee Registers
Report

2020 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 1616 Motion: Recommended for future leg. AM #: _____ Subcommittee Work
Exec Session Date: 9-3-20

Members	YEAS	Nays	NV
Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.			✓
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.		✓	
Cannon, Gerri D.	✓		
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.		✓	
Nelson, Bill G.		✓	
Guthrie, Joseph A.		✓	
Fothergill, John J.			✓
Marsh, William M.		✓	
Pearson, Mark A.		✓	
Acton, Dennis F.		✓	
DeClercq, Edward			✓
Stapleton, Walter A.		✓	
TOTAL VOTE:	11	8	

Committee Report

CONSENT CALENDAR

February 18, 2020

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 1616-FN,

AN ACT relative to the age for minor's visits to mental health practitioners. Having considered the same, report the same with the recommendation that the bill be REFERRED FOR INTERIM STUDY.

Rep. Joe Schapiro

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1616-FN
Title:	relative to the age for minor's visits to mental health practitioners.
Date:	February 18, 2020
Consent Calendar:	CONSENT
Recommendation:	REFER FOR INTERIM STUDY

STATEMENT OF INTENT

This bill attempts to increase and simplify access to mental health services for children age 12 and up by removing the requirement for parental consent. The committee felt they were lacking adequate data to understand the prevalence and/or the need for those children who lack responsive, supportive parents to facilitate treatment and give consent. In addition, the bill lacked a clear definition of "temporary" treatment and did not adequately address the many practical complexities (i.e. funding) that such a change would create for providers who believe that any child experiencing significant emotional distress deserves help. This bill was sent to Interim Study for further consideration.

Vote 19-0.

Rep. Joe Schapiro
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 1616-FN, relative to the age for minor's visits to mental health practitioners. **REFER FOR INTERIM STUDY.**

Rep. Joe Schapiro for Health, Human Services and Elderly Affairs. This bill attempts to increase and simplify access to mental health services for children age 12 and up by removing the requirement for parental consent. The committee felt they were lacking adequate data to understand the prevalence and/or the need for those children who lack responsive, supportive parents to facilitate treatment and give consent. In addition, the bill lacked a clear definition of "temporary" treatment and did not adequately address the many practical complexities (i.e. funding) that such a change would create for providers who believe that any child experiencing significant emotional distress deserves help. This bill was sent to Interim Study for further consideration. **Vote 19-0.**

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE:

HHSEA House

BILL NUMBER:

HB 1616

TITLE:

relative to the age for minor's visits
to mental health practitioners

DATE:

2/18/20

CONSENT CALENDAR:

YES

NO

OUGHT TO PASS

OUGHT TO PASS W/ AMENDMENT

INEXPEDIENT TO LEGISLATE

INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.

STATEMENT OF INTENT:

see attached -

COMMITTEE VOTE:

19-0

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep.

Joe Schapiro

For the Committee

HB 1616 attempts to increase and simplify access to mental services for children age 12 and up by removing the requirement for parental consent. The committee felt they were ^{lacking} lacking adequate data to understand the prevalence and/or the need for those children who ^{lack} ~~lack~~ ~~are~~ responsive, supportive parents to facilitate treatment and give consent. In addition, the bill lacked a clear definition ~~of~~ ^{of} "temporary" treatment and did not adequately address the many practical complexities (i.e. funding) that such a change would create for providers. ~~Feeling~~ ^{Believing} that any

child experiencing significant emotional distress & deserves help, this bill was sent to interim study for further consideration.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: February 18, 2020

LOB ROOM: 205

MOTIONS: REFER FOR INTERIM STUDY

Moved by Rep. Schapiro

Seconded by Rep. M. Pearson

Vote: 19-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: 2-18-20

LOB ROOM: 205

MOTION: (Please check one box)

- OTP ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)

Moved by Rep. Schapiro Seconded by Rep. M. Pearson Vote: 19-0

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: YES NO

Minority Report? Yes No If yes, author, Rep: _____ Motion _____

Respectfully submitted: Susan Ticehurst
Rep Susan Ticehurst, Clerk



2020 SESSION

Health, Human Services and Elderly Affairs

Bill #: HD 1616 Motion: Interim Study AM #: _____ Exec Session Date: 2-18-20

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
Mackay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.	✓		
Cannon, Gerri D.	✓		
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.	✓		
Nelson, Bill G.			
Guthrie, Joseph A.			
Fothergill, John J.	✓		
Marsh, William M.	✓		
Pearson, Mark A.	✓		
Acton, Dennis F.	✓		
DeClercq, Edward			
Stapleton, Walter A.	✓		
TOTAL VOTE:	19	0	

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: February 4, 2020

Subcommittee Members: Reps. Ticehurst, MacKay, Snow, Nutter-Upham, Schapiro, Guthrie, Fothergill, Marsh and Acton

Comments and Recommendations:

MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Rep. Acton Seconded by Rep. Rep. Marsh Vote: 4-5

MOTIONS: REFER FOR INTERIM STUDY

Moved by Rep. Rep. Schapiro Seconded by Rep. Rep. Marsh Vote: 9-0

SUBCOMMITTEE WORK SESSION on HB 1616-FN

BILL TITLE: relative to the age for minor's visits to mental health practitioners.

DATE: February 4, 2020

Subcommittee Members: Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, Marsh, M. Pearson, Acton, DeClercq and Stapleton

Comments and Recommendations:

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. Action Seconded by Rep. Marsh AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: 4-5

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. Schapiro Seconded by Rep. Marsh AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: 9-0

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. Susan Ticehurst
Subcommittee Chairman/Clerk



2020 SESSION

Health, Human Services and Elderly Affairs

Bill #: 1616 Motion: ITL AM #: _____ Exec Session Date: 2-4-20

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Weber, Lucy M. Chairman			
Campion, Polly Kent Vice Chairman			
MacKay, James R.		✓	
Snow, Kendall A.		✓	
Freitas, Mary C.			
Ticehurst, Susan J. Clerk		✓	
Knirk, Jerry L.			
Salloway, Jeffrey C.			
Cannon, Gerri D.			
Nutter-Upham, Frances E.		✓	
Osborne, Richard G.			
Schapiro, Joe		✓	
Woods, Gary L.			
McMahon, Charles E.			
Nelson, Bill G.			
Guthrie, Joseph A.	✓		
Fothergill, John J.	✓		
Marsh, William M.	✓		
Pearson, Mark A.			
Acton, Dennis F.	✓		
DeClercq, Edward			
Stapleton, Walter A.			
TOTAL VOTE:			

4

5



2020 SESSION

Health, Human Services and Elderly Affairs

Bill #: 1616 Motion: Interim Study AM #: _____ Exec Session Date: 2-4-20

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Weber, Lucy M. Chairman			
Campion, Polly Kent Vice Chairman			
MacKay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.			
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.			
Salloway, Jeffrey C.			
Cannon, Gerri D.			
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.			
Schapiro, Joe	✓		
Woods, Gary L.			
McMahon, Charles E.			
Nelson, Bill G.	✗		
Guthrie, Joseph A.	✓		
Fothergill, John J.	✓		
Marsh, William M.	✓		
Pearson, Mark A.			
Acton, Dennis F.	✓		
DeClercq, Edward			
Stapleton, Walter A.			
TOTAL VOTE:	9	0	

Hearing Minutes

Answer: This is similar to a minor seeking care for abortion services. The fact that this is mental health, though, and sometimes it can't wait.

Question: Rep. Woods: Page 1, line 22 includes surgical services. Was that inadvertent?

Answer: Yes.

Rep. Bouchard – Supports –

We need to provide for young adults' and adolescents' psychological and biological needs. We need to make sure they feel nourished and loved.

Question: Rep. Nutter-Upham: What is the current age at which a person can request care?

Answer: 18.

Rep. Cannon – Supports the bill –

She is a member of the Somersworth School Board. They see children with behavioral problems, but in non-public sessions so the information she is looking for is not available. Some children have behavioral problems beyond that of what the administrators and staff can provide care for. Some have problems with the judicial system. Hopefully, they can be seen with their parents. The school system needs to decide if it can provide assistance with the school counselor. It has to determine if expulsion is on the table. It needs to decide whether to transfer to another school that might better meet their needs. It must also try to access if there is a family member or other person who can care for the child. These children can find their parents with drug or alcohol abuse problems and in turn abuse in the home. What we need to do is be able to refer this child to alternative sources for treatment. There are a lot of LGBTQ children who are abused and we need to find a place for them. These children are at high risk of suicide and sometimes we don't find out until it is too late.

Question: Rep. Weber: Do you have any experience that might help us with the issue of payment?

Answer: No.

Question: Rep. Salloway: As a school board member do you have a sense that there are adequate services to provide for the needs that might be engendered by this bill?

Answer: Yes, although we have had a problem trying to find services for LGTBQ students.

Question: Rep. Freitas: Are services denied to some of these young people because the professionals don't want to take on these children?

Answer: Most providers won't accept Medicaid.

Question: Rep. Freitas: Is getting parental permission for kids on Medicaid a factor?

Molly Biron – Supports -

She had a mental illness before her 18th birthday. Her parents did not understand and it caused conflict between her and them. Although they loved her they could not provide the care she needed. After she turned 18, she got the help she needed through the university health system. This care would not have been available to her a year earlier. She was a danger to herself and others around her. Minors are at serious risk of mental health disorders. It is terrifying. When we don't have anyone to turn to but we don't have access to services that are available, the consequences are severe.

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

House Committee on Health, Human Services & Elderly Affairs
Public Hearing on HB HB 1616-FN

Bill Title:	relative to the age for minor's visits to mental health practitioners.		
Date:	1/27/20		
Room:	LOB 205	Time Public Hearing Called to Order:	10:00
		Time Adjourned:	10:43

Committee Members Present:

X	Schapiro
X	Cannon
X	Stapleton
X	Nutter-Upham
X	Marsh
X	Salloway
X	Fothergill
X	Freitas
X	Snow
X	MacKay
X	Ticehurst
X	Weber

X	Guthrie
X	Osborne
X	Acton
X	Woods
X	Pearson
X	Knirk
X	DeClercq
X	Nelson
X	McMahon
X	Campion

Testimony

* Use asterisk if written testimony and/or amendments are submitted.

*	Attachment #	Name	Testimony:
		Rep. Klein Knight	Introduced the bill. Read a statement from a constituent who is also a licensed independent clinical social worker and substance use disorder clinician. A federal law allows minors over the age of 12 to receive mental health care without the permission of parents but only if they

		<p>have a substance use disorder as well. When the constituent was 12 years old she was raped by a stranger but did not tell anyone for several years. There was no way for her to get the professional care and still have the privacy she needed. Prompt treatment after the assault could have prevented years of traumatic repercussions. Now, she cannot help children if they cannot make it into her office. This is an opportunity to give kids the care they need without exorbitant cost to the state. Rep. Klein Knight will forward data to the committee, however it is not current. Rep. Woods: Do you have an idea as to whether if this were to be implemented are there enough professionals available to provide the services? Answer: That is another bill for another day. Rep. Marsh: How can we actually bring this about? Generally, accessing care involves costs. Who is going to pay? Answer: The Department of Health and Human Services is willing to work on a solution. Something needs to pass for them to come up with an estimate. Rep. Marsh: Can we expect the department to come up with a plan for how to deal with these costs. Answer: I can just ask for these issues to be addressed. Rep. Stapleton: In a functional family parents are going to want to be involved with their care and permission. But in dysfunction families or those where parents are absent for care you are addressing the issue. What do you have in mind for parents and guardians subsequent to treatment? Answer: This bill is not for good, active parents. It is for children with addicts or abusive parents. Rep. Schapiro: Page 1, line seven of the bill refers to temporary services. What does temporary mean? Answer: Temporary services would be</p>
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			<p>emergency services. It would be on a case by case basis. Someone could need temporary care or long term care. Rep. Knirk: Would there be a role for judicial bypass as for abortion? Answer: This is similar to a minor seeking care for abortion services. The fact that this is mental health, though, and sometimes it can't wait. Rep. Woods: Page 1, line 22 includes surgical services. Was that inadvertent? Answer: Yes.</p>
		Rep. Bouchard	<p>Supports the bill. We need to provide for young adults' and adolescents' psychological and biological needs. We need to make sure they feel nourished and loved. Rep. Nutter-Upham: What is the current age at which a person can request care? Answer: 18.</p>
		Rep. Cannon	<p>Supports the bill. She is a member of the Somersworth School Board. They see children with behavioral problems, but in non-public sessions so the information she is looking for is not available. Some children have behavioral problems beyond that of what the administrators and staff can provide care for. Some have problems with the judicial system. Hopefully, they can be seen with their parents. The school system needs to decide if it can provide assistance with the school counselor. It has to determine if expulsion is on the table. It needs to decide whether to transfer to another school that might better meet their needs. It must also try to access if there is a family member or other person who can care for the child. These children can find their parents with drug or alcohol abuse problems and in turn abuse in the home. What we need to do is be able to refer this child to alternative sources for treatment. There are a lot of LGBTQ children who are abused and we need to find a place for them. These children are</p>

			<p>at high risk of suicide and sometimes we don't find out until it is too late. Rep. Weber: Do you have any experience that might help us with the issue of payment? Answer: No. Rep. Salloway: As a school board member do you have a sense that there are adequate services to provide for the needs that might be engendered by this bill? Answer: Yes, although we have had a problem trying to find services for LGBTQ students. Rep. Freitas: Are services denied to some of these young people because the professionals don't want to take on these children? Answer: Most providers won't accept Medicaid. Rep. Freitas: Is getting parental permission for kids on Medicaid a factor?</p>
		Molly Biron	<p>Supports the bill. She had a mental illness before her 18th birthday. Her parents did not understand and it caused conflict between her and them. Although they loved her they could not provide the care she needed. After she turned 18, she got the help she needed through the university health system. This care would not have been available to her a year earlier. She was a danger to herself and others around her. Minors are at serious risk of mental health disorders. It is terrifying. When we don't have anyone to turn to but we don't have access to services that are available, the consequences are severe.</p>

Hearing recessed at

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

Testimony

HB 1616 1/28/20 10am
Rep. Nicole Klein Knight

██████████ Testimony
██████████ 03101

I had my first psychotic break and manic episode right before my 18th birthday in August of 2012. I had no idea what it was, but it was exhilarating and I loved the energy I had. It became extremely abnormal. I wasn't sleeping, I was constantly talking, I had delusionally big ideas, and all the works of psychomania. My parents didn't know what it was, so they accused me of being addicted to drugs. This caused a lot of anger between my parents and I that neither of us could understand. It got to a point of hatred and ugly fights. Even though I knew my parents loved me, they weren't giving me the help I needed.

They dropped me off at UNH at the end of August and I didn't even say bye to them. I didn't hug them goodbye. I was still delusional and detached from reality; I was barely functioning. This was apparent to my new college friends, who soon nicknamed me Crazy-██████████ within the first week of school. Crazy ██████████ because someone who is psychotic and manic can stay up all night and drink excessively without any repercussions, because the strength of mania is stronger than any substance. Eventually my manic episode was sedated by a bad case of bronchitis and tonsillitis. I wasn't sleeping, so my immune system collapsed and I became very ill. After taking all of the painkillers, inhalers, and antibiotics, I became depressed and dissociated on the opposite extreme of the emotional spectrum. I didn't know who I was, what food I liked, or what I wanted to wear. I was so confused and frustrated with my lack of decision-making and self-awareness that my roommate kindly suggested that I see the school psychiatrist for help. I have been on medication ever since.

I am lucky that I was able to get the help I needed at my University at the age of 18. It didn't even cross my mind that I might need parental consent to access these services, but had this all happened to me just a year earlier, I likely wouldn't have received the help I got that day. Something catastrophic could have happened to me or others around me every day that went by without seeing a mental health professional. I have seen first hand what delusions can do to a person. I was absolutely a danger to myself and others, and someone could have seriously been hurt or injured. I was so lucky that the time of my manic episode coincided with starting school and the legal independence that allowed me the privilege to receive help.

I am confident when I say that my parents' generation does not know the first thing about mental health, they still don't understand it, and my parents still do not check in with me about my wellness or mental health status. They know I see doctors and I have prescriptions, but they don't know the various issues I have been diagnosed with. They love me nonetheless, but it is a taboo subject within my family and heavily stigmatized. However, my peers have always supported me. I talk regularly with my friends about therapy and prescriptions and mental health. There is a generational and cultural divide.

Name redacted by author.

Minors are at serious risk of mental health issues, even if you can't lawfully diagnose a disorder until the age of 18. Adolescents can still experience intense symptoms of mental health disorders, and it's absolutely terrifying. It's terrifying for everyone, and when we feel like we don't have anyone to turn to, anyone to lean on, or anyone who can recognize that mental health symptoms are real and medical attention is readily available to assist you, a lot of individuals turn to self harm or may become so psychotic they detach from reality and lose their sense of safety. Mental health has serious impacts on yourself and others.

I almost failed out of school that first semester of 2012, but with the help I needed, I went on to receive a double Bachelor's degree in Psychology and Justice Studies with honors recognition by 2016 along with the rest of my class. My UNH friends still call me Crazy [REDACTED] from time to time. I don't mind it now, because they still love me and have stayed with me this long, but there is a lot of pain attached to that name, a reputation I never wanted as a new college student, and I have a lot of regrets in my young adult life because of the inability to recognize what mental health issues were and the inability of my family to address it as a healthcare issue.

Thank you to Representative Klein Knight for taking this proactive measure to ensure the safety of everyone through permitting access to mental healthcare for minors. We need to protect our most vulnerable populations.

Rebecca Stuart

From: Nicole Klein <nklein@cca.edu>
Sent: Tuesday, January 28, 2020 12:38 PM
To: HCS

I can tell you that the psychosocial needs of children and families far outnumber the typical routine office and school nurse visits from twenty years ago. Today, approximately 1,700 children were under the eyes of child protection in Manchester with 44% of those assessments indicating substance abuse in the home. The first signs of child maltreatment are often detected and reported by our nursing and dental professionals. Each school year, approximately 600 children are identified as being homeless or displaced by the Manchester School District with half being of elementary age. Over 1,800 school nursing visits were for basic needs, such as food or clothing. In 2017, nearly 1,000 school safety incidents were reported by the District representing over 14% of all incidents reported statewide, in contrast to Manchester representing less than 8% of the total student population in New Hampshire. In 2017, 2,583 children and youth were reported by the District as living with disabilities. Our clinical professionals are now being trained in trauma-informed care, human trafficking, cultural competency, personal safety, patient restraint techniques, and compassion fatigue. The mental and behavioral health needs of children are the chief complaint we receive from all school Principals and staff.

Testimony from

Anna J. Thomas, MPH, Public Health Director

City of Manchester Health Department

1528 Elm Street

Manchester, New Hampshire 03101

athomas@manchesternh.gov

Direct Line: (603) 657-2700

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Dear Honorable Members of the HHSCommittee,

Sadly we know all too well that not all parents are perfect, and even terrific parents might not invite a conversation with a child desperate for help, they might never see the need. We know this. Children are under such stress these days.

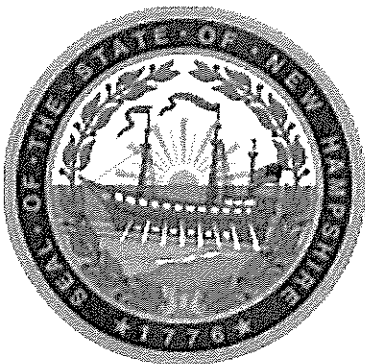
This bill will offer a hand out to those children, a safe place to talk about what may make them suicidal or make them act out. This is an important bill and though parents might be uncomfortable, this could save their child.

Please find HB 1616 OTP and help to improve the lives of many.

Respectfully,
Representative Jan Schmidt
Proud Member of the Nashua Delegation

At Home: Tesha4@gmail.com
11 Pope Circle, Nashua NH 03063
Hillsborough District 28, Ward 1 Nashua

In Concord: Jan.Schmidt@leg.state.nh.us
NH House of Representatives
Labor, Industrial, and Rehabilitative Services Committee
Room 307 Legislative Office Building



From: "Michelle St. John" <Michelle.StJohn@leg.state.nh.us>

Date: Tuesday, January 28, 2020 at 8:12 AM

To: ~House Health Human Services and Elderly Affairs <HHSEA@leg.state.nh.us>

Subject: Testimony in support of HB1616

Dear Chairwoman Weber and Members of the Health and Human Services & Elderly Affairs Committee

I write today in support of HB1616, relative to the age for minor's visits to mental health practitioners.

This bill is important to me. I have a 12 year old child who receives mental health support services for multiple reasons. My son is a transgender who came out to our family when he was under the age of 12. Our family has supported him every step through this process. Other children may not have support, access or approval to seek care from mental health professionals from their parent/guardian.

Transgender youths experience a higher rate of suicide ideation than any other youth population. In female to male transitions, this rate is higher than 50%.

According to research conducted and published in the American Journal of Pediatrics, (October 2018)," Nearly 14% of adolescents reported a previous suicide attempt; disparities by gender identity in suicide attempts were found. Female to male adolescents reported the highest rate of attempted suicide (50.8%), followed by adolescents who identified as not exclusively male or female (41.8%), male to female adolescents (29.9%), questioning adolescents (27.9%), female adolescents (17.6%), and male adolescents (9.8%). Identifying as nonheterosexual exacerbated the risk for all adolescents except for those who did not exclusively identify as male or female (ie, nonbinary)." <https://pediatrics.aappublications.org/content/142/4/e20174218>

Today's youth need support. Not all of our youth have family support for mental health and well being. This law would enable those individuals who need mental health support gain access to professionals whether or not their parent or legal guardians approve.

We live in challenging times. Let's do our part and make it less challenging for our youth to access the care they need to survive and thrive.

Thank you.

Kind regards,

Michelle

Michelle A. St. John, New Hampshire State Representative

Hillsborough, District 27 (Hollis)

Bill as
Introduced

HB 1616-FN - AS INTRODUCED

2020 SESSION

20-2408
01/10

HOUSE BILL ***1616-FN***

AN ACT relative to the age for minor's visits to mental health practitioners.

SPONSORS: Rep. Klein-Knight, Hills. 11; Rep. Frost, Straf. 16; Rep. Schultz, Merr. 18; Rep. St. John, Hills. 27; Rep. Cushing, Rock. 21; Rep. Cleaver, Hills. 35; Rep. Bouchard, Hills. 11; Rep. Josephson, Graf. 11; Rep. Vail, Hills. 30; Rep. French, Graf. 14

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill authorizes minors 12 years of age or older to have treatment for behavioral health services without the consent of a parent or guardian.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears [~~in brackets and struck through~~]
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1616-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to the age for minor's visits to mental health practitioners.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	Indeterminable	Indeterminable	Indeterminable
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
<i>Funding Source:</i>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

METHODOLOGY:

This bill allows minors 12 years of age or older to access temporary, outpatient mental health treatment without the consent of a parent or legal guardian. The Department of Health and Human Services notes that the bill is similar to existing RSA 318-B:12-a, which allows minors to access drug abuse treatment without the consent of a parent or legal guardian, as well as RSA 141-C:18, which does the same for treatment for sexually transmitted diseases. The Department states that the bill will likely result in greater utilization of temporary, outpatient mental health treatment by minors, but that the question of who will be liable for the cost of such services (minor, parent, state, or provider) is not addressed by the bill.

The Insurance Department assumes that the services identified in the bill will be subject to mental health parity laws, and hence will be subject to insurance coverage. As a result, the bill may increase claims costs and so impact premiums and/or plan designs. Increasing premium costs, were they to occur, would in turn increase insurance premium tax revenue. The extent of any such impacts are indeterminable.

It is assumed any fiscal impact from this bill will not occur until FY 2021.

AGENCIES CONTACTED:

Departments of Health and Human Services and Insurance