REGULAR CALENDAR

March 7, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1409,

AN ACT relative to the age at which a minor may receive mental health treatment without parental consent. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Lucy Weber

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 1409**
Title:	**relative to the age at which a minor may receive mental health treatment without parental consent.**
Date:	**March 7, 2022**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2022-0513h**

STATEMENT OF INTENT

As amended, this bill does three things: it explicitly grants a minor aged 16 years or older the right to consent to mental health treatment; it explicitly allows a licensed mental health professional to treat a minor aged 16 years or older with the consent of the minor; and it makes it clear that parental consent must be obtained before any medication is prescribed. When a parent is unable or unwilling to actively provide for the mental health needs of their minor child, this bill allows the minor to seek the treatment they need and want without parental permission. This provides one more avenue for a minor without adequate parental support to get the professional support they need to work through difficult situations, and is aimed at sparing the minor the despair that some report feeling. The majority believes that therapy would be directed towards the repair of the family unit if that is appropriate, or towards helping the minor cope with whatever their situation is if restoration of the family unit is not appropriate.

Vote 11-10.

Rep. Lucy Weber
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1409, relative to the age at which a minor may receive mental health treatment without parental consent. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Lucy Weber for the **Majority** of Health, Human Services and Elderly Affairs. As amended, this bill does three things: it explicitly grants a minor aged 16 years or older the right to consent to mental health treatment; it explicitly allows a licensed mental health professional to treat a minor aged 16 years or older with the consent of the minor; and it makes it clear that parental consent must be obtained before any medication is prescribed. When a parent is unable or unwilling to actively provide for the mental health needs of their minor child, this bill allows the minor to seek the treatment they need and want without parental permission. This provides one more avenue for a minor without adequate parental support to get the professional support they need to work through difficult situations, and is aimed at sparing the minor the despair that some report feeling. The majority believes that therapy would be directed towards the repair of the family unit if that is appropriate, or towards helping the minor cope with whatever their situation is if restoration of the family unit is not appropriate. **Vote 11-10.**

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

March 7, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1409,

AN ACT relative to the age at which a minor may receive mental health treatment without parental consent. Having considered the same, and being unable to agree with the Majority, report with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Mark Pearson

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 1409**
Title:	**relative to the age at which a minor may receive mental health treatment without parental consent.**
Date:	**March 7, 2022**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

The question underlying this and similar bills is simple: who has charge of our children, parents/guardians or the state? The age at which minors may receive counseling without consent in this bill has been brought down to 16. The prime sponsor indicated the eventual goal is 12! At issue is not whether a child could talk with a trusted coach, teacher, pastor or friend when working through a problem. Of course they could! The issue is "mental health treatment." If someone is in need of that level of counseling, that person's family system has major issues warranting either family systems therapy or state intervention, not mere individual and secretive counseling. Additionally, secrets have a way of being disclosed. This writer, in his professional capacity, recalls, in other states in which he lived, numbers of times over the years when an insurance statement was sent to the parents of a child who had attempted to keep therapy sessions private. Such a revelation of what the child had been doing only made things worse, not better. This is but one way in which the parents became aware of what was going on. Almost half of the committee was convinced that the bill, though well-intended, was bad at best and dangerous at worst. And given the stated desire of eventually lowering the age to 12, we are even more concerned.

Rep. Mark Pearson
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1409, relative to the age at which a minor may receive mental health treatment without parental consent. **INEXPEDIENT TO LEGISLATE.**

Rep. Mark Pearson for the **Minority** of Health, Human Services and Elderly Affairs. The question underlying this and similar bills is simple: who has charge of our children, parents/guardians or the state? The age at which minors may receive counseling without consent in this bill has been brought down to 16. The prime sponsor indicated the eventual goal is 12! At issue is not whether a child could talk with a trusted coach, teacher, pastor or friend when working through a problem. Of course they could! The issue is "mental health treatment." If someone is in need of that level of counseling, that person's family system has major issues warranting either family systems therapy or state intervention, not mere individual and secretive counseling. Additionally, secrets have a way of being disclosed. This writer, in his professional capacity, recalls, in other states in which he lived, numbers of times over the years when an insurance statement was sent to the parents of a child who had attempted to keep therapy sessions private. Such a revelation of what the child had been doing only made things worse, not better. This is but one way in which the parents became aware of what was going on. Almost half of the committee was convinced that the bill, though well-intended, was bad at best and dangerous at worst. And given the stated desire of eventually lowering the age to 12, we are even more concerned.

Original: House Clerk
Cc: Committee Bill File

Rep. Weber, Ches. 1
February 4, 2022
2022-0513h
05/10

Amendment to HB 1409

Amend the bill by replacing all after the enacting clause with the following:

1 New Subdivision; Mental Health Practice; Services Provided to Minors. Amend RSA 135-C by inserting after section 67 the following new subdivision:

Mental Health Services for Minors

135-C:68 Mental Health Services; Consent of Minor. A minor 16 years of age or older may voluntarily consent to mental health services, and a licensed mental health care provider may provide such services without the consent of the minor's parent or legal guardian, provided, however, that the provider shall not prescribe medication without the consent of a parent or guardian.

2 Effective Date. This act shall take effect 60 days after its passage.

2022-0513h

AMENDED ANALYSIS

This bill allows a minor 16 years of age or older to consent to mental health treatment without parental consent.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # ___HB 1409_____

TITLE: **An Act relative to the age at which a minor may receive mental health treatment without parental consent.**

DATE: **3/7/2022**

LOB ROOM: 210-11

MOTION:

ITL

Moved by Rep. _____Pearson__ Seconded by Rep. ___Kelsey_____ Vote: 10-11

MOTION:

☐ Adoption of Amendment # 2022-0513h

Moved by Rep. ___Weber____ Seconded by Rep. __Nutter-Upham_____ Vote: 11-10

MOTION:

OTPA

Moved by Rep. _____Weber__ Seconded by Rep. ___Nutter-Upham_____ Vote: 11-10

CONSENT CALENDAR: _____ YES __X___ NO

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

baf

Respectfully submitted: _____

Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

9/28/2021 11:15:01 AM
Roll Call Committee Registers Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1409 **Motion:** _____ **AM #:** 2022-0513h **Exec Session Date:** 3/7/2022

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman		N	
Layon, Erica J. Vice Chairman		N	
McMahon, Charles E.		N	
Acton, Dennis F.		N	
Gay, Betty I.	Y		
Cushman, Leah P.		N	
Folsom, Beth A. Clerk		N	
Kelsey, Niki		N	
King, Bill C.		N	
Kofalt, Jim		N	
DeLemus, Susan		N	
Weber, Lucy M.	Y		
~~MacKay, James R.~~ Rep. Freitas	Y		
Snow, Kendall A.	Y		
Knirk, Jerry L.	Y		
~~Salloway, Jeffrey C.~~ Rep Query	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	y		
TOTAL VOTE:	11	10	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

9/28/2021 11:15:01 AM
Roll Call Committee Registers Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1409 **Motion:** OTPA **AM #:** 2022-0513h **Exec Session Date:** 3/7/2022

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman		N	
Layon, Erica J. Vice Chairman		N	
McMahon, Charles E.		N	
Acton, Dennis F.		N	
Gay, Betty I.	Y		
Cushman, Leah P.		N	
Folsom, Beth A. Clerk		N	
Kelsey, Niki		N	
King, Bill C.		N	
Kofalt, Jim		N	
DeLemus, Susan		N	
Weber, Lucy M.	Y		
~~MacKay, James R.~~ Rep. Freitas	Y		
Snow, Kendall A.	Y		
Knirk, Jerry L.	Y		
~~Salloway, Jeffrey C.~~ Rep Query	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	y		
TOTAL VOTE:	11	10	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

9/28/2021 11:15:01 AM
Roll Call Committee Registers Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1409 **Motion:** ITL **AM #:** **Exec Session Date:** 3/7/2022

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.		Y	
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.		N	
~~MacKay, James R.~~ Rep. Freitas		N	
Snow, Kendall A.		N	
Knirk, Jerry L.		N	
~~Salloway, Jeffrey C.~~ Rep Query		N	
Cannon, Gerri D.		N	
Nutter-Upham, Frances E.		N	
Schapiro, Joe		N	
Woods, Gary L.		N	
Merchant, Gary		N	
TOTAL VOTE:	10	11	

Rep. Weber, Ches. 1
February 4, 2022
2022-0513h
05/10

Amendment to HB 1409

Amend the bill by replacing all after the enacting clause with the following:

1 New Subdivision; Mental Health Practice; Services Provided to Minors. Amend RSA 135-C by inserting after section 67 the following new subdivision:

Mental Health Services for Minors

135-C:68 Mental Health Services; Consent of Minor. A minor 16 years of age or older may voluntarily consent to mental health services, and a licensed mental health care provider may provide such services without the consent of the minor's parent or legal guardian, provided, however, that the provider shall not prescribe medication without the consent of a parent or guardian.

2 Effective Date. This act shall take effect 60 days after its passage.

2022-0513h

AMENDED ANALYSIS

This bill allows a minor 16 years of age or older to consent to mental health treatment without parental consent.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB1409

BILL TITLE: **An Act relative to the age at which a minor may receive mental health treatment without parental consent.**

DATE: **1/31/2022**

ROOM: **LOB 210-11** **Time Public Hearing Called to Order: 9:32am**

Time Adjourned: 10:55am

Committee Members: Reps. M. Pearson, Layon, Folsom, Acton, McMahon, Cushman, Kelsey, Gay, B. King, Kofalt, MacKay, DeLemus, Weber, Knirk, Nutter-Upham, Salloway, Snow, Cannon, Schapiro, Woods and Merchant,

TESTIMONY

Representative Klein-Knight - introduced the bill

- inpatient? no
- no fiscal note -how much will this cost
- intervention before ER
- family therapy should be involved
- mandatory reporting requirements
- already a shortage of staffing
- tele-health - new ways of connecting with youth
- age of consent clarity

Rep. Megan Murray

- 16-year-olds are working and becoming adults
- still under the care of parents, fiscally responsible, and liability
- current 16 year olds have to have parental permission for school psychiatrist

Emma Sevigny, New Futures - support

- greater access
- epidemic of mental health disorders in youth
- any statistics that this problem exists?
- what are the requirements that therapist has to report?

Rep Maria Perez - opposition

- puts doctors and nurses in jeopardy
- short term ok
- long term is bad for the family
- there are other options to provide help
- parent's rights and responsibilities

John Williams, DHHS

- uncompensated funds - very complex

- never received a request from sponsor or OLS to address funding
- Div of Insurance never received a request from sponsor or OLS to address issues
- Medicaid director needs to be consulted regarding the mechanics of funding

Micheal Strand, Bedford, self, support
- children should have the freedom to choose for themselves

Russan Chester, Bedford, oppose
- formerly worked in Child Protection Services
- tele-health
- could lead to unintended consequences

Respectfully submitted,

Rep. Beth Folsom, Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1409 Date 1/31/22

Committee HHS & EA

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Russan	Bedford		self		✓
Michael Sand	Cedar		self	✓	
State Rep Maria Perez			self.		✓
Rep Dennis Green			Rock #13		X
Gary York	Hopkinton		children	✓	

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB1409 on 2022-01-31

Support: 47 Oppose: 149 Neutral: 1 Total to Testify: 0

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Watters, Senator David	Dover, NH david.watters@leg.state.nh.us	An Elected Official	Myself	Support	No	No	1/18/2022 11:50 AM
seeger, jessica	Hancock, NH jessicaseeger@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/19/2022 2:09 PM
ploszaj, tom	Center Harbor, NH tom.ploszaj@gmail.com	An Elected Official	Myself	Oppose	No	No	1/21/2022 5:07 PM
Kaminski, Marie	Bridgewater, NH Martkam4492@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/23/2022 10:21 PM
Johnson, Paula	Nashua, NH pij53@aol.com	A Member of the Public	Myself	Oppose	No	No	1/23/2022 11:11 PM
Medeiros, Chris	SALEM, NH chris.medeiros@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/24/2022 8:34 AM
Kinney, Elizabeth	Portsmouth, NH marylandbeth07@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/24/2022 9:55 AM
chapman, kevin	marlborough, NH denoct103@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/24/2022 12:36 PM
SKIDMORE, CLARENCE	BROOKLINE, NH ashskidmore@charter.net	A Member of the Public	Myself	Oppose	No	No	1/24/2022 12:59 PM
McLeod, Thomas	Mont Vernon, NH contact@ldfnh.org	A Member of the Public	Myself	Oppose	No	No	1/25/2022 1:35 AM
McLeod, Ferngold	Mont Vernon, NH fern@naturalhealth.media	A Member of the Public	Myself	Oppose	No	No	1/25/2022 1:36 AM
McLeod, Raphaella	Mont Vernon, NH chantokangaeru@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 1:36 AM
Lipkin, Lisa	Hancock, NH lisa@lisajanelipkin.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 10:33 AM

stokes, matthew	Hancock, NH matt.stokes@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 10:36 AM
Cormier, Jennifer	Dunbarton, NH nhgencourt@jcsmotif.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 1:22 PM
Goodwin, Kendra	Sandown, NH kenj86rdcs@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 3:50 PM
cormier, Julia	Salisbury, NH addisongregory@aol.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 5:49 PM
Ferreira, Melissa	Londonderry, NH Melissacrouch74@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/25/2022 8:34 PM
Kishinevsky, Rebecca	Wilton, NH rp.kishinevsky@yahoo.com	A Member of the Public	myself	Oppose	No	No	1/25/2022 11:28 PM
Bletzer, Hallina	Hampton, NH juicygirl188@yahoo.com	A Member of the Public	Myself	Support	No	No	1/26/2022 10:12 AM
Blair, Eric	Lebanon, NH, NH supermanx23@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/26/2022 12:27 PM
Peterson, Kathy	Nashua, NH KathyofNH@aol.com	A Member of the Public	Myself	Oppose	No	No	1/26/2022 3:27 PM
Felings, Alexandra	Windham, NH alexfelings@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:27 AM
Cates, Tammy	Nashua, NH tjcates@eagleswind.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:41 AM
Cates, William	Nashua, NH wcatesjr@eagleswind.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:41 AM
Cates, Bethany	Nashua, NH brcates99@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:41 AM
Cates, Tyler	Nashua, NH xtylercatesx@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:41 AM
Cates, Sahriah	Nashua, NH sahriah@sahriah.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:41 AM
Camuso, Anthony	Swanzey, NH tony@camusofamily.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 9:45 AM
Greenwood, Nancy	Hollis, NH catnanc@msn.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 10:25 AM
Robichaud, Sarah	New Ipswich, NH Mjsrobichaud@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/27/2022 11:11 AM

Robichaud, Richard	New Ipswich, NH rjrobi3@me.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 11:17 AM
SKINNER, PAULA	Hudson, NH pskinforte@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 12:43 PM
Haigh, Jane	Manchester, NH jhaighak@gmail.com	A Member of the Public	Myself	Support	No	No	1/27/2022 2:22 PM
Evans, Heather	Derry, NH Painthorsez@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/27/2022 3:28 PM
Cole, Kimberly	Rochester, NH SkippaNH@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 3:59 PM
Jones, Jennifer	Brentwood, NH jennjones123@hotmail.com	A Member of the Public	Myself	Support	No	No	1/27/2022 5:46 PM
Stearn, Charity	Nashua, NH superauntie@eagleswind.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 5:52 PM
Stearn, Sylvia	Nashua, NH supermimi@eagleswind.com	A Member of the Public	Myself	Oppose	No	No	1/27/2022 5:52 PM
Goodwin, Karianne	Manchester, NH iban1@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/27/2022 6:55 PM
Korzen, Lori	Berlin, NH lekorzen@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/28/2022 2:47 PM
Gilbert, James	Concord, NH Jamdgilb@gmail.com	A Member of the Public	Myself	Support	No	No	1/28/2022 5:45 PM
Brown, Joanna	Manchester, NH jberardi2@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/28/2022 10:16 PM
Weston, Joyce	Plymouth, NH jweston14@roadrunner.com	An Elected Official	Myself	Support	No	No	1/29/2022 7:27 AM
Mcphail, Eve	Newmarket, NH Atkinson1976@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/29/2022 1:41 PM
Gould, Rep. Linda	Bedford, NH lgouldr@myfairpoint.net	An Elected Official	Myself	Oppose	No	No	1/29/2022 3:12 PM
Robinson, Steven	Northwood, NH Nikkiandme@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/29/2022 5:34 PM
Robinson, Karen	Northwood, NH Bdabng12@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/29/2022 5:37 PM
Cross, John	Brookline, NH jc938272@gmail.com	A Member of the Public	Myself	Support	No	No	1/29/2022 8:02 PM

Trexler, Larisa	Stoddard, NH trexlah@icloud.com	A Member of the Public	Myself	Oppose	No	No	1/29/2022 9:16 PM
Trexler, Ryan	Stoddard, NH trexlers@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/29/2022 9:27 PM
Cantwell, Kara	NASHUA, NH kara.cantwell8@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:17 AM
Nadreau, Todd	Deering, NH Toddraymond@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 11:15 AM
McCartney, Michelle	Concord, NH Michelleredmond2000@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 11:51 AM
Merner, Kelley	Wilton, NH Kellysmerner@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 12:53 PM
McCartney, Evan	Concord, NH bebop505@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:04 PM
Anderson, Shayla	Merrimack, NH Shaylan85@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:19 PM
Cedolin, Alexandra	Epping, NH ahwhyte@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:37 PM
Cedolin, Bradley	Epping, NH Bbcedolin@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:49 PM
Campbell, Karolyn	Epsom, NH kkcampbell43@yahoo.com	A Member of the Public	Myself	Support	No	No	1/30/2022 1:51 PM
Wilson, Audra	Alstead, NH h3islife@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:56 PM
Schwab, Rebecca	CONCORD, NH rebecca.schwab@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 1:56 PM
Leggett, Liz	Litchfield, NH Lzvici@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:01 PM
Wilson, Rock	Alstead, NH fullermachine@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:02 PM
McKinney, Carolyn	Amherst, NH Carolyn.mckinney@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:05 PM
Lalone, Edward	Epping, NH lalone.Edward@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:08 PM
Zenga, Jennifer	Derry, NH jenzenga@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:15 PM

Cushman, Leah	Weare, NH leah.cushman@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	1/30/2022 2:24 PM
Cushman, Stephen	Weare, NH cstephen521@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:37 PM
Rojas, Cali	Manchester, NH calianne321@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:42 PM
Medeiros, Jackie	Salem, NH Kojackie@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:47 PM
Rojas, Emily	Manchester, NH Emilyrojas27@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:47 PM
Nadreau, Courtney	Deering, NH teetsiecast@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:52 PM
Moore, Kristen	Milford, NH Kristen_cotsifas@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:55 PM
Beaudoin, Sherry	Rochester, NH sherrybeaudoin@metrocast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 2:59 PM
Beaudoin, Steve	Rochester, NH Stevebeaudoin@metrocast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 3:01 PM
Bemis, Ashley	Manchester, NH Abemid427@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 3:02 PM
Comstocl, Nancy	Litchfield, NH Nico,stock@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 3:23 PM
Schnell, Robin	Portsmouth, NH r.hary.schnell@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 3:55 PM
Panek, Sandra	Pelham, NH Sandypanek@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:03 PM
Capriccio, Jill	Derry, NH taurusjmc@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:07 PM
Panek, Charles	Pelham, NH Fullmet460@gmail..com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:07 PM
See, Alvin	Loudon, NH absee@4liberty.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:13 PM
Barker, Carole	Nashua, NH carolebooks@msn.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:49 PM
Barker, David	Nashua, NH davidabarker@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 4:58 PM

hutson, caitlen	epsom, NH caitlenhutson@aol.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 5:01 PM
Telerski, Representative Laura	Nashua, NH Laura.Telerski@Leg.State.NH.US	An Elected Official	Myself	Support	No	No	1/30/2022 5:21 PM
Treleaven, Susan	Dover, NH streleaven@comcast.net	An Elected Official	Myself	Oppose	No	No	1/30/2022 5:41 PM
Romano, Leane	Litchfield, NH Leaneari@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 5:51 PM
Kusch, Scott Daniel	Center Sandwich, NH dan.kusch@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 5:51 PM
Romano, Stephen	Litchfield, NH Allpro@allpromiversnh.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 5:52 PM
Reed, Barbara	North Swanzey, NH BDReed74@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 5:53 PM
POLLAK, TRACY	NORTHWOOD, NH TPOLLAK@METROCAST.NET	A Member of the Public	Myself	Oppose	No	No	1/30/2022 6:10 PM
Doughty, Patrick	Bethlehem, NH patrickdoughty@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 6:18 PM
Peternel, Catherine	Wolfeboro, NH katypeternel@pm.me	A Member of the Public	Myself	Oppose	No	No	1/30/2022 6:21 PM
Descoteaux, Michelle	Gilmanton, NH mdescoteaux3232@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 6:24 PM
Anastasia, Patricia	Londonderry, NH patti.anastasia@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 6:42 PM
Neil, Amanda	Canterbury, NH Amanda@smgltd.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 6:43 PM
McPhail, Kristen	Derry, NH Kmcphail1@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:02 PM
Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 7:06 PM
Beatrice, Donna	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:21 PM
Beatrice, John	Nashua, NH starkave1964@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:21 PM
Beatrice, Angela	Nashua, NH Dbjb1314@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:22 PM

BEATRICE, GIANNA	NASHUA, NH TooncesGB@outlook.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:22 PM
Barassi, Tina	Brookline, NH Tinams1012@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:26 PM
Grover, Jessica	Sale lm, NH Jessicagrover275@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 7:49 PM
Bridge, Deirdre	Derry, NH Deirdrec69@yahoo.com	A Member of the Public	Myself	Support	No	No	1/30/2022 7:55 PM
Jones, Nate	BRENTWOOD, NH nate_jones@hotmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 7:59 PM
Froumy, Heather	Exeter, NH hastingsfroumy@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:07 PM
Fay, Chris	Litchfield, NH loyalx3@aol.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:19 PM
LaPointe, Susan	Epping, NH suelap16@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:31 PM
Stinson, Benjamin	Concord, NH benrkstinson@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 8:32 PM
White, Melissa	PETERBOROUGH, NH marino_melissa@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:51 PM
Turcotte, Angela	Dover, NH daredfam217@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:52 PM
Marino, John	PETERBOROUGH, NH techlon11@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 8:58 PM
Porter, Jandee	Acworth, NH jandeeporter@live.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:02 PM
Archibald, Janan	Kensington, NH jva_archibald@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:02 PM
Reed, Christie	Temple, NH christiereed333@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:05 PM
Dudak, Breanna	Marlow, NH bdudak8820@icloud.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:07 PM
Dudak, Colemann	Marlow, NH dudak93@gmailcom	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:09 PM
Siegars, Linette	Greenfield, NH earthandstones@aol.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:12 PM

Siegars, Kathleen	Greenfield, NH kseigars5@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:16 PM
Adams, Jarvis	Greenfield, NH jarvis45@myfairpoint,net	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:17 PM
Scharf, Loren	Nashua, NH stormi214@comcast.net	A Member of the Public	Myself	Support	No	No	1/30/2022 9:21 PM
Albrecht, Tom	Candia, NH jetfuel123@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:22 PM
Esposito, anastasyia	Brookline, NH Stacyesposito4@gmail,com	A Member of the Public	Myself	Support	No	No	1/30/2022 9:23 PM
Perencevich, Ruth	Concord, NH rperence@comcast.net	A Member of the Public	Myself	Support	No	No	1/30/2022 9:27 PM
St. John, Michelle	Hollis, NH Stjohnmichelle@gmail.com	A Member of the Public	Myself	Support	No	No	1/30/2022 9:30 PM
Methot, Jennifer	Milford, NH jennifer.s.methot@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:33 PM
Conti, Laura	Nashua, NH Lauraeconti@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:44 PM
A Gieschen Jr, John	Chesterfield, NH jgieschen@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 9:48 PM
Thompson, Keith	Nashua, NH kthomp0909@aol.com	A Member of the Public	Myself	Support	No	No	1/30/2022 9:49 PM
Dunlap, Elisabeth	Lisbon, NH dunlapme@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 10:18 PM
Barth, Katherine	Berlin, NH booblue39@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 10:37 PM
Jorgensen, Patricia	NORTHFIELD, NH yellaboat@aol.com	A Member of the Public	Myself	Oppose	No	No	1/30/2022 11:07 PM
Gardner, James	Keene, NH yourgardner@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 1:58 AM
Cembalisty, Clara	Rochester, NH Cqsc43@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 2:27 AM
Cembalisty, Richard	Rochester, NH taxmanrick@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 2:27 AM
Remillard, Eric	Manchester, NH errem00@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 5:36 AM

Friedrich, Kara	Brookline, NH karamfriedrich@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 6:14 AM
Boufford, Rochelle	Manchester, NH Rochelle7e@me.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 6:45 AM
Tringale, Audrey	Hollis, NH audrey9398@yahoo.com	A Member of the Public	Myself	Support	No	No	1/31/2022 7:10 AM
Smith, Jennifer	Pembroke, NH jaycmd7699@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 7:22 AM
Marsh, William	Wolfeboro, NH william.marsh@leg.state.nh.us	An Elected Official	Carroll 8	Support	No	No	1/31/2022 7:31 AM
Batten, Dan	Center Ossipee, NH danbatten@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 7:31 AM
Malsbenden, Kathleen	Newmarket, NH Kmalsbenden@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 7:51 AM
Rettew, Annie	Concord, NH abrettew@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 8:06 AM
Reardon, Donna	Concord, NH bugs42953@aol.com	A Member of the Public	Myself	Support	No	No	1/31/2022 8:19 AM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 8:26 AM
Hamel, Bonnie	Milan, NH bonnie1397@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 8:40 AM
Feder, Marsha	Hollis, NH marshafeder@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 8:40 AM
PORTER, MARJORIE	HILLSBORO, NH maporter995@gmail.com	An Elected Official	Hillsborough District 1	Support	No	No	1/31/2022 8:49 AM
Smith, Carla	Fremont, NH tsmith1992@yahoo.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:00 AM
Condon, Laura	Bedford, NH vaxchoicenh@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:02 AM
Cauley, Elizabeth	Milford, NH b.cauley@comcast.net	A Member of the Public	Myself	Support	No	No	1/31/2022 9:04 AM
Campbell, Karen	Epsom, NH klynncampbell50@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:10 AM
LaClair, Donna	Loudon, NH alleycat9801@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:18 AM

Jakubowski, Deborah	Loudon, NH Dendeb146@gmail.com	A Member of the Public	My self	Support	No	No	1/31/2022 9:24 AM
Brovman, Sarah	Nashua, NH sarah.brovman@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:25 AM
Marzolf, Brandon	Derry, NH brandon.marzolf@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:29 AM
Kiefner, Robert	Concord, NH rskiefner@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:30 AM
Fuentes, Sebastian	Thornton, NH sef665@g.harvard.edu	A Member of the Public	Myself	Neutral	No	No	1/31/2022 9:34 AM
Pyle, Stephanie	Hollis, NH sajpyle@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:37 AM
McGuinness, Martha	Bedford, NH mmcguinness45@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:42 AM
Martin, Jeanne	Merrimack, NH jeanne-martin@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:48 AM
Fraysse, Michael	Epsom, NH mikefraysse@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 9:50 AM
Valcancick, Amy	Newmarket, NH av2112@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/31/2022 9:52 AM
Rupp, Scott	Belmont, NH srupp@metrocast.net	A Member of the Public	Myself	Support	No	No	1/31/2022 10:01 AM
Veno, Kendra	Conway, NH venosnh@gmail.com	A Member of the Public	Myself	Support	No	No	1/31/2022 10:13 AM
Daniels, Rebecca	SOMERSWORTH, NH rebecca.rose_84@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 10:41 AM
Schmitt, Megan	Concord, NH 88mmas368@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 11:04 AM
Fouch, Joanna	Loudon, NH jfouch51@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 11:05 AM
Leslie, Sarah	Deerfield, NH Sleslie0517@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 12:24 PM
Bouchard, Donald	MANCHESTER, NH donaldjbouchard@gmail.com	An Elected Official	Myself	Support	No	No	1/31/2022 12:26 PM
henson, Breanna	Hillsborough, NH Itshaylahenson@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 12:40 PM

Grinnell, Terese	Loudon, NH TereseGrinnell@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 1:25 PM
Mills, Catherine	Stratham, NH Cathiemcem@aol.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 1:44 PM
Petrusewicz, Carol	Rochester, NH clmcc2befree@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 2:07 PM
Chesney, Laura	WINDHAM, NH Lchesney1012@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 3:35 PM
Cote, Lois	Manchester, NH lcote06@outlook.com	A Member of the Public	Myself	Support	No	No	1/31/2022 3:35 PM
Osborne, Leader Jason	Auburn, NH houserepoffice@leg.state.nh.us	An Elected Official	House Majority Office	Oppose	No	No	1/31/2022 3:52 PM
Doherty, Angela	Weare, NH Angeladoherty93@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 4:29 PM
Corell, Elizabeth	Concord, NH Elizabeth.j.corell@gmail.com	A Member of the Public	None	Support	No	No	1/31/2022 4:52 PM
Macpherson, Christine	Chesterfield, NH christine.macpherson@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 5:01 PM
LAFORME, PATRICIA	EAST KINGSTON, NH PLAFORME@COMCAST.NET	A Member of the Public	Myself	Oppose	No	No	1/31/2022 5:33 PM
Sweeney, Margaret	Campton, NH ms975@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 7:28 PM
Miller, Laurie	Hollis, NH laurie@millersnh.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 7:37 PM
Miller, Andrew	Hollis, NH laurie@millersnh.com	A Member of the Public	Myself	Support	No	No	1/31/2022 7:38 PM
Miller, Laurie R.	Hollis, NH laurie@millersnh.com	A Member of the Public	Myself	Support	No	No	1/31/2022 7:39 PM
Chester, Russan	Bedford, NH russan.chester@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 7:57 PM
Loveless, Eric	bedford, NH nassur34@protonmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 8:33 PM
Saba, Robin	CANDIA, NH rbrooks230@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 8:37 PM
Judge, Donna	Hampstead, NH donnatjudge@gmail.com	An Elected Official	Myself	Oppose	No	No	1/31/2022 8:38 PM

Romito, Susan	Hollis, NH Susanromito@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 8:49 PM
Wilder, Jaima	Hollis, NH jwilder15@msn.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 8:54 PM
Rossall, Julie	Keene, NH deut10_12@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 10:17 PM
Rossall, Dave	Keene, NH deut10_12@hotmail.com	A Member of the Public	Myself	Oppose	No	No	1/31/2022 10:26 PM

Archived: Thursday, February 3, 2022 9:07:19 AM
From: Melissa Marino
Sent: Sunday, January 30, 2022 9:38:20 PM
To: ~House Health Human Services and Elderly Affairs
Subject: ABSOLUTELY NO!! HBs 1409 and 1126!!
Importance: Normal

Dear Health Committee,

Clearly the author(s) of these two horrendous bills haven't been around teenagers in some years. I have a 17yo and he changes his mind on big decisions DAILY. There is no way on this beautiful earth that he would be able to sensibly make a life altering decision like INJECTING himself with things that can (and will) alter his DNA.

Nor do our children need the "freedom" to seek "mental health treatment" without our consent or knowledge.

My goodness. Leave the children alone. You've done enough harm already! Parents call the shots, not the government or "woke" ideologues. Live free or die, remember?

And remember your oath of office.

Thank you,

Melissa White
Peterborough

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
Alabama	14(2)	12‡	I-Y
Alaska	18	Y	—
Arizona	18	Y	—
Arkansas	18	Y‡	I-Y
California	18	12‡	A-N
Colorado	18	Y‡	I-Y, I-N(3), A-N
Connecticut	18	Y†	I-N, A-N
Delaware	18	12‡	I-Y
District of Columbia	18	Y	I-Y1, I-Y4(4)
Florida	18	Y‡	I-N, A-N
Georgia	18	Y	I-Y
Guam	18	Y‡	I-N, A-N
Hawaii	18	14	I-Y
Idaho	18	14‡	—
Illinois	18	12‡	I-Y
Indiana	18	Y	—
Iowa	18	Y‡	I-Y4(5)
Kansas	18	Y	I-Y
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	Y‡	I-Y1, A-N
Michigan	18	Y‡	I-Y, A-N(6)
Minnesota	18	Y	I-Y1, A-N
Mississippi	18(7)	Y‡	—
Missouri	18	Y	I-Y2
Montana	18	Y‡	I-Y, I-Y2, A-N
Nebraska	19	Y‡	—
Nevada	18	Y	—
New Hampshire	18	14‡	I-Y2

(continued)

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Jersey	18	Y/13‡	I-Y, A-N
New Mexico	18	Y†	—
New York	18	Y†	A-N
North Carolina	18	Y‡	I-Y1(8)
North Dakota	18	14‡	—
Ohio	18	Y‡	—
Oklahoma	18	Y‡	I-Y2
Oregon	15(9)	Y‡	—
Pennsylvania	18(10)	Y‡	—
Puerto Rico	21/18(11)	Y‡	—
Rhode Island	18	Y‡	—
South Carolina	16(12)	—	I-Y2(13)
South Dakota	18	Y	—
Tennessee	18	Y‡	—
Texas	18	Y‡	I-Y
Utah	18	Y	—
Vermont	18	12‡	I-Y4(14)
Virginia	18	Y‡	A-Y
Washington	18	14‡	A-N
West Virginia	18	Y‡	A-N
Wisconsin	18	Y/14‡	I-N‡, A-N‡
Wyoming	18	Y‡	A-N

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

‡ Includes testing and treatment for HIV/AIDS.

† Includes testing, but not treatment, for HIV.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor is younger than 16, provider has discretion to inform parents of HIV consultation, examination, or treatment. If minor is 16 or older, provider may not notify parents.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. Provider must inform parents if STD test is positive and minor refuses treatment.

(5) Parent must be notified of positive HIV test result.

(6) Minors have exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(9) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(10) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(11) Persons 18 and older may consent for mental health and substance abuse treatment.

(12) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(13) Provider may inform parents who directly supervise a minor younger than 16 of minor's HIV infection status.

(14) Provider must notify parents if hospitalization is required.

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished Parents' Right of Access to Related Record
Alabama	14[2]	—	—
Alaska	18	—	—
Arizona	18	—	—
Arkansas	18	—	—
California	18	12[3]	I-Y3, A-N
Colorado	18	15	I-Y
Connecticut	18	Y	I-N, A-N
Delaware	18	—	—
District of Columbia	18	Y[4]	I-N, A-N
Florida	18	13[4]	A-Y1
Georgia	18	—	—
Guam	18	—	—
Hawaii	18	—	—
Idaho	18	—	—
Illinois	18	12	I-Y1, A-Y[5], A-Y1
Indiana	18	—	—
Iowa	18	—	—
Kansas	18	14	I-Y4
Kentucky	18	16	I-Y
Louisiana	18	—	—
Maine	18	Y	I-Y1, A-N
Maryland	18	16	I-Y, A-N
Massachusetts	18	16	I-Y
Michigan	18	14[4]	I-Y1
Minnesota	18	Y[6]	I-Y1, A-N
Mississippi	18[7]	15[8]	I-Y
Missouri	18	—	—
Montana	18	Y[9]	—
Nebraska	19	—	—
Nevada	18	—	—
New Hampshire	18	—	—
New Jersey	18	—	—

(continued)

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished / Parents' Right of Access to Related Record
New Mexico	18	Y(10)	I-Y4(11), A-Y2(12)
New York	18	Y(13)	I-Y2(14), A-Y2(15)
North Carolina	18	Y	I-Y1(16)
North Dakota	18	—	—
Ohio	18	14(4)	I-Y1
Oklahoma	18	—	—
Oregon	15(17)	14	I-Y1, I-Y3
Pennsylvania	18(18)	14	A-N
Puerto Rico	21/18(19)	14(20)	I-Y1, A-Y1
Rhode Island	18	—	—
South Carolina	16(21)	—	—
South Dakota	18	—	—
Tennessee	18	16	—
Texas	18	Y(4),(22)	I-Y
Utah	18	—	—
Vermont	18	—	—
Virginia	18	Y	A-Y
Washington	18	13	A-N
West Virginia	18	—	—
Wisconsin	18	—	—
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor presents danger of serious physical or mental health to self or others or is alleged victim of incest or child abuse. Does not include medication.

(4) Other than medication.

(5) Parents have right of access if minor does not object or there is not a compelling reason to deny access.

(6) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(9) Only where need to act is urgent due to danger to life, safety, or property of a minor or other person; and consent of parent can't be obtained in timely fashion.

(10) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(11) Parents must be notified when minor receives psychotropic medication.

(12) Parents have right of access when minor is younger than 14.

(13) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(14) Provider may notify parents if clinically appropriate when treatment has been provided over parent's refusal to consent.

(15) If minor is younger than 12, parents have right of access. Minor over 12 may object to parent accessing health information.

(16) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(17) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(18) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(19) Persons 18 and older may consent for mental health and substance abuse treatment.

(20) May only consent to limited amount of sessions.

(21) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(22) Minor may consent to counseling for suicide prevention or sexual, physical, or emotional abuse.

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
Alabama	14[2]	Y	—
Alaska	18	—	—
Arizona	18	12[3]	—
Arkansas	18	—	—
California	18	12	I-Y3, A-N
Colorado	18	Y	A-N, CFR
Connecticut	18	Y	I-N, A-N, CFR
Delaware	18	14	—
District of Columbia	18	Y	I-Y1, I-Y2[4]
Florida	18	Y	I-N, A-N
Georgia	18	Y	I-Y, CFR
Guam	18	Y	I-N, A-N
Hawaii	18	Y	I-Y
Idaho	18	16	I-N, A-N
Illinois	18	12	I-Y1, CFR
Indiana	18	Y	CFR
Iowa	18	Y	I-N
Kansas	18	Y	—
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y, CFR
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	12[5]	—
Michigan	18	Y	I-Y, A-N[6]
Minnesota	18	Y	I-Y1, A-N
Mississippi	18[7]	15	I-Y
Missouri	18	Y	I-Y2
Montana	18	Y	I-Y, I-Y2, A-N
Nebraska	19	—	—
Nevada	18	Y	I-Y4[8]
New Hampshire	18	12	—
New Jersey	18	Y	I-Y, A-N

(continued)

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Mexico	18	Y(9)	I-Y4(10), A-Y2(11)
New York	18	Y(12)	A-N, CFR
North Carolina	18	Y	I-Y1(13)
North Dakota	18	14	—
Ohio	18	Y	—
Oklahoma	18	Y	I-Y2
Oregon	15(14)	14	I-Y1, I-Y3
Pennsylvania	18(15)	Y	I-Y
Puerto Rico	21/18(16)	14(17)	I-Y1
Rhode Island	18	Y	—
South Carolina	16(18)	—	—
South Dakota	18	Y	—
Tennessee	18	Y(19)	I-Y
Texas	18	Y	I-Y
Utah	18	—	—
Vermont	18	12	I-Y4(20)
Virginia	18	Y	A-N
Washington	18	13	I-N(21), A-N
West Virginia	18	Y	A-N
Wisconsin	18	12(22)	A-N
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

CFR Providers/facilities must comply with federal confidentiality standards for alcohol and drug abuse treatment (42 CFR part 2).

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) Only where determined to be under influence of dangerous drug or narcotic, including withdrawal.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. May not give any information to parents if minor found not suffering from drug abuse unless parents have already been lawfully notified.

(5) Minor found to be drug dependent by two or more physicians may give consent to substance abuse treatment, except methadone maintenance therapy.

(6) Minor has exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physicians must make every reasonable effort to report treatment to parent within a reasonable time after treatment.

(9) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(10) Parents must be notified when minor receives psychotropic medication.

(11) Parents have right of access when minor is younger than 14.

(12) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(13) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(14) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(15) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(16) Persons 18 and older may consent for mental health and substance abuse treatment.

(17) May only consent to limited amount of sessions.

(18) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(19) May consent for treatment for "drug abuse."

(20) Provider must notify parents if hospitalization is required.

(21) Provider may not notify parents without minor's consent unless provider determines that minor lacks capacity to make informed consent regarding disclosure.

(22) Minor younger than 12 may consent to these services only if the parents cannot be found or there is no parent with legal custody of the minor.

Archived: Thursday, February 3, 2022 9:07:19 AM
From: Carol
Sent: Monday, January 31, 2022 2:24:22 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1409, HB 1126- NO
Importance: Normal

House Health and Human Services and Elderly Affairs Committee,

16 year old should NOT be allowed to take any medical treatments without a parent's written consent. Parents are the primary caretakers of children. Parents are the ones who continue to enrich, care, and guide their children for their entire life. There is NO legitimate reason to bypass a parent.

Please stop HB 1409 & HB 1126. 16 year olds should NOT be allowed to participate in mental health treatments without their parent's written consent. 16 year olds should NOT be allowed any medical vaccinations without their parents written consent.

Please vote , "NO" on HB 1409 & HB 1126,

Thank you.

Sincerely,

Carol Petrusewicz

Archived: Thursday, February 3, 2022 9:07:19 AM
From: Melbourne Moran
Sent: Sunday, January 30, 2022 8:19:35 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Nicole KleinKnight
Subject: HB 1409
Importance: Normal

Honorable Members of the HHSEA committee,

I write to you in support of HB 1409, a bill relative to lowering the age of consent for mental healthcare to 16 years old. I find this bill to be a modest change and is essentially a mature minor's bill. As a practicing psychotherapist here in New Hampshire I encounter minors seeking mental health care for various reasons. I could give you many reasons a 16yo minor would seek mental health treatment without parental consent, but I suspect most of you are aware of the reasons why a minor would seek mental health care without a parent's consent. Right now, when a minor 16yo or older, calls for treatment and they don't want their parent involved we just simply schedule an appointment for them with a clinician in our Massachusetts office where such treatment is legal.

I would like to remind you all that 42CFR allows minors as young as 12 years old to withhold from their parents their treatment information related to substance use disorder treatment. That means if I'm treating a 12yo client for opioid use disorder, I need their permission to disclose their treatment information to their parent. In New Hampshire, that right is not afforded to a minor who has a general anxiety disorder for example.

This is a practical change that allows mature minors in our State to receive similar access to treatment as their peers in surrounding States.

Please vote ought to pass on HB 1409

Melbourne R Moran Jr., LICSW
State Representative
Hillsborough District 34
Executive Committee Member – Hillsborough County
Alderman At-Large – City of Nashua
Chairman – Planning and Economic Development – City of Nashua
Melbourne.Moran@leg.state.nh.us

Dear Committee Members,

HB 1409:

The concept of the emancipated minor is well established in every state as the teenage years represent the transition from childhood to adulthood and varies according to individual and circumstances. The current criteria for a child to be deemed a legal adult in the State of New Hampshire include:

- One's 18th birthday, statutory age of adulthood
- Age 14 or above with: a legal income, live on your own with parental consent for at least three months, marriage with parental consent, join the military with parental consent, pregnancy, early graduation from high school, get a judicial declaration with or without parental consent based upon the circumstances
- In most states, an emancipated minor can authorize their own medical, dental, and mental health care

The question raised in this bill is, can an unemancipated minor consent to their own mental health care without parental consent?

Generally, states require majority age of 18 to consent for healthcare with the following notable exceptions:

- Pregnancy
- Sexually transmitted diseases (STDs)
- Mental health disorders

Most states permit unemancipated minors from age 12-16 to consent to the three entities (pregnancy, STDs and mental health disorders) without parental consent.

Why allow unemancipated minors to consent for mental health conditions?

- Mental Health Disease still carries significant social and economic stigma in the United States. Many employers will not hire individuals with established mental health conditions and individuals have been denied professional advancement as a result.
- The interests of confidentiality are significant, and a child may fear unlawful or inappropriate disclosure to others.
- Many minors will not seek mental health treatment when there is a requirement for public notice which is neither in the minor's nor in the community's best interests
- Certain mental illnesses such as depression, drug addiction (or self-medication), eating disorders, high risk physical and sexual activities, and suicide are statistically high during the adolescent years

The issue that is not addressed in this bill is the degree to which the parents must be notified, and the child should waive confidentiality of their mental condition or diagnosis because of the parents' obligation to pay for the service if they have relevant coverage. This is less of an issue when the State compensates for the care but should be addressed prior to final submission of this bill.

In short, this is an important initiative that conservatively emulates what every other State current does (many States permit 12–14-year-old children to consent for mental health treatment without parental consent) and should be passed following discussion of the mental health workers obligation (or not) to disclose to the minor's parent the child's mental health condition if the parent is legally obligated to pay through their insurance coverage.

Respectfully,

Jon Burroughs, MD, MBA, FACHE, FAAPL

- Physician for 45 years
- Practiced emergency medicine X 30 years
- Served in healthcare administrative roles X 16
- Served on the governing board of a community hospital X 9 years
- National and International Healthcare Administrative Consultant and Legal Expert X 18 years
- Author or co-author of six healthcare management books, two of which were awarded the James A. Hamilton Award for Outstanding Healthcare Management Book of the Year by the American College of Healthcare Executives
- Fellow and National Faculty of the American College of Healthcare Executives (ACHE)
- Fellow and National Faculty of the American Association for Physician Leadership (AAPL)
- Currently enrolled at UNH Franklin Pierce School of Law, Concord, NH

Hello Committee Members,

HB1409 addresses the choice of a 16 year old to seek mental health treatment without the consent of an adult. I have 2 daughters, one that will be 16 years old in a year and a half and I fully support this bill. If my daughter needs mental health services, and she is more comfortable seeking that service without my consent, I would much rather have her receive the treatment she needs than stress about the need for consent.

Currently, NH authorizes minors to consent to contraceptive services, testing and treatment for HIV and other sexually transmitted diseases, prenatal care and delivery services, treatment for alcohol and drug abuse. However, NH does not authorize a minor to seek treatment for mental health care.

Understanding, it seems very reasonable that parents should have the responsibility and right to make the choice of if their child seeks mental health care or not, however, it may be even more important that a minor has access to the mental health care they need and that includes treatment even if it is confidential.

There has been an expansion of minors' authority over health care decisions that was prompted by US Supreme Court rulings that extended the constitutional right to privacy to a minor's decision to obtain contraceptives. It also underscores the acknowledgement that lawmakers are coming to understand - **many minors will not seek needed mental health services if they have to tell their parents**.

I acknowledge that parental involvement in medical decisions is ideal and in the best of situations mental health can be sought together. However, in some instances parental involvement will not be to the minor's benefit and if needed could put a minor's health and life in jeopardy.

We are living in a time where stress, anxiety and the unknown are all around us. Children are living with the daily uncertainty of COVID, school, peers, friends, family and so much more. We should be seeking ways to support their mental health, now more than ever. This bill will assure our children get the mental health services they need with no barriers and no judgment. This bill has the ability to change the course of a minor's life. I ask that you OTP HB1409.

Sincerely,
Rep. Amy Bradley
6033151597
Manchester NH

Archived: Thursday, February 3, 2022 9:07:19 AM
From: Caley and Sabrina O'Connell
Sent: Sunday, January 30, 2022 2:05:18 PM
To: ~House Health Human Services and Elderly Affairs
Subject: health
Importance: Normal

To Whom It May Concern:

Please do not allow HB1409 to pass. Anyone under the age of 18 should not be making mental decisions for themselves. They need guidance and direction from their parents. To think that a 16 year old can make their own mental health decisions is foolish and could cause permanent harm.

Please do everything in your power to oppose HB 1409.

Sincerely,
Caley and Sabrina O'Connell

Sent from Mail for Windows

Archived: Friday, January 28, 2022 11:14:16 AM
From: Amanda Mastroianni
Sent: Thursday, January 27, 2022 10:38:02 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose 1409
Importance: Normal

Dear Members of the Health, Human Services and Elderly Affairs Committee,

I live in Merrimack, NH. As long as a parent is responsible for everything that could go wrong with their children (even their 16 and 17 year olds), the parent must be privy to any treatments those children are receiving. Please oppose 1409.

Thank you!

-Amanda Mastroianni

Sent from my iPhone

January 31, 2022

Dear HHSEA Members,

I am writing to urge you to oppose HB 1409. While I am fundamentally opposed to the bill on principle, from operational and ethical standpoints, it is quite shocking to consider the levels of idealism the proponents of this bill must have about our current mental health assessment and treatment systems and programs and toward practitioners at schools and in family practices.

Of course, all adults deserve quality mental health care when it is needed and should have the opportunity to seek and receive it. Teens and children also deserve this, but not in the absence of family knowledge or consent and certainly not in systems and in offices where adequate time, attention, and context to the teen's history and current state are not provided. Concepts of informed consent, in their most ideal states may include the idea that older children are capable of making decisions without parental involvement. But when considering the developmental and social position of teenagers, the scenario quickly becomes very complicated.

American teens live in a complex world—most of them are steeped in social media environments where online exposition of their "issues" is the norm and "support" is expected. While this of course does not negate the fact that many teens face real mental health issues, it is important context for understanding how teens today view mental health and stability vs. how they viewed it 20 years ago.

When you ladle in pressures of social conformity, peer pressure, and the difference between what the media tells us about mental health, and actual mental health of this age group, it's easy to see the unappetizing recipe for disaster developing when it comes to achieving truly informed consent from this group.

There are reasons that concepts of informed consent have not extended into this age group previously. Some of the most compelling of which are the understanding that mental health assessment and treatment are hugely complex, can and do have unintended, negative and spiraling/long-lasting consequences for some patients, and that the risk-benefit scenarios are highly variant based on the scope, accuracies of assessments, available services and medications, and more. These assessments should not be made in absence of family histories, the history and experiences of the patient, and other critical data points.

> "The ability to give informed consent obviously also relates to the issue of competency. In most jurisdictions, adults are presumed to be competent to consent to treatment or intervention unless proven otherwise. This presumption can be rebutted, for instance, in circumstances of mental illness. Dependent persons, such as children, the aged or infirm, may be exposed to treatments to which their guardians have consented but to which the patients themselves have not provided assent. In cases of adults who have been defined as incompetent, informed consent must be given by the legal representative. Minors (which may be defined differently by each state and jurisdiction) are generally presumed unable to provide their own consent (incompetent). In cases of minors who have been defined as incompetent, informed consent is usually required from the parent or from the legal guardian.
>
> The question of the validity and applicability of informed consent has often been addressed and debated. The reason for this is that informed consent can be complex and hard to evaluate because neither expressions of consent, nor expressions of understanding of implications, necessarily mean that full adult consent was not, in fact, given nor that full comprehension of relevant issues had been understood.

Many times consent is implied within the usual complex subtleties of human communication rather than explicitly negotiated verbally or in writing. Assumptions are always involved in inferring the level of validity of the consent. A client's signature is not necessarily proof that the client understood the risks of the treatment or of their right to decline it.

Examples of **invalid** informed consent:

- A person may verbally agree to something from fear, perceived social pressure, or psychological difficulty in asserting their true feelings, and the person requesting the action may honestly be unaware of this and believe it is genuine and rely upon it. Consent is expressed but not internally given.
- A person may state they understand the implications of some action, as part of their consent, but in fact not have appreciated the possible consequences fully and later deny the validity of their consent for this reason. Understanding needed for informed consent is stated to be present but is in fact (through ignorance) not present.
- A person below the age of consent may agree to sex and know all the consequences, but their consent is deemed invalid as they are deemed (regardless of the reality) to be a child unaware of the issues and thus incapable of providing informed consent."

Introduction to Informed Consent In Psychotherapy, Counseling and Assessment. Ofer Zur, Ph.D.
https://www.zurinstitute.com/informed-consent/

Ask yourselves the following before voting on this bill:

Will every practitioner approach the ethical, medical, and behavioral standards required to deliver every teen in NH full, informed consent to received appropriate mental health treatments?

Will every teen be able to look to the past family history, look to their future health situations/needs, look beyond the influences of social media, peer pressure, general societal pressure to conform, and dispassionately assess the relationship/trust with a practitioner and make a fully informed decision—presuming they do have the most outstanding scope of information provided to them by the practitioner?

Who will be liable if something negative happens to the patient? Right away? In one month? In six months?

Do you think enabling teenagers to make major healthcare decisions in the absence of parental guidance or even awareness is a rational public health approach to improve mental health services and outcomes?

Are there other approaches that could be taken first before removing and reassigning basic concepts of informed consent from parents to their own children?

How do you feel about voting to enable the parent-child trust to be undermined across this state?

You are elected representatives. You were not elected to override the parents of New Hampshire. You cannot, and should not attempt to, fix all of society's mental health-related pressures and outcomes by voting to cut parents out of the picture. Remember, this is a bill about changing the very nature of what informed consent means, not a thumbs up or down on whether teens should receive care.

Please consider other approaches and vote no on HB 1409.

Sincerely,
Christine Macpherson,
Chesterfield, NH

Archived: Thursday, February 3, 2022 9:07:19 AM
From: Melissa Hinebauch
Sent: Monday, January 31, 2022 1:56:08 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB 1409
Importance: Normal

Dear NH Representatives,

Please support HB 1409 which would allow 16+ yr olds access talk therapy.

We allow 12+ olds to get treatment for substances use and 14+ for STI treatment all without parental consent.

Please pass HB 1409 to help young people with our current crisis in the area of mental health.

Thank you.

Sincerely,

Mel Hinebauch
Concord, NH 03301
603-224-4866

Archived: Monday, January 31, 2022 10:46:28 AM
From: Anita Burroughs
Sent: Sunday, January 30, 2022 6:25:31 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Nicole KleinKnight
Subject: Testimony on HB 1409
Importance: Normal
Attachments:
HB 1409-1-22.docx Emancipated Minors Consent.pdf

Dear Committee Members,
Attached please find testimony from Dr. Jonathan Burroughs on HB 1409, along with data on what other states are doing in terms of parental consent for minors.

If you have any questions, please feel free to reach out to Dr. Burroughs at jburroughs@burroughshealthcare.com, or to phone him at 603-733-8156.

Sincerely,
Anita Burroughs

p
h

Anita Burroughs
New Hampshire State Representative
Jackson, Bartlett and Hart's Location
603-986-6216 | anitadburr@gmail.com
PO Box 487 Glen NH 03838

FOR IMMEDIATE RELEASE
December 7, 2021

1409

Contact: HHS Press Office
202-690-6343
media@hhs.gov

U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic

Today, U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory to highlight the urgent need to address the nation's youth mental health crisis. As the nation continues the work to protect the health and safety of America's youth during this pandemic with the pediatric vaccine push amid concerns of the emerging omicron variant, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health outlines the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic.

The Surgeon General's advisory calls for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic. It provides recommendations that individuals, families, community organizations, technology companies, governments, and others can take to improve the mental health of children, adolescents and young adults.

"Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade." said **Surgeon General Vivek Murthy**. "The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis."

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%. - PDF and early estimates show more than 6,600 suicide deaths - PDF among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income

youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This Fall, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

The Surgeon General's Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies. Topline recommendations include:

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Support the mental health of children and youth in educational, community, and childcare settings. And expand and support the early childhood and education workforce.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly. This includes more research on the relationship between technology and youth mental health, and technology companies should be more transparent with data and algorithmic processes to enable this research.

Surgeon General's Advisories are public statements that call the American people's attention to a public health issue and provide recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that need the American people's immediate attention.

Read the full Surgeon General's Advisory on Protecting Youth Mental Health - PDF.

For more information about the Office of the Surgeon General, please visit: www.surgeongeneral.gov.

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October 19, 2021
PDF Icon **PDF LinkDownload PDF**
Article type: News
Topics:
Adolescent Health/Medicine Advocacy Diversity, equity and inclusion Psychiatry/Psychology Psychosocial Issues

The AAP, American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have declared a national emergency in children's mental health, citing the serious toll of the COVID-19 pandemic on top of existing challenges.

They are urging policymakers to take action swiftly to address the crisis.

"Young people have endured so much throughout this pandemic and while much of the attention is often placed on its physical health consequences, we cannot overlook the escalating mental health crisis facing our patients," AAP President Lee Savio Beers, M.D., FAAP, said in a statement. "Today's declaration is an urgent call to policymakers at all levels of government — we must treat this mental health crisis like the emergency it is."

Before the pandemic, rates of childhood mental health concerns and suicide had been rising steadily for at least a decade. By 2018, suicide was the second leading cause of death for youths ages 10-24 years.

The pandemic then brought on physical isolation, ongoing uncertainty, fear and grief. Centers for Disease Control and Prevention researchers quantified that toll in several reports. They found between March and October 2020, emergency department visits for mental health emergencies rose by 24% for children ages 5-11 years and 31% for children ages 12-17 years. In addition, emergency department visits for suspected suicide attempts increased nearly 51% among girls ages 12-17 years in early 2021 compared to the same period in 2019.

Additionally, many young people have been impacted by loss of a loved one. Recent data show that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.

"We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures," said AACAP President Gabrielle A. Carlson, M.D. "We cannot sit idly by. This is a national emergency, and the time for swift and deliberate action is now."

In the declaration, the groups emphasize that young people in communities of color have been impacted by the pandemic more than others and how the ongoing struggle for racial justice is inextricably tied to the worsening mental health crisis.

"Children and families across our country have experienced enormous adversity and disruption," the groups stated in the declaration. "The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color."

The organizations are urging policymakers to take several actions:

- Increase federal funding to ensure all families can access mental health services.
- Improve access to telemedicine.
- Support effective models of school-based mental health care.
- Accelerate integration of mental health care in primary care pediatrics.
- Strengthen efforts to reduce the risk of suicide in children and adolescents.
- Address ongoing challenges of the acute care needs of children and adolescents.
- Fully fund community-based systems of care that connect families to evidence-based interventions.
- Promote and pay for trauma-informed care services.
- Address workforce challenges and shortages so that children can access mental health services no matter where they live.
- Advance policies that ensure compliance with mental health parity laws.

"We must identify strategies to meet these challenges through innovation and action," the groups wrote, "using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment."

Resources

- AAP interim guidance on children's emotional and behavioral health during the pandemic
- Information for parents from HealthyChildren.org on mental health during the pandemic
- Information for parents from HealthyChildren.org on childhood grief

dependency as defined in RSA 318-B:1, IX, or any problem related to the use of drugs at any municipal health department, state institution or facility, public or private hospital or clinic, any licensed physician or advanced practice registered nurse practicing within such nurse practitioner's specialty, or other accredited state or local social welfare agency, without the consent of a parent, guardian, or any other person charged with the care or custody of said minor. Such parent or legal guardian shall not be liable for the payment for any treatment rendered pursuant to this section. The treating facility, agency or individual shall keep records on the treatment given to minors as provided under this section in the usual and customary manner, but no reports or records or information contained therein shall be discoverable by the state in any criminal prosecution. No such reports or records shall be used for other than rehabilitation, research, or statistical and medical purposes, except upon the written consent of the person examined or treated. Nothing contained herein shall be construed to mean that any minor of sound mind is legally incapable of consenting to medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof.

N.H. REV. STAT. ANN. § 141-C:18 (2012). SEXUALLY TRANSMITTED DISEASE.

I. The commissioner may request the examination, and order isolation, quarantine, and treatment of any person reasonably suspected of having been exposed to or of exposing another person or persons to a sexually transmitted disease. Any order of treatment issued under this paragraph shall be in accordance with RSA 141-C:11, RSA 141-C:12, and RSA 141-C:15.

Health, Human Services and Elderly Affairs Committee
Representative,Mark Pearson - Chairman
LOB Room 210-211
Concord, New Hampshire 03301

RE: HB 1409 relative to the age at which a minor may receive mental health treatment without parental consent. Hearing on January 31, 2022 at 9:30am in LOB Rooms 210-211

Dear Chairman Pearson and members of the Health, Human Services and Elderly Affairs Committee;

I write to support HB 1409 relative to the age at which a minor may receive mental health treatment without parental consent.

HB 1409 would allow any minor 16 years of age or older to voluntarily submit themselves to treatment for a mental illness without the consent of a parent.

An increasing number of minors today often find themselves in a mental health crisis and for many varying reasons their parent is unwilling or unable to submit the minor for needed mental health treatment. It is time for New Hampshire to step up and join countless other states in allowing these minors to seek out and obtain treatment.

Please work with the sponsors and supporting mental health organizations to make this possible.

I thank you for your consideration of this important and crucial legislation.

Respectfully,

Rep Katherine Rogers, Merrimack District #28
House Finance Committee

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS**

State	Age at Which Person May Generally Consent to Health Care(1)	Provider Discretion to Notify Parents of Treatment Given or Needed Minor Has Right to Consent to Care***	Parents' Right of Access to Related Record
Alabama	14[2]	12‡	I-Y
Alaska	18	Y	—
Arizona	18	Y	—
Arkansas	18	Y‡	I-Y
California	18	12‡	A-N
Colorado	18	Y‡	I-Y, I-N[3], A-N
Connecticut	18	Y†	I-N, A-N
Delaware	18	12‡	I-Y
District of Columbia	18	Y	I-Y1, I-Y4[4]
Florida	18	Y‡	I-N, A-N
Georgia	18	Y	I-Y
Guam	18	Y‡	I-N, A-N
Hawaii	18	14	I-Y
Idaho	18	14‡	—
Illinois	18	12‡	I-Y
Indiana	18	Y	—
Iowa	18	Y‡	I-Y4[5]
Kansas	18	Y	I-Y
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	Y‡	I-Y1, A-N
Michigan	18	Y‡	I-Y, A-N[6]
Minnesota	18	Y	I-Y1, A-N
Mississippi	18[7]	Y‡	—
Missouri	18	Y	I-Y2
Montana	18	Y‡	I-Y, I-Y2, A-N
Nebraska	19	Y‡	—
Nevada	18	Y	—
New Hampshire	18	14‡	I-Y2

(continued)

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Jersey	18	Y/13‡	I-Y, A-N
New Mexico	18	Y†	—
New York	18	Y†	A-N
North Carolina	18	Y‡	I-Y1[8]
North Dakota	18	14‡	—
Ohio	18	Y‡	—
Oklahoma	18	Y‡	I-Y2
Oregon	15[9]	Y‡	—
Pennsylvania	18[10]	Y‡	—
Puerto Rico	21/18[11]	Y‡	—
Rhode Island	18	Y‡	—
South Carolina	16[12]	—	I-Y2[13]
South Dakota	18	Y	—
Tennessee	18	Y‡	—
Texas	18	Y‡	I-Y
Utah	18	Y	—
Vermont	18	12‡	I-Y4[14]
Virginia	18	Y‡	A-Y
Washington	18	14‡	A-N
West Virginia	18	Y‡	A-N
Wisconsin	18	Y/14‡	I-N‡, A-N‡
Wyoming	18	Y‡	A-N

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

‡ Includes testing and treatment for HIV/AIDS.

† Includes testing, but not treatment, for HIV.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor is younger than 16, provider has discretion to inform parents of HIV consultation, examination, or treatment. If minor is 16 or older, provider may not notify parents.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. Provider must inform parents if STD test is positive and minor refuses treatment.

(5) Parent must be notified of positive HIV test result.

(6) Minors have exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(9) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(10) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(11) Persons 18 and older may consent for mental health and substance abuse treatment.

(12) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(13) Provider may inform parents who directly supervise a minor younger than 16 of minor's HIV infection status.

(14) Provider must notify parents if hospitalization is required.

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished Parents' Right of Access to Related Record
Alabama	14[2]	—	—
Alaska	18	—	—
Arizona	18	—	—
Arkansas	18	—	—
California	18	12[3]	I-Y3, A-N
Colorado	18	15	I-Y
Connecticut	18	Y	I-N, A-N
Delaware	18	—	—
District of Columbia	18	Y[4]	I-N, A-N
Florida	18	13[4]	A-Y1
Georgia	18	—	—
Guam	18	—	—
Hawaii	18	—	—
Idaho	18	—	—
Illinois	18	12	I-Y1, A-Y[5], A-Y1
Indiana	18	—	—
Iowa	18	—	—
Kansas	18	14	I-Y4
Kentucky	18	16	I-Y
Louisiana	18	—	—
Maine	18	Y	I-Y1, A-N
Maryland	18	16	I-Y, A-N
Massachusetts	18	16	I-Y
Michigan	18	14[4]	I-Y1
Minnesota	18	Y[6]	I-Y1, A-N
Mississippi	18[7]	15[8]	I-Y
Missouri	18	—	—
Montana	18	Y[9]	—
Nebraska	19	—	—
Nevada	18	—	—
New Hampshire	18	—	—
New Jersey	18	—	—

(continued)

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished Parents' Right of Access to Related Record
New Mexico	18	Y(10)	I-Y4(11), A-Y2(12)
New York	18	Y(13)	I-Y2(14), A-Y2(15)
North Carolina	18	Y	I-Y1(16)
North Dakota	18	—	—
Ohio	18	14(4)	I-Y1
Oklahoma	18	—	—
Oregon	15(17)	14	I-Y1, I-Y3
Pennsylvania	18(18)	14	A-N
Puerto Rico	21/18(19)	14(20)	I-Y1, A-Y1
Rhode Island	18	—	—
South Carolina	16(21)	—	—
South Dakota	18	—	—
Tennessee	18	16	—
Texas	18	Y(4),(22)	I-Y
Utah	18	—	—
Vermont	18	—	—
Virginia	18	Y	A-Y
Washington	18	13	A-N
West Virginia	18	—	—
Wisconsin	18	—	—
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor presents danger of serious physical or mental health to self or others or is alleged victim of incest or child abuse. Does not include medication.

(4) Other than medication.

(5) Parents have right of access if minor does not object or there is not a compelling reason to deny access.

(6) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(9) Only where need to act is urgent due to danger to life, safety, or property of a minor or other person; and consent of parent can't be obtained in timely fashion.

(10) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(11) Parents must be notified when minor receives psychotropic medication.

(12) Parents have right of access when minor is younger than 14.

(13) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(14) Provider may notify parents if clinically appropriate when treatment has been provided over parent's refusal to consent.

(15) If minor is younger than 12, parents have right of access. Minor over 12 may object to parent accessing health information.

(16) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(17) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(18) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(19) Persons 18 and older may consent for mental health and substance abuse treatment.

(20) May only consent to limited amount of sessions.

(21) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(22) Minor may consent to counseling for suicide prevention or sexual, physical, or emotional abuse.

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
Alabama	14[2]	Y	—
Alaska	18	—	—
Arizona	18	12[3]	—
Arkansas	18	—	—
California	18	12	I-Y3, A-N
Colorado	18	Y	A-N, CFR
Connecticut	18	Y	I-N, A-N, CFR
Delaware	18	14	—
District of Columbia	18	Y	I-Y1, I-Y2[4]
Florida	18	Y	I-N, A-N
Georgia	18	Y	I-Y, CFR
Guam	18	Y	I-N, A-N
Hawaii	18	Y	I-Y
Idaho	18	16	I-N, A-N
Illinois	18	12	I-Y1, CFR
Indiana	18	Y	CFR
Iowa	18	Y	I-N
Kansas	18	Y	—
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y, CFR
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	12[5]	—
Michigan	18	Y	I-Y, A-N[6]
Minnesota	18	Y	I-Y1, A-N
Mississippi	18[7]	15	I-Y
Missouri	18	Y	I-Y2
Montana	18	Y	I-Y, I-Y2, A-N
Nebraska	19	—	—
Nevada	18	Y	I-Y4[8]
New Hampshire	18	12	—
New Jersey	18	Y	I-Y, A-N

(continued)

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Mexico	18	Y[9]	I-Y4[10], A-Y2[11]
New York	18	Y[12]	A-N, CFR
North Carolina	18	Y	I-Y1[13]
North Dakota	18	14	—
Ohio	18	Y	—
Oklahoma	18	Y	I-Y2
Oregon	15[14]	14	I-Y1, I-Y3
Pennsylvania	18[15]	Y	I-Y
Puerto Rico	21/18[16]	14[17]	I-Y1
Rhode Island	18	Y	—
South Carolina	16[18]	—	—
South Dakota	18	Y	—
Tennessee	18	Y[19]	I-Y
Texas	18	Y	I-Y
Utah	18	—	—
Vermont	18	12	I-Y4[20]
Virginia	18	Y	A-N
Washington	18	13	I-N[21], A-N
West Virginia	18	Y	A-N
Wisconsin	18	12[22]	A-N
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

CFR Providers/facilities must comply with federal confidentiality standards for alcohol and drug abuse treatment (42 CFR part 2).

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) Only where determined to be under influence of dangerous drug or narcotic, including withdrawal.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. May not give any information to parents if minor found not suffering from drug abuse unless parents have already been lawfully notified.

(5) Minor found to be drug dependent by two or more physicians may give consent to substance abuse treatment, except methadone maintenance therapy.

(6) Minor has exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physicians must make every reasonable effort to report treatment to parent within a reasonable time after treatment.

(9) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(10) Parents must be notified when minor receives psychotropic medication.

(11) Parents have right of access when minor is younger than 14.

(12) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(13) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(14) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(15) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(16) Persons 18 and older may consent for mental health and substance abuse treatment.

(17) May only consent to limited amount of sessions.

(18) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(19) May consent for treatment for "drug abuse."

(20) Provider must notify parents if hospitalization is required.

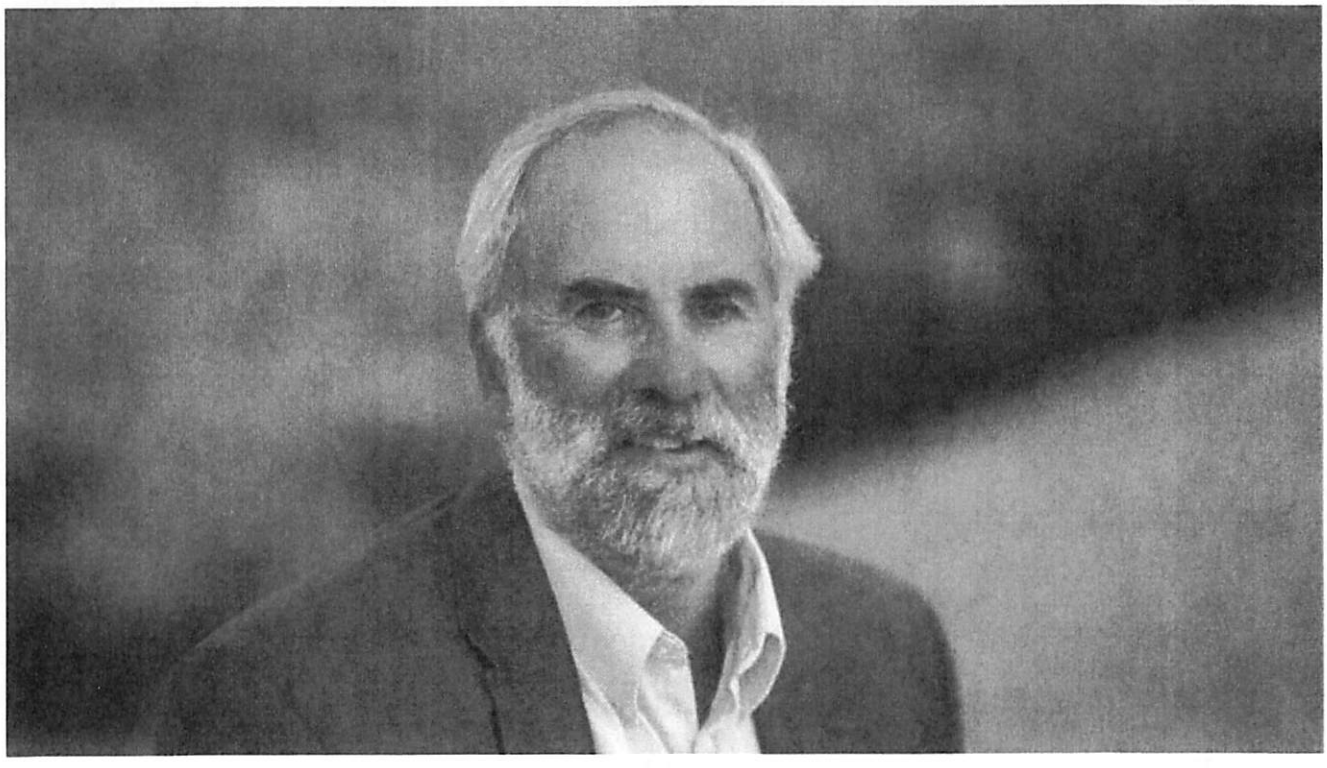
(21) Provider may not notify parents without minor's consent unless provider determines that minor lacks capacity to make informed consent regarding disclosure.

(22) Minor younger than 12 may consent to these services only if the parents cannot be found or there is no parent with legal custody of the minor.

Mental health state of emergency for children and adolescents

Ken Norton
Your View
View Comments

On Oct. 19, the American Academy of Pediatrics and other national organizations declared a state of emergency around the mental health of children, adolescents, and their families. Citing the impacts of the pandemic, racial injustice, and trends that existed prior to the pandemic, they called for immediate action to alleviate this crisis. New Hampshire youth are not immune to this crisis. The staff and volunteers at NAMI New Hampshire (National Alliance on Mental Illness) hear nearly daily from parents of children who cannot access timely mental health crisis care and, far too often and for too long, are waiting in emergency departments, waiting for an inpatient psychiatric hospital bed.



Since the start of the pandemic, New Hampshire, like the rest of the country, has seen soaring rates of stress, anxiety, and depression among children, youth, and young adults. The most visible sign of this is the number of young people in an acute mental health crisis requiring inpatient care, who are being boarded in emergency rooms across the state. The number of children waiting each day has more than tripled since the start of the pandemic in March of 2020 – averaging this month at around 22 children each day. When those numbers reach the high teens, it may be two to three weeks before an inpatient bed becomes available. This process is traumatizing to children and their families, and places considerable strain on already short-staffed Emergency Departments.

Hampstead Hospital: New Hampshire looks to buy children's mental health hospital with federal recovery funds

Governor Sununu, with unanimous support from the Executive Council, is taking a major step forward to address current and future inpatient capacity for children by moving to purchase Hampstead Hospital which currently houses the only children's inpatient mental health unit in the state. The purchase of Hampstead Hospital and its large campus also offers the potential to expand acute services for children's mental health including an adolescent psychiatric residential treatment facility, as well as the continuum of services and supports outlined in NH's 10-Year Mental Health Plan and recommended in the AAP's declaration of the state of emergency for children's mental health.

Related: 'Doing our part': York students plant tulips to smash stigma around mental illness

The declaration by the AAP also addresses the issue of teen suicide, specifically mentioning rising rates among teen girls and young people of

color. In NH, suicide is the second leading cause of death for ages 10-34. This, combined with the impact of the pandemic upon young people, makes our collective efforts to address the needs of our youth all the more urgent. New Hampshire has just this year taken important steps to address suicide prevention – establishing a State Suicide Prevention Coordinator, tasked with supporting the legislatively established State Suicide Prevention Council, whose charge is to facilitate implementation of the New Hampshire Suicide Prevention Plan, and allocating $100,000 a year in funding to support those suicide prevention initiatives.

In addition, this week, NH began requiring the use of the 603 area code for dialing instate phone numbers – another positive step toward dramatically improving mental health crisis care. Federal legislation signed by President Trump calls for replacing the current 1-800-273-8255 National Suicide Prevention Hotline with a 3-digit number, 988, which will go live in July of 2022. The recognition that the new 988 number will be more than just a suicide prevention hotline, but also a mental health crisis line, is transforming mental health crisis care here in New Hampshire and across the country. Come January, New Hampshire will have a statewide centralized mental health crisis call system and the ability, if needed, to deploy mobile mental health crisis response teams to all regions of the state. Both the centralized call center and mobile crisis teams will dramatically improve timely access to mental health crisis care for Granite Staters of all ages – offering individuals and families experiencing a mental health crisis alternatives to calling 911 or going to the Emergency Department.

Although New Hampshire is making some positive gains addressing the children's mental health crisis, there is still a great deal of work to be done – much of which is highlighted in the recommendations in the AAP's emergency

declaration. Workforce shortages are having negative impacts across New Hampshire, resulting in excessively long waits for outpatient care for children and youth. Schools need to have effective models of mental health care, including continuing to move forward with implementing K-12 social emotional learning curricula as recommended by Governor Sununu's 2018 School Safety Task Force. Mental health needs to be better integrated into pediatric primary care settings and trauma-informed care needs to be embedded across all areas of the child services delivery system. And as New Hampshire expands its children's mental health system of care, health insurance companies need to reimburse for community-based services like in-home supports and mobile crisis response which can prevent more costly interventions like hospitalization.

'A tireless and fearless champion': Ken Norton, the face of NAMI NH, to retire

While talk of what divides us seems to dominate every news cycle, Granite Staters are united in our belief that children's mental health matters. Let's work together and continue to make children's mental health a Granite State priority!

Ken Norton is the executive director of NAMI-NH.

View Comments

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
Alabama	14[2]	12‡	I-Y
Alaska	18	Y	—
Arizona	18	Y	—
Arkansas	18	Y‡	I-Y
California	18	12‡	A-N
Colorado	18	Y‡	I-Y, I-N[3], A-N
Connecticut	18	Y†	I-N, A-N
Delaware	18	12‡	I-Y
District of Columbia	18	Y	I-Y1, I-Y4[4]
Florida	18	Y‡	I-N, A-N
Georgia	18	Y	I-Y
Guam	18	Y‡	I-N, A-N
Hawaii	18	14	I-Y
Idaho	18	14‡	—
Illinois	18	12‡	I-Y
Indiana	18	Y	—
Iowa	18	Y‡	I-Y4[5]
Kansas	18	Y	I-Y
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	Y‡	I-Y1, A-N
Michigan	18	Y‡	I-Y, A-N[6]
Minnesota	18	Y	I-Y1, A-N
Mississippi	18[7]	Y‡	—
Missouri	18	Y	I-Y2
Montana	18	Y‡	I-Y, I-Y2, A-N
Nebraska	19	Y‡	—
Nevada	18	Y	—
New Hampshire	18	14‡	I-Y2

(continued)

Table A-8a. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Sexually Transmitted Disease and HIV/AIDS (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Jersey	18	Y/13‡	I-Y, A-N
New Mexico	18	Y†	—
New York	18	Y†	A-N
North Carolina	18	Y‡	I-Y1[8]
North Dakota	18	14‡	—
Ohio	18	Y‡	—
Oklahoma	18	Y‡	I-Y2
Oregon	15[9]	Y‡	—
Pennsylvania	18[10]	Y‡	—
Puerto Rico	21/18[11]	Y‡	—
Rhode Island	18	Y‡	—
South Carolina	16[12]	—	I-Y2[13]
South Dakota	18	Y	—
Tennessee	18	Y‡	—
Texas	18	Y‡	I-Y
Utah	18	Y	—
Vermont	18	12‡	I-Y4[14]
Virginia	18	Y‡	A-Y
Washington	18	14‡	A-N
West Virginia	18	Y‡	A-N
Wisconsin	18	Y/14‡	I-N‡, A-N‡
Wyoming	18	Y‡	A-N

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

‡ Includes testing and treatment for HIV/AIDS.

† Includes testing, but not treatment, for HIV.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor is younger than 16, provider has discretion to inform parents of HIV consultation, examination, or treatment. If minor is 16 or older, provider may not notify parents.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. Provider must inform parents if STD test is positive and minor refuses treatment.

(5) Parent must be notified of positive HIV test result.

(6) Minors have exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(9) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(10) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(11) Persons 18 and older may consent for mental health and substance abuse treatment.

(12) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(13) Provider may inform parents who directly supervise a minor younger than 16 of minor's HIV infection status.

(14) Provider must notify parents if hospitalization is required.

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished Parents' Right of Access to Related Record
Alabama	14[2]	—	—
Alaska	18	—	—
Arizona	18	—	—
Arkansas	18	—	—
California	18	12[3]	I-Y3, A-N
Colorado	18	15	I-Y
Connecticut	18	Y	I-N, A-N
Delaware	18	—	—
District of Columbia	18	Y[4]	I-N, A-N
Florida	18	13[4]	A-Y1
Georgia	18	—	—
Guam	18	—	—
Hawaii	18	—	—
Idaho	18	—	—
Illinois	18	12	I-Y1, A-Y[5], A-Y1
Indiana	18	—	—
Iowa	18	—	—
Kansas	18	14	I-Y4
Kentucky	18	16	I-Y
Louisiana	18	—	—
Maine	18	Y	I-Y1, A-N
Maryland	18	16	I-Y, A-N
Massachusetts	18	16	I-Y
Michigan	18	14[4]	I-Y1
Minnesota	18	Y[6]	I-Y1, A-N
Mississippi	18[7]	15[8]	I-Y
Missouri	18	—	—
Montana	18	Y[9]	—
Nebraska	19	—	—
Nevada	18	—	—
New Hampshire	18	—	—
New Jersey	18	—	—

(continued)

Table A-8b. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Mental Health (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Care Needed or Furnished Parents' Right of Access to Related Record
New Mexico	18	Y[10]	I-Y4[11], A-Y2[12]
New York	18	Y[13]	I-Y2[14], A-Y2[15]
North Carolina	18	Y	I-Y1[16]
North Dakota	18	—	—
Ohio	18	14[4]	I-Y1
Oklahoma	18	—	—
Oregon	15[17]	14	I-Y1, I-Y3
Pennsylvania	18[18]	14	A-N
Puerto Rico	21/18[19]	14[20]	I-Y1, A-Y1
Rhode Island	18	—	—
South Carolina	16[21]	—	—
South Dakota	18	—	—
Tennessee	18	16	—
Texas	18	Y[4],[22]	I-Y
Utah	18	—	—
Vermont	18	—	—
Virginia	18	Y	A-Y
Washington	18	13	A-N
West Virginia	18	—	—
Wisconsin	18	—	—
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) If minor presents danger of serious physical or mental health to self or others or is alleged victim of incest or child abuse. Does not include medication.

(4) Other than medication.

(5) Parents have right of access if minor does not object or there is not a compelling reason to deny access.

(6) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Limited to mental health services to determine the presence of or to treat alcohol and other drug abuse.

(9) Only where need to act is urgent due to danger to life, safety, or property of a minor or other person; and consent of parent can't be obtained in timely fashion.

(10) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(11) Parents must be notified when minor receives psychotropic medication.

(12) Parents have right of access when minor is younger than 14.

(13) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(14) Provider may notify parents if clinically appropriate when treatment has been provided over parent's refusal to consent.

(15) If minor is younger than 12, parents have right of access. Minor over 12 may object to parent accessing health information.

(16) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(17) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(18) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(19) Persons 18 and older may consent for mental health and substance abuse treatment.

(20) May only consent to limited amount of sessions.

(21) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(22) Minor may consent to counseling for suicide prevention or sexual, physical, or emotional abuse.

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
Alabama	14[2]	Y	—
Alaska	18	—	—
Arizona	18	12[3]	—
Arkansas	18	—	—
California	18	12	I-Y3, A-N
Colorado	18	Y	A-N, CFR
Connecticut	18	Y	I-N, A-N, CFR
Delaware	18	14	—
District of Columbia	18	Y	I-Y1, I-Y2[4]
Florida	18	Y	I-N, A-N
Georgia	18	Y	I-Y, CFR
Guam	18	Y	I-N, A-N
Hawaii	18	Y	I-Y
Idaho	18	16	I-N, A-N
Illinois	18	12	I-Y1, CFR
Indiana	18	Y	CFR
Iowa	18	Y	I-N
Kansas	18	Y	—
Kentucky	18	Y	I-Y
Louisiana	18	Y	I-Y, CFR
Maine	18	Y	I-Y1, A-N
Maryland	18	Y	I-Y, A-N
Massachusetts	18	12[5]	—
Michigan	18	Y	I-Y, A-N[6]
Minnesota	18	Y	I-Y1, A-N
Mississippi	18[7]	15	I-Y
Missouri	18	Y	I-Y2
Montana	18	Y	I-Y, I-Y2, A-N
Nebraska	19	—	—
Nevada	18	Y	I-Y4[8]
New Hampshire	18	12	—
New Jersey	18	Y	I-Y, A-N

(continued)

Table A-8c. Overview: State Laws Expressly Granting Minors the Right to Consent to Health Care Without Parental Permission and Addressing Disclosure of Related Information to Parents*—Outpatient Alcohol and Substance Abuse (continued)**

State	Age at Which Person May Generally Consent to Health Care(1)	Minor Has Right to Consent to Care***	Provider Discretion to Notify Parents of Treatment Given or Needed Parents' Right of Access to Related Record
New Mexico	18	Y[9]	I-Y4[10], A-Y2[11]
New York	18	Y[12]	A-N, CFR
North Carolina	18	Y	I-Y1[13]
North Dakota	18	14	—
Ohio	18	Y	—
Oklahoma	18	Y	I-Y2
Oregon	15[14]	14	I-Y1, I-Y3
Pennsylvania	18[15]	Y	I-Y
Puerto Rico	21/18[16]	14[17]	I-Y1
Rhode Island	18	Y	—
South Carolina	16[18]	—	—
South Dakota	18	Y	—
Tennessee	18	Y[19]	I-Y
Texas	18	Y	I-Y
Utah	18	—	—
Vermont	18	12	I-Y4[20]
Virginia	18	Y	A-N
Washington	18	13	I-N[21], A-N
West Virginia	18	Y	A-N
Wisconsin	18	12[22]	A-N
Wyoming	18	—	—

* Includes statutes and regulations. Does not include common law. Cells with — (em dash) indicate that state does not have statute or regulation directly addressing issue.

* * Does not include statutes and regulations that grant minors the general right to consent to care, which are listed in second column.

* * * Minimum age for consenting to care noted, where applicable.

Y Minor has right to consent to health service without the permission of parents, no age limit specified unless noted.

I-Y Provider has discretion to notify (inform) parents of treatment needed or given.

I-Y1 Provider may notify parents only when condition will seriously jeopardize minor's health, seriously impede treatment, or similar standard. In mental health, includes potential harm to self or others.

I-Y2 Provider may notify or disclose information to parents only if minor is found to be suffering from the condition.

I-Y3 Provider must involve parents in treatment, unless inappropriate.

I-Y4 Provider must notify parents of positive diagnosis or of treatment.

I-N Provider may *not* notify parents without consent of minor.

A-Y Parents have right of access to records related to treatment for which minor has consented on own.

A-Y1 Parents have right of access to specific summary type information, subject to professional code of ethics.

A-Y2 Parents have right of access dependent on age of minor. See endnote related to entry for age.

A-N Minor has sole right of access or parent's access limited to when parents consent to treatment.

A-N1 Parents generally do not have right of access, but if provider has notified them of treatment as allowed by law, parent has right of access to related information.

CFR Providers/facilities must comply with federal confidentiality standards for alcohol and drug abuse treatment (42 CFR part 2).

(1) All ages listed are the age of majority within the state except where otherwise noted.

(2) Age of majority is 19. Minors 14 and older may consent to any medical, dental, or mental health service.

(3) Only where determined to be under influence of dangerous drug or narcotic, including withdrawal.

(4) Notification generally requires consent of minor. However, provider may notify parents when they can reasonably presume consent of minor to do so based on age and condition of minor. May not give any information to parents if minor found not suffering from drug abuse unless parents have already been lawfully notified.

(5) Minor found to be drug dependent by two or more physicians may give consent to substance abuse treatment, except methadone maintenance therapy.

(6) Minor has exclusive right of access if they received care without consent or notification of parents. If parents were notified of care, they have right of access.

(7) General age of majority is 21. Persons 18 or older are considered adults for consenting to health care services.

(8) Physicians must make every reasonable effort to report treatment to parent within a reasonable time after treatment.

(9) Minor under 14 may only consent to limited amount of counseling, not to psychotropic medication.

(10) Parents must be notified when minor receives psychotropic medication.

(11) Parents have right of access when minor is younger than 14.

(12) When certain circumstances present (e.g., when licensed physician determines that parental involvement and consent would have a detrimental effect on course of treatment or physician believes treatment is necessary and parent refuses to consent).

(13) Physician may also give parents information if parents contact the physician concerning the treatment or medical services being provided to the minor.

(14) Age of majority is 18. Minors 15 and older may consent to hospital care, medical, dental, or surgical diagnosis, or treatment.

(15) Age of majority is 21. Minors 18 and older may consent to medical, dental, and health services.

(16) Persons 18 and older may consent for mental health and substance abuse treatment.

(17) May only consent to limited amount of sessions.

(18) Age of majority is 18. Minors 16 and older may consent to all health services other than operations.

(19) May consent for treatment for "drug abuse."

(20) Provider must notify parents if hospitalization is required.

(21) Provider may not notify parents without minor's consent unless provider determines that minor lacks capacity to make informed consent regarding disclosure.

(22) Minor younger than 12 may consent to these services only if the parents cannot be found or there is no parent with legal custody of the minor.

January 31, 2022

The Honorable Mark Pearson, Chair
House Health, Human Services and Elderly Affairs
Legislative Office Building, Room 206
33 North State Street
Concord, NH 03301

Re: New Futures support to HB 1409, relative to the age at which a minor may receive mental health treatment without parental consent

Dear Chairman Pearson, and Honorable Members of the Committee:

New Futures appreciates the opportunity to provide testimony in support of HB 1409, relative to the age at which a minor may receive mental health treatment without parental consent.

New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all Granite Staters. New Futures is dedicated to supporting and strengthening a comprehensive and integrated System of Care for children and youth who experience behavioral health challenges in New Hampshire.

New Futures supports HB 1409 because it is clear that youth need access to mental health treatment to ensure they are healthy and safe.

The US Surgeon General issued a statement that there is a youth mental health crisis, which is only being exacerbated by COVID-19.[1] In New Hampshire, 15.08% of youth reported suffering from at least one major depressive episode in the past year, which is higher than the national average of 13.84%.[2]

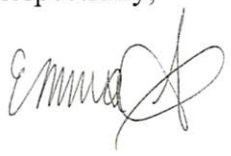
Access to mental health care is imperative in supporting the overall health of an individual and has been shown to provide better long-term health outcomes. When families are not supportive of youth accessing treatment, conditions can be left untreated and can worsen, leading to poor mental and physical health outcomes. Allowing a minor to access mental health treatment without a parent or guardian's permission will increase New Hampshire's ability to mitigate the ongoing behavioral health crisis.

As proposed, HB 1409 would help New Hampshire's youth to access treatment they may need without parental consent. With so many minors struggling with mental health, expanding access

[1] https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html
[2] https://www.mhanational.org/issues/2021/mental-health-america-youth-data

to treatment is a pivotal step in furthering the health of New Hampshire. For the reasons presented above, New Futures strongly urges the committee to vote HB 1409 ought to pass.

Respectfully,



Emma Sevigny, Esq.
Children's Behavioral Health Policy Coordinator
New Futures, Inc.

Adolescent & Young Adult Health Care in New Hampshire

A Guide to Understanding Consent & Confidentiality Laws

Abigail English, JD, Center for Adolescent Health & the Law

March 2019

C A H & L
Center for
Adolescent Health
& the Law

Adolescent & Young Adult Health
National Resource Center

Contributors

This publication was created for the Adolescent & Young Adult Health National Resource Center by Abigail English, JD, of the Center for Adolescent Health & the Law, in collaboration with the Association of Maternal & Child Health Programs (AMCHP); the National Adolescent & Young Adult Health Information Center (NAHIC) at the University of California, San Francisco (UCSF); the State Adolescent Health Resource Center (SAHRC) at the University of Minnesota; and the University of Vermont National Improvement Partnership Network (NIPN).

Adolescent & Young Adult Health
National Resource Center

Adolescent & Young Adult Health National Resource Center

The National Adolescent and Young Adult Health National Resource Center (AYAH-NRC) – supported by the Maternal and Child Health Bureau – was established in September 2014 to help states improve receipt and quality of preventive services among adolescents and young adults. The AYAH-NRC is housed at the National Adolescent and Young Adult Information Center at the University of California, San Francisco, in close partnership with: the Association of Maternal & Child Health Programs; the University of Minnesota State Adolescent Health Resource Center; and the University of Vermont National Improvement Partnership Network. The Center aims to promote adolescent and young adult health by strengthening the abilities of State Title V MCH Programs, as well as public health and clinical health professionals, to better serve these populations (ages 10-25).

C A H&L

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The Center for Adolescent Health & the Law supports laws and policies that promote the health of adolescents and young adults and their access to comprehensive health care. Working nationally, the Center clarifies the complex legal and policy issues that affect access to health care for the most vulnerable youth in the United States. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers, and advocates who are working to protect the health of adolescents and young adults.

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Adolescent & Young Adult Health Care in New Hampshire
A Guide to Understanding Consent & Confidentiality Laws

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This guide provides a summary of legal consent requirements and confidentiality protections for adolescents and young adults in New Hampshire to inform health care providers and promote access to essential health care including preventive health services.

INTRODUCTION

Confidentiality protections encourage adolescents and young adults to seek the health care they need and safeguard their privacy when they receive services. The relationship between confidentiality of health information and consent for health care is important. The specific ways the law protects confidentiality depend on whether a patient is a minor or an adult and whether the patient can legally consent to their own care. Some adolescents are minors—under age 18—and some are young adults—age 18 or older.

Young adults almost always may consent to their own care; minors may consent sometimes, but not always. Young adults are entitled to the same confidentiality protections under state and federal laws as other adults.

"Minor consent laws" allow minors to consent for their own care in specific situations and for specific services. Laws authorizing minors to consent and laws protecting confidentiality are closely linked but they do not always match each other. Adolescent minors who consent for their own care are entitled to many confidentiality protections; but these may be qualified or limited in ways that allow for disclosure of some information to parents or others.

Numerous federal and state laws contain confidentiality protections for health information. The interplay of law and ethics also is important in understanding confidentiality in the health care of adolescents and young adults. Careful analysis of the relevant state and federal laws, informed by sound ethical principles, can clarify these issues in New Hampshire as in other states.

IMPORTANCE OF PROTECTING CONFIDENTIALITY

There are numerous reasons to protect confidentiality for the health care communications and health information of adolescents and young adults. The most compelling is to encourage young people to seek necessary care on a timely basis and to provide a candid and complete health history when they do so. Additional reasons include supporting their developing sense of privacy and autonomy as well as protecting them from the humiliation and discrimination that can result from disclosure of confidential information. Offering confidential care can also help young people develop their capacity to engage independently with the health care system. Decades of research findings have documented the importance of privacy concerns for young people in the adolescent age group; additional research has found similar concerns among young adults. (See Appendix G) Overarching goals of confidentiality protection include promoting both the health of individual young people and the public health. One key element of reaching these goals is ensuring that young people receive the health care services they need.

Privacy concerns influence use of health care in many ways. Many adolescents are concerned about disclosure to their parents of information related to sexual behaviors, substance use, and mental health. This is true even though many adolescents voluntarily share a lot of health information with their parents and other trusted adults. Voluntary communication can be very helpful in supporting adolescents' and young adults' health; mandated communication and disclosure can be counterproductive unless they are necessary to protect the health of a young person. Specifically, concerns about confidentiality and disclosure can affect whether adolescents seek care,[1,2,3] where they seek care,[4,5] and how openly they talk with health care professionals.[6] Some young adults also hesitate to use certain services unless privacy can be maintained.[7] Concerns that confidentiality will not be protected can lead adolescents and young adults to forego or delay care or to be less than candid when they do see a health care provider. (See Appendix G)

Rationale for confidentiality
- Protect health of adolescents & young adults
- Protect public health
- Promote positive health behaviors & outcomes
- Avoid negative health outcomes
- Encourage adolescents & young adults to seek needed care
- Increase open communication with health care providers

Research findings about privacy concerns
Privacy concerns affect behavior and influence:
- Whether young people seek care
- When young people seek care
- Where young people seek care
- How openly young people talk with health care providers

The effect of privacy concerns has been especially well documented with respect to adolescents' use of sexual health services, including care related to contraception, pregnancy, and sexually transmitted diseases (STDs). For example, one study found that almost all adolescents would consent to STD testing if their parents would not know, but only about one third would agree if their parents would or might know.[8] According to another study, nearly one half of adolescents would stop using family planning clinic services if parental notification were mandatory.[9] Yet, a national survey found that only a very small minority of adolescents would stop having sex if parental notification were mandatory for contraceptives, and a significant percentage would have riskier sex.[10]

Health care professional organizations recognize the importance of confidentiality protections in health care. These organizations have adopted codes of ethics and issued policies that address privacy and confidentiality protections for patients generally, including young adults and adolescents. [11] They also have adopted policies related to adolescent health care that address confidentiality for particular health care settings, special populations, and specific services—preventive health care, testing & treatment for STDs & HIV, contraception, pregnancy-related care, and other reproductive health services. These policies often speak to the importance of informing patients, including adolescents and their parents, about confidentiality and its limits.

Health care professional organizations
Codes of ethics and policies support:
- Rationale for confidentiality
- Scope of confidentiality and its limits
- Confidentiality in particular health care settings
- Confidentiality for specific populations of adolescents
- Confidential access to specific health services

Confidentiality is not absolute. To understand the scope and limits of legal and ethical confidentiality protections, it is important to clarify: what *may not* be disclosed because it is confidential and none of the exceptions to confidentiality apply; what *may* be disclosed based on the discretion of the health care professional; and what *must* be disclosed because there is another requirement, such as a reporting requirement, that overrides confidentiality.

Confidentiality is not absolute
Confidential information must be disclosed:
- To comply with reporting mandates
  - Child abuse
  - Communicable disease
  - Assaults such as knife or gunshot wounds
  - Domestic violence
- When a patient is dangerous to self or others

Emerging Confidentiality Challenges

Two sets of issues represent increasing challenges for protecting confidentiality in adolescent and young adult health care. The first set comprises the issues associated with billing and health insurance claims, particularly the use of explanations of benefits (EOBs) to communicate with health insurance policyholders.[12,13] Although the use of EOBs is used virtually universally by commercial health care insurers and health plans, Medicaid agencies generally do not send EOBs. The second evolving issue relates to the complex questions associated with use of and access to electronic health records (EHRs) and web portals.[14,15,16,17] Significant variation exists among provider sites in their implementation of EHRs and their handling of confidentiality for adolescents in the EHR context. In these arenas, laws and policies as well as best practices are evolving rapidly. Thorough discussion of these issues is beyond the scope of this guide, but considering them is essential in any effort to protect confidentiality for adolescents and young adults. (See Appendix E)

New Hampshire Health Care Consent Laws

The age of majority in New Hampshire is 18;[18] anyone younger than age 18 is legally a minor. Young adults age 18 or older are allowed to consent for their own health care; their right to consent may be limited if they are cognitively impaired and unable to give informed consent. For adolescents who are minors, the consent of a parent or another authorized adult is generally required. There are exceptions to this requirement contained in New Hampshire's "minor consent laws." (See Table 1 and Appendix A)

Minor Consent Laws in New Hampshire

Linkage of consent & confidentiality
"Consent" & "confidentiality" are not perfectly matched but are closely linked in:
- Clinical practice
- Ethical standards
- Professional policies
- State & federal laws

New Hampshire has several laws either allowing minors to receive certain services without prior parental consent or authorizing them to consent for specific health care services, including some preventive services. In particular, these laws cover emergency care,[19] STD care,[20] HIV testing,[21] treatment for drug dependency or problems related to drug use,[22] and community mental health services.[23] (See Table 1 and Appendix A) New Hampshire law also provides for "expedited partner therapy" or EPT that allows STD prescription to a patient's partner.[24]

Although New Hampshire does not have an explicit law authorizing minors to consent for contraception, it also does not have a law prohibiting them from doing so or explicitly requiring parental consent for contraception.

Minors may consent for confidential family planning services funded by Title X or Medicaid; they also should be able to do so in other settings based on the constitutional right of privacy or the mature minor doctrine. (See Tables 1 & 2, Appendix A, and Appendix F). Minors may also access emergency contraception without parental consent.[25] New Hampshire law contains detailed requirements for minors to receive abortion services that require notification of a parent or guardian but include a judicial bypass and an emergency exception.[26] (See Table 1 and Appendix A)

Minors in Special Situations

Some adolescent minors are in special situations or have health care needs that are not clearly addressed by the New Hampshire minor consent laws. These include, for example, adolescents who are victims of sexual assault or human trafficking, or LGBTQ youth. Even though the state's minor consent laws do not explicitly provide for these adolescents to consent for specific services such as care for sexual assault or transgender services, they are able to consent—on the same basis as any other minor—for other services that are covered by the minor consent laws or other laws, such as care for STDs and HIV, contraception, treatment for drug use, and community mental health services. Often these services are relevant to their special situations.

When adolescents are in foster care, special rules may determine who can give consent for their health care—their parents, their social worker, or the court. In New Hampshire, the social service agency has provided guidance to foster parents on the procedures for obtaining authorization for a foster child to receive health care.[27] However, foster children should be able to consent for their own health care on the same basis as other youth.

NEW HAMPSHIRE CONFIDENTIALITY LAWS

New Hampshire laws include protections for the health care information of individuals of all ages, including minor adolescents and young adults.[28,29] New Hampshire laws generally provide confidentiality protection for medical records and patients' health information and usually require consent for release of the records or disclosure of the information subject to certain exceptions. New Hampshire law includes some provisions that parallel the federal HIPAA Privacy Rule for disclosure of protected health information. New Hampshire has specific legal protections for mental health and substance abuse treatment information and records.[30] New Hampshire laws also contain provisions that are specific to the confidentiality of minors' health information. (See Tables 2 & 3 and Appendix A)

Confidentiality Laws for Minors in New Hampshire

Confidentiality protections and consent requirements for minors are closely linked but not perfectly matched. Generally, when minors may consent for their own health care they can expect confidentiality protection, but there are exceptions. The New Hampshire laws that allow minors to consent for STD diagnosis and treatment also specify that they may do so without parental knowledge. New Hampshire also allows but does not require health care providers to share information about a positive HIV test result and mental health services with a minor's parent in specific circumstances. (See Table 2 and Appendix A) Also, confidentiality may be compromised via billing and health insurance claims as well as through access to electronic health records via web portals. (See Appendix E)

One of the main exceptions to confidentiality is the requirement to report child abuse. In New Hampshire, health care professionals, other professionals, and all other individuals who have reason to suspect that a child has been abused are required to report. The New Hampshire definition of reportable abuse includes physical and emotional abuse by a parent or person responsible for the child and sexual abuse by any person.[31,32]

A question that often arises for health care professionals is whether voluntary sexual activity of minor adolescents must be reported as child abuse. This complex question has been carefully addressed elsewhere and is beyond the scope of this guide, but careful attention to the requirements of state reporting laws is always essential.[33] A related concern of health care professionals is the age at which minors can participate in sexual activity without risk of criminal prosecution—sometimes referred to as "age of consent." This issue is legally separate from the requirement to report child abuse and a detailed discussion also is beyond the scope of this guide.[34]

These New Hampshire laws must be interpreted and applied in the context of the full range of federal laws that protect confidentiality and sometimes supersede state laws. (See Tables 2 & 3 and Appendix B) Important federal confidentiality laws include the HIPAA Privacy Rule, as well as legal requirements for numerous federally funded health programs. Because the HIPAA Privacy Rule defers to state laws and other applicable laws on the question of when parents have access to their adolescent minor children's health information, understanding the relationship between state and federal laws is essential.

Federal Confidentiality Laws

Numerous federal laws contain confidentiality protections. These laws protect patients' privacy in the health care system and the confidentiality of their health information. Federal confidentiality laws that are of particular importance for adolescent and young adult health care include the HIPAA Privacy Rule and FERPA, as well as statutes and regulations for the Title X Family Planning Program and Medicaid, and the rules for drug and alcohol programs. Confidentiality protections can also be found in requirements for other programs such as the Ryan White HIV/AIDS Program and federally qualified health centers (FQHCs). (See Tables 2 & 3 and Appendix B)

Legal sources of confidentiality protection

- Constitutional right of privacy
- HIPAA Privacy Rule
- Federal education privacy laws
- Federal & state funded health program requirements
- State minor consent laws
- State medical confidentiality & medical records laws
- Evidentiary privileges
- Professional licensing laws

HIPAA Privacy Rule

The HIPAA Privacy Rule—the federal medical confidentiality regulations issued in 2002 under the Health Insurance Portability and Accountability Act—protects the health care information of adolescents and young adults.[35] The HIPAA privacy protections for young adults are the same as for other adults: they are entitled to access their protected health information and to control the disclosure of that information in some circumstances. Additional specific requirements apply to the information of adolescents who are minors.

When minors are authorized to consent for their own health care and do so, the HIPAA Privacy Rule treats them as "individuals" who are able to exercise rights over their own protected health information (PHI).[36] Also, when parents have acceded to a confidentiality agreement between a minor and a health professional, the minor is considered an "individual" under the Rule.[37]

Generally, the HIPAA Privacy Rule treats parents as the "authorized representative" and gives them access to the health information of their unemancipated minor children, including adolescents. Parents' access is limited in situations that involve abuse or endangerment or when it would not be in the minor's best interest.[38] However, when minors are considered "individuals," their parents are not necessarily their authorized representative. On the issue of when parents may have access to protected health information for minors who are considered "individuals" and who have consented to their own care, the Rule defers to other laws. Parents' access to their adolescent minor child's information in these circumstances depends on "state or other law."[39]

Thus, a health care provider must look to state laws or other laws to determine whether they specifically address the confidentiality or disclosure of a minor's health information. State or other laws that explicitly require, permit, or prohibit disclosure of information to a parent are controlling.[40] If state or other laws are silent on the question of parents' access, a health care professional exercising professional judgment has discretion to determine whether or not to grant access.[41] The relevant sources of state or other law that a health care provider must consider include all of the state and federal laws that contain confidentiality protections.

Additional provisions of the HIPAA Privacy Rule that are important for both adolescents and young adults are those that allow individuals to request restrictions on the disclosure of their PHI and to request that communications regarding their PHI occur in a confidential manner.[42] Other protections address situations in which disclosure may be restricted to protect individuals who may be at risk for domestic violence or child abuse.[43]

FERPA

When health care services are provided in a school setting, the legal framework for consent to treatment for adolescents remains generally the same as in other settings; however, different confidentiality rules may apply. In a school setting, the HIPAA Privacy Rule requirements must be understood in relation to the requirements of the Family Educational Rights and Privacy Act (FERPA), a federal statute that, with its implementing regulations, controls the disclosure of the educational records of students at most primary, secondary, and post-secondary schools.[44] Health care professionals who provide services in schools often are uncertain whether they must follow the HIPAA Privacy Rule or FERPA. Two federal agencies—the Department of Health & Human Services and the Department of Education—have issued joint guidance that provides some clarification.[45]

While the HIPAA Privacy Rule typically controls release of health information created by health care professionals, the HIPAA Privacy rule explicitly *excludes* from its purview health records that are part of an "education record" as that is defined under FERPA.[46] FERPA defines "education record" in a way that sometimes can include health records created by a health care provider—such as a school nurse—employed by or acting on behalf of a school or university.

Thus, health records created by medical professionals employed by a school or university may be part of an "education record" and subject to FERPA rather than HIPAA. The most important implication of this is that

parents have access to the education records of their minor children. Young adults, beginning at age 18, control access to their own education records under FERPA, including any health information. Health records created by medical professionals working in a school setting such as a school-based health center but employed by a health entity would usually be covered by HIPAA, not FERPA.[47]

Title X Family Planning

The confidentiality regulations for the federal Title X Family Planning Program[48] are exceptionally strong and have protected adolescents as well as adults for nearly five decades. Federal Title X confidentiality protections take precedence over state requirements for parental consent or notification, allowing minors to receive family planning services at Title X sites without parental involvement.[49] The regulations require that all information about individuals receiving services must be confidential and must not be disclosed without the individual's documented consent, except as necessary to provide services to the patient or as required by law—and, even then, only with appropriate safeguards for confidentiality.[50] When information is shared by Title X providers with other health care providers, care must be taken to understand the extent to which those other providers are bound by similar confidentiality requirements. Examples of disclosures that are often required by law include mandatory reporting of child abuse to child welfare or law enforcement,[51] intimate partner violence to law enforcement,[52] and STDs to public health authorities.[53] In each of these situations, other specific confidentiality rules may apply.

On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, "Compliance with Statutory Program Integrity Requirements," that would significantly alter the federal regulations for the Title X Program. [54] This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere.[55] The new rule has been challenged in numerous lawsuits.[56]

Medicaid

Federal Medicaid law contains safeguards against disclosure of confidential information.[57] It also requires that Medicaid cover family planning "services and supplies" for all Medicaid enrollees of childbearing age, including "minors who can be considered to be sexually active.[58] These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.[59] State laws and policies also contain varied provisions that help to protect the privacy of Medicaid beneficiaries and their confidential health information. These provisions include both general confidentiality requirements and specific confidentiality protections for information related to family planning services, such as through states' Medicaid family planning expansions that include coverage for minors as well as young adults.[60]

Drug and Alcohol Programs

Federal regulations—contained in 42 CFR Part 2 and often referred to as "Part 2" establish special confidentiality protections for substance use records;[61,62] they apply to "substance use disorder programs" that meet certain very broad criteria of being "federally assisted."[63] The regulations protect both adolescent minors and young adults. When minors are allowed to consent for treatment under state law, they have independent rights under the federal regulations.[64] For those providers and programs that must comply with the federal rules, the regulations impose strict confidentiality requirements that do not allow disclosure without the consent of the

patient except in specific circumstances that pose a substantial threat to the life or physical wellbeing of the patient or another person.[65] To the extent that these federal regulations are more protective of confidentiality, they take precedence over state law; if they are less protective, state law controls.[66]

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (Ryan White) supports some medical services for patients with HIV.[67] Ryan White generally is a payer of last resort and fills the gaps for individuals with HIV who have no other source of coverage or face coverage limits. Ryan White service providers and patients have significant concerns about confidentiality, but like other federal funding programs such as Title X, the Ryan White law includes strong and explicit confidentiality protections.[68]

Federally Qualified Health Centers

Federally qualified health centers (FQHCs) funded under Section 330 of the Public Health Service Act,[69] also frequently referred to as "community health centers," often provide services for adolescents and young adults. For example, some FQHCs operate school-based health centers. FQHCs also are required to provide preventive health services, including voluntary family planning services and many of the preventive services recommended for adolescents and young adults;[70] and some FQHCs receive Title X funds to help provide family planning services. FQHCs are required to maintain the confidentiality of patient records[71] and, if they receive Title X Family Planning funds, to comply with Title X confidentiality regulations. The confidentiality regulation for FQHCs[72] contains language almost identical to the Title X confidentiality regulations.[73]

CONFIDENTIALITY AND PREVENTIVE SERVICES

Recommended preventive services for adolescents & young adults
The U.S. Preventive Services Task Force (USPSTF) and Bright Futures have recommended clinical preventive services for adolescents and young adults in each of these categories:

- substance use
- sexual and reproductive health
- mental health
- nutrition and exercise
- immunizations
- safety and violence

In each category, the specific services recommended by the USPSTF vary for adolescents and for young adults; in Bright Futures the recommendations are for ages 11-21. The AYAH National Resource Center has issued a fact sheet on "Evidence-Based Clinical Preventive Services for Adolescents and Young Adults" that sets out the specific services recommended for the different age groups in each category.[74]

Many of the preventive services recommended for adolescents and young adults fall into categories about which young people have privacy concerns. These include at least some services in all recommended areas of prevention. Sometimes the privacy concerns are associated with a visit for a specific purpose, such as family planning; on other occasions concerns about confidentiality arise when sensitive issues, such as STDs, HIV, or substance use, are addressed during a well visit.

Not all preventive services raise heightened privacy concerns for adolescents and young adults; but when they do, it is important to understand when confidentiality can—and when it cannot—be assured. For young adults, who are able to consent to their own care and are entitled to the same confidentiality protections as other adults, any preventive health service they receive should be treated as confidential, meaning that information usually should not be disclosed to parents or others without their permission. For minor adolescents, if they are allowed to consent for their own care under the New Hampshire minor consent laws, they can usually expect confidentiality, subject to any disclosures that are specifically permitted or required by law. For both adolescents and young adults, other legal and ethical disclosure obligations, such as when a patient is dangerous to self or others, must be considered. There are no specific confidentiality requirements for preventive services; the extent of confidentiality protection depends on the service as well as the age and other characteristics of the young person.

CONCLUSION

Confidentiality in adolescent and young adult health care is an important element in protecting the health of individual young people and the public health. Decades of research have found that privacy protection encourages young people to seek essential health care and speak openly with their health care providers. Many state and federal laws as well as ethical guidelines require confidentiality protection and support the rights of adolescents and young adults to receive confidential health care including many preventive health services.

TABLE 1: NEW HAMPSHIRE HEALTH CARE CONSENT LAWS FOR MINORS*

New Hampshire Minor Consent Laws Based on Status			
Status	**Minor Consent**	**Scope/Limitations**	**Citations**
Age of majority†	< 18 – No, with exceptions ≥ 18 – Yes	Age of majority is 18	N.H. Rev. Stat. Ann. § 21:44
New Hampshire Minor Consent Laws Based on Services			
Service	**Minor Consent**	**Scope/Limitations**	**Citations**
Emergency services	Yes, with limitations	Emergency medical care provider or a health professional may render emergency medical services to any person, regardless of age, where person is unable to give consent for any reason, including minority status, no other person is reasonably available who is legally authorized to consent for the care, & the provider has acted in good faith	N.H. Rev. Stat. Ann. § 153-A:18
Contraceptives/ family planning	Maybe	Minors may consent to family planning services funded by Title X or Medicaid; may be able to do so in other settings based on the mature minor rule or the constitutional right of privacy (Note: See Table 2 re Title X Family Planning & Medicaid)	See Appendix F
Pregnancy care	Maybe	Minor who is capable of giving informed consent minor may be able to consent	See Appendix F
Abortion	No, with exceptions	Notification of one parent or a legal guardian is required; the law includes a judicial bypass and an emergency exception	N.H. Rev. Stat. §§ RSA 132:32 – 132:36
STD diagnosis & treatment	Yes	Minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian. (Note: See Table 2 re Title X Family Planning)	N.H. Rev. Stat. Ann. § 141-C:18
HIV testing	Yes	Consent of person tested for HIV is required except in specified circumstances	N.H. Rev. Stat. Ann. § 141-F:5
Mental health - outpatient	Yes, with limitations	"Any person" may apply to approved community mental health program to receive services from the state mental health services system; application also may be made by a minor's parent or guardian	N.H. Rev. Stat. Ann. § 135-C:12
Drug use or dependency	Yes	Minor age 12 or older may consent to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian	N.H. Rev. Stat. Ann. § 318-B:12-a

* This table contains only brief summary information about the laws; more detailed information and selected excerpts of the laws are contained in Appendix A.

† Parent consent is generally required for minors under age 18 unless one of the exceptions in the minor consent laws apply; young adults age 18 or older generally may consent for themselves.

TABLE 2: NEW HAMPSHIRE & FEDERAL CONFIDENTIALITY LAWS FOR MINORS*

New Hampshire Confidentiality Laws for Minors†		
	Scope of Protection/Limitations	**Citations**
STD diagnosis & treatment	Physician may diagnose, treat or prescribe for treatment of sexually transmitted diseases in a minor age 14 or older without knowledge or consent of parent or guardian	N.H. Rev. Stat. Ann. § 141-C:18
HIV test results	HIV test results shall be disclosed to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification; if person with HIV positive test result is under age 18, the physician or person authorized by physician may disclose test results to a parent or legal guardian	N.H. Rev. Stat. Ann. § 141-F:7
Mental health information – disclosure to family member	Treatment information regarding seriously or chronically mentally ill person receiving services from community mental health program or state facility may be disclosed to a family member who lives with the person or provides direct care after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom	N.H. Rev. Stat. Ann. § 135-C:19-a
Child abuse reporting	Health care providers, other professionals, & other persons who have reason to believe that a child has been abused or neglected must report; the definition of reportable abuse includes physical injury, psychological injury, & sexual abuse	N.H. Rev. Stat. Ann § 169-C:3; N.H. Rev. Stat. Ann. § 169-C:29
Federal Confidentiality Laws for Minors		
	Scope of Protection/Limitations	**Citations**
HIPAA Privacy Rule – minor as individual	A minor who consents, or whose parent accedes to confidentiality, is an "individual" with control over their own protected health information (PHI)	45 C.F.R. § 164.502(g)(3)
HIPAA Privacy Rule – parent as personal representative	Parents are not necessarily the personal representative when minors have consented to their own care; parent may not be personal representative if minor subject to domestic violence, abuse, neglect, or endangerment	45 C.F.R. § 164.502(g)(3) and (5)
HIPAA Privacy Rule – parents' access	Parents' access to PHI when minor is the "individual" depends on other state and federal laws; parents' access may be denied if health care professional determines it would cause substantial harm to minor or another individual	45 C.F.R. §§ 164.502(g)(3), 164.524(a)(3)(iii)
FERPA	Information about health services provided by a school may be included in a students' "education records" and subject to FERPA, not HIPAA; parents have access to minors' education records	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential and may only be disclosed with the minor's permission or if required by law	42 C.F.R. § 59.11
Medicaid	Adolescent minors who are eligible for Medicaid may receive confidential family planning services funded by Medicaid	42 U.S.C. §§ 1396a(a)(7), 1396d(a)(4)(C)
Drug & alcohol—"substance use disorder"—programs	In federally assisted programs, consent for disclosure must be obtained from minor who is authorized under state law to consent for alcohol or drug abuse treatment; disclosure to parents may occur only if minor lacks capacity for rational choice due to extreme youth, physical incapacity, or substantial threat to minor or another	42 C.F.R. § 2.14

* This table includes information about selected state and federal confidentiality laws that pertain to minors' health information. It contains only brief summary information about the laws; more detailed information about some of the laws is included in Appendix A and Appendix B.

† For additional confidentiality laws related to both minors and young adults, see Table 3.

TABLE 3: NEW HAMPSHIRE & FEDERAL CONFIDENTIALITY LAWS FOR YOUNG ADULTS*

New Hampshire Confidentiality Laws for Young Adults†		
	Scope of Protection/Limitations	**Citations**
Medical records - access	All medical information in records of health care provider are property of patient; patients have a right to access their medical records	N.H. Rev. Stat. Ann. §332-I:1
Medical information - disclosure	Health care provider shall not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest	N.H. Rev. Stat. Ann. §332-I:2
Mental health information – disclosure to family member	Treatment information regarding seriously or chronically mentally ill person receiving services from a community mental health program or state facility may be disclosed to family member who lives with person or provides direct care with written consent of patient or, if consent cannot be obtained, notice to patient in writing as to what is being disclosed, reason for disclosure, & to whom	N.H. Rev. Stat. Ann. § 135-C:19-a
Duty to warn	Physicians, mental health professionals, substance use professionals, & nurses have a duty to warn or take reasonable precautions to provide protection when client has communicated serious threat of physical violence against clearly identified or reasonably identifiable victim or victims or serious threat of substantial damage to real property	N.H. Rev. Stat. Ann. § 329:31 N.H. Rev. Stat. Ann. § 329-B:29 N.H. Rev. Stat. Ann. § 330-A:35 N.H. Rev. Stat. Ann. § 330-C:25
Substance abuse records - disclosure	Substance abuse treatment records & information may only be disclosed with consent of patient subject to certain exceptions	N.H. Rev. Stat. Ann. § 172:8-a
HIV	Identity & records of person tested for HIV are confidential and shall not be disclosed subject to certain exceptions	N.H. Rev. Stat. Ann. §§ 141-F:7, 141-F:8
Federal Confidentiality Laws for Young Adults		
	Scope of Protection/Limitations	**Citations**
HIPAA Privacy Rule - generally	Individuals have access to and some control over disclosure of their own protected health information (PHI)	45 C.F.R. §§ 502, 524, 528
HIPAA Privacy Rule – special confidentiality protections	Individuals may request restrictions on the disclosure of their PHI and that communications regarding their PHI occur in a confidential manner	45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1)
FERPA	Information about health services provided by a school may be included in a students' "education records" and subject to FERPA, not HIPAA; parents do not have access to education records of young adults age 18 and older	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential & may only be disclosed with the patient's permission or if required by law	42 C.F.R. § 59.11
Medicaid	State Medicaid plans are required to include protections for confidentiality of applicants' & enrollees' information	42 U.S.C. § 1396a(a)(7)
Drug & alcohol—"substance use disorder"—programs	Consent for disclosure must be obtained from an individual who seeks treatment from a substance use disorder provider or program; disclosure without the patient's consent may occur only in very limited circumstances such as bona fide medical emergencies or with a court order	42 C.F.R. Part 2

* This table includes information about selected state and federal confidentiality laws that pertain to young adults' health information. It contains only brief summary information about the laws; more detailed information about some of the federal laws is included in Appendix B.
† The laws in this section are relevant to both minors and young adults.

APPENDIX A: NEW HAMPSHIRE HEALTH CARE CONSENT & CONFIDENTIALITY LAWS FOR MINORS

This appendix contains brief summaries of New Hampshire consent and confidentiality laws that apply to health care services received by minors.

Minor Consent Based on Status

Age of Majority

N.H. Rev. Stat. Ann. § 21:44
The age of majority is 18.

Minor Consent Based on Services

Emergency Services

N.H. Rev. Stat. Ann. § 153-A:18
A licensed emergency medical care provider or any health professional is not subject to civil liability for failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority status, and there is no other person reasonably available who is legally authorized to consent for the care, and the provider has acted in good faith knowledge of facts negating consent.

Contraception/Family Planning

Note: Although New Hampshire does not have an explicit statute authorizing minors to consent for contraception or family planning services, they may do so for services funded by Title X or Medicaid. (See Appendix B) Minors also may be able to do so based on the mature minor doctrine or the constitutional right of privacy. (See Appendix F)

Note: Under FDA rules for emergency contraception, Plan B and its generic equivalents are available "over the counter" without a prescription for individuals of any age; Ella is available with a prescription.[75]

Pregnancy Related Care

Note: Although New Hampshire does not have an explicit statute authorizing minors to consent for pregnancy-related care—such as prenatal care, delivery, and postnatal care—they may be able to do so if they are able to give informed consent. (See Appendix F)

Abortion

N.H. Rev. Stat. §§ RSA 132:32 – 132:36
This statute provides that an abortion shall not be performed upon an unemancipated minor until after written notice has been delivered to a parent or legal guardian of the minor. The law includes a judicial bypass and an emergency exception. Note: A prior law, *N.H. Rev. Stat. Ann. §§ 132:24-:28*, was declared unconstitutional in *Planned Parenthood of N. New Eng. v. Heed*, 269 F. Supp. 2d 59 (D.N.H. 2003), affirmed *390 F.3d 53* (2004), *vacated and remanded in Ayotte v. Planned Parenthood, 546 US 320 (2006).* The Act was repealed in 2007. The current law was enacted in 2010 and took effect in 2012.

STD Care

N.H. Rev. Stat. Ann. § 141-C:18
Any minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian.

HIV/AIDS Care

N.H. Rev. Stat. Ann. § 141-F:5
No health care provider may test for HIV unless the person being tested consents after being informed about the medical interpretations of test findings, or the test is to verify the safety of donated body fluids or organs, the test is for research, the subject is confined to a correctional facility, or the subject is incapable of informed consent and the test is necessary to protect the person's health. No specific legal provision was found expressly authorizing minors to consent for treatment for HIV or AIDS.

Drug/Alcohol Care

N.H. Rev. Stat. Ann. § 318-B:12
Any minor age 12 or older may voluntarily submit himself or herself to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian. A minor who is of sufficient maturity to understand the nature of the treatment shall not be considered legally incapable of consenting for medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof. A parent or legal guardian is not liable for payment for services under this section.

Mental Health Services

N.H. Rev. Stat. Ann. § 135-C:12
"Any person" may apply to an approved community mental health program to receive services from the state mental health services system; the application also may be made by a minor's parent or guardian.

Confidentiality & Disclosure

Disclosure to Parents

N.H. Rev. Stat. Ann. § 141-C:18
Any minor age 14 or older may receive voluntary treatment for sexually transmitted diseases without the knowledge of the parent or guardian.

N.H. Rev. Stat. Ann. § 141-F:7
HIV test results shall be disclosed by the physician or the person authorized by the physician to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification. If the person with an HIV positive test result is under age 18, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling.

N.H. Rev. Stat. Ann. § 135-C:19
Treatment information regarding a seriously or chronically mentally ill person receiving services from a community mental health program or state facility, may be disclosed to a family member who lives with the person or provides direct care, after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom.

Child Abuse Reporting

Definitions

N.H. Rev. Stat. Ann. § 169-C:29(II)
"Abused child" means any child who has been sexually abused, intentionally physically injured, psychologically injured so that the child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect, or physically injured by other than accidental means.

N.H. Rev. Stat. Ann. § 169-C:29(XXVII-b)
"Sexual abuse" means the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. With respect to the definition of sexual abuse, the term "child" or "children" means any individual who is under the age of 18 years.

Mandated Reporting

N.H. Rev. Stat. Ann. § 169-C:29
Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected is required to report.

APPENDIX B: FEDERAL CONFIDENTIALITY LAWS

This appendix contains brief summaries and excerpts of the text of selected federal statutes and regulations that provide confidentiality protection for health information and services provided to adolescent minors and young adults.

HIPAA Privacy Rule

The HIPAA Privacy Rule contains protections for both minors and young adults. In 45 C.F.R. § 160.502(g)(3) the rule specifies when a minor is considered an individual who has rights with respect to their own protected health information PHI and whose parent is not necessarily their personal representative with access to their PHI. In 45 C.F.R. § 160.502(g)(5) the rule specifies when a parent is not necessarily the personal representative of a minor due to abuse, neglect, domestic violence, or endangerment, or if it would not be in the minor's best interest. In 45 C.F.R. §§ 160.502(h) and 160.522 the rule specifies special confidentiality protections for individuals: the right to request restrictions on disclosure of PHI; and the right to request confidential communications.

45 C.F. R. § 160.502. Uses and disclosures of protected health information: general rules.

". . . (g)(1) Standard: Personal representatives. As specified in this paragraph, a covered entity must, except as provided in paragraphs (g)(3) and (g)(5) of this section, treat a personal representative as the individual for purposes of this subchapter.

(2) Implementation specification: adults and emancipated minors. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.

(3)(i) Implementation specification: unemancipated minors. If under applicable law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:

(A) The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative;

(B) The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting in loco parentis, and the minor, a court, or another person authorized by law consents to such health care service; or

(C) A parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.

(ii) Notwithstanding the provisions of paragraph (g)(3)(i) of this section:

(A) If, and to the extent, permitted or required by an applicable provision of State or other law, including applicable case law, a covered entity may disclose, or provide access in accordance with ß 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis;

(B) If, and to the extent, prohibited by an applicable provision of State or other law, including applicable case law, a covered entity may not disclose, or provide access in accordance with ß 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis; and

(C) Where the parent, guardian, or other person acting in loco parentis, is not the personal representative under paragraphs (g)(3)(i)(A), (B), or (C) of this section and where there is no applicable access provision under State or other law, including case law, a covered entity may provide or deny access under ß 164.524 to a parent, guardian, or other person acting in loco parentis, if such action is consistent with State or other applicable law, provided that such decision must be made by a licensed health care professional, in the exercise of professional judgment.

. . .

(5) Implementation specification: Abuse, neglect, endangerment situations. Notwithstanding a State law or any requirement of this paragraph to the contrary, a covered entity may elect not to treat a person as the personal representative of an individual if:

(i) The covered entity has a reasonable belief that:

(A) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or

(B) Treating such person as the personal representative could endanger the individual; and

(ii) The covered entity, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

(h) Standard: Confidential communications. A covered health care provider or health plan must comply with the applicable requirements of ß 164.522(b) in communicating protected health information.

. . ."

45 C.F.R. § 164.522 Rights to request privacy protection for protected health information

"(a)(1) Standard: Right of an individual to request restriction of uses and disclosures. (i) A covered entity must permit an individual to request that the covered entity restrict:

(A) Uses or disclosures of protected health information about the individual to carry out treatment, payment, or health care operations; and

(B) Disclosures permitted under § 164.510(b).

(ii) Except as provided in paragraph (a)(1)(vi) of this section, a covered entity is not required to agree to a restriction.

(iii) A covered entity that agrees to a restriction under paragraph (a)(1)(i) of this section may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual.

(iv) If restricted protected health information is disclosed to a health care provider for emergency treatment under paragraph (a)(1)(iii) of this section, the covered entity must request that such health care provider not further use or disclose the information.

(v) A restriction agreed to by a covered entity under paragraph (a) of this section, is not effective under this subpart to prevent uses or disclosures permitted or required under §§ 164.502(a)(2)(ii), 164.510(a) or 164.512.

(vi) A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if:

(A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and

(B) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

(2) Implementation specifications: Terminating a restriction. A covered entity may terminate a restriction, if:

(i) The individual agrees to or requests the termination in writing;

(ii) The individual orally agrees to the termination and the oral agreement is documented; or

(iii) The covered entity informs the individual that it is terminating its agreement to a restriction, except that such termination is:

(A) Not effective for protected health information restricted under paragraph (a)(1)(vi) of this section; and

(B) Only effective with respect to protected health information created or received after it has so informed the individual.

(3) Implementation specification: Documentation. A covered entity must document a restriction in accordance with § 160.530(j) of this subchapter.

(b)(1) Standard: Confidential communications requirements. (i) A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations.

(ii) A health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

(2) Implementation specifications: Conditions on providing confidential communications.

(i) A covered entity may require the individual to make a request for a confidential communication described in paragraph (b)(1) of this section in writing.

(ii) A covered entity may condition the provision of a reasonable accommodation on:

(A) When appropriate, information as to how payment, if any, will be handled; and

(B) Specification of an alternative address or other method of contact.

(iii) A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

(iv) A health plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual."

Title X Family Planning Services

42 C.F.R. § 59.11 – Confidentiality

"All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals."*

* On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, "Compliance with Statutory Program Integrity Requirements," that would significantly alter the federal regulations for the Title X Program.* This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere. The new rule has been challenged in numerous lawsuits.

Medicaid

42 U.S.C. § 1396a(a)(7)
State Medicaid plans are required to provide "safeguards for confidentiality for information concerning applicants and recipients." [Note: The section contains additional specific requirements and exceptions.]

42 U.S.C. § 1396d(a)(4)(C)
For purposes of the Medicaid program, this title [42 USCS §§ 1396 et seq.]--
"(a) Medical assistance. The term "medical assistance" means payment of part or all of the cost of the following care and services . . .(4) . . . (C) family planning services and supplies furnished (directly or under arrangements with others) to individuals of childbearing age (including minors who can be considered to be sexually active) who are eligible under the State plan and who desire such services and supplies[.]"

Drug & Alcohol Programs

42 C.F.R. § 2.14. Minor patients
"(a) State law not requiring parental consent to treatment. If a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain substance use disorder treatment, any written consent for disclosure authorized under subpart C of this part may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement. These regulations do not prohibit a part 2 program from refusing to provide treatment until the minor patient consents to the disclosure necessary to obtain reimbursement, but refusal to provide treatment may be prohibited under a state or local law requiring the program to furnish the service irrespective of ability to pay.
(b) State law requiring parental consent to treatment.
(1) Where state law requires consent of a parent, guardian, or other individual for a minor to obtain treatment for a substance use disorder, any written consent for disclosure authorized under subpart C of this part must be given by both the minor and their parent, guardian, or other individual authorized under state law to act in the minor's behalf.
(2) Where state law requires parental consent to treatment, the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf only if:
(i) The minor has given written consent to the disclosure in accordance with subpart C of this part; or
(ii) The minor lacks the capacity to make a rational choice regarding such consent as judged by the part 2 program director under paragraph (c) of this section.
(c) Minor applicant for services lacks capacity for rational choice. Facts relevant to reducing a substantial threat to the life or physical well-being of the minor applicant or any other individual may be disclosed to the parent, guardian, or other individual authorized under state law to act in the minor's behalf if the part 2 program director judges that:
(1) A minor applicant for services lacks capacity because of extreme youthor mental or physical condition to make a rational decision on whether to consent to a disclosure under subpart C of this part to their parent, guardian, or other individual authorized under state law to act in the minor's behalf; and
(2) The minor applicant's situation poses a substantial threat to the life or physical well-being of the minor applicant or any other individual which may be reduced by communicating relevant facts to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf."

APPENDIX C: KEY QUESTIONS FOR CONFIDENTIALITY PROTECTION

This appendix contains questions that are important to consider in order to determine whether an individual young person in New Hampshire can obtain a particular service confidentially. These questions are based on the New Hampshire and federal laws that establish consent requirements and confidentiality protections for adolescent and young adult health services. Depending on the specific situation additional considerations, and laws not discussed in this guide, may affect whether the young person may receive confidential services.

- Is the youth an adult or a minor?
  - Young adults are generally able to consent for their own care and are entitled to the same confidentiality protections as other adults.
  - Minor adolescents may be able to consent for their own care based their status or the services they are seeking; confidentiality protection may depend on whether they can consent for their own care, the specific service they receive, where they receive the service, and the source of the payment.

- If the young person is a minor, what service is the young person seeking?
  - Emergency services
  - Contraception
  - Pregnancy care
  - STD services
  - HIV/AIDS services
  - Mental health services
  - Substance use/abuse services
  - Immunizations

- Where is the service being provided?
  - General medical office, health center, or hospital outpatient clinic
  - Title X family planning health center
  - Substance use disorder treatment program

- What is the source of the payment?
  - Private/commercial health insurance
  - Self-pay
  - Parent payment
  - Medicaid
  - Title X Family Planning Program
  - New Hampshire state funding
  - Other

APPENDIX D: LEGAL RESOURCES FOR ADOLESCENT & YOUNG ADULT HEALTH & THE LAW IN NEW HAMPSHIRE

English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. Persp on Sexual Reprod Health 2004; 36(2):80-86. https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.

George Washington University, Hirsh Health Law and Policy Program. Health Information and the Law: Privacy & Confidentiality in New Hampshire. http://www.healthinfolaw.org/state-topics/30,63/f_states.

Hodder LC et al. Substance Use Disorder Treatment: Confidentiality Boot Camp. UNH School of Law Institute for Health Policy & Practice, 2017. https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.

Legal Action Center. Substance Use: Confidentiality Resources. https://lac.org/resources/substance-use-resources/confidentiality-resources/.

Morreale MC, Stinnett AJ, Dowling EC, eds. Policy Compendium on Confidential Health Services for Adolescents, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005. http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf.

New Hampshire Privacy Laws Relating to Behavioral Health Care & Treatment of Minors. Jan. 1, 2016. https://www.citizenshealthinitiative.org/sites/default/files/media/Summary%20of%20NH%20Behavioral%20Health%20Privacy%20and%20Minor%20Consent%20Laws%2009122016%20.pdf.

New Hampshire Statutes Related to Health Information Privacy. 2010. https://www.dhhs.nh.gov/hie/documents/laws.pdf.

U.S. Dep't of Health & Human Services, Admin. for Children & Families. Child Welfare Information Gateway. State Statutes Search: New Hampshire. https://www.childwelfare.gov/topics/systemwide/laws-policies/state/.

U.S. Dep't of Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

APPENDIX E: RESOURCES ON CONFIDENTIALITY, HEALTH INSURANCE, AND ELECTRONIC HEALTH RECORDS

Confidentiality & Insurance

Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three-year research project, Confidential & Covered. These resources are available on the project's website at https://www.confidentialandcovered.com/. The following publications on that website specifically address legal and policy issues related to confidentiality and insurance:

English A, Summers R, Lewis J, Coleman C. Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (2015)

English A, Mulligan A, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: An Illinois Profile (2017) [Note: Similar profiles were published for 5 other states studied as part of the Confidential & Covered project: Maryland and Oregon in 2017; California, Colorado, and Washington in 2016]

Lewis J, Summers R, English A, Coleman C. Proactive Policies to Protect Patients in the Health Insurance Claims Process (2015)

English A, Lewis J. Privacy Protection in Billing and Health Insurance Communications. AMA J Ethics 2016; Vol 18(3): 279-87

Burstein G et al. Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process: Position Paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. J Adolesc Health 2016;58:374-377.

Confidentiality & Electronic Health Records

AAP Committee on Adolescence. Policy Statement for Health Information Technology to Ensure Adolescent Privacy. Pediatrics 2012;130(5): 987-990.

Anoshiravani A et al. Special Requirements for Electronic Medical Records in Adolescent Medicine. J Adolesc Health 2012;51:409-41

Gray S et al. Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care: Position Paper of the Society for Adolescent Health and Medicine. J Adolesc Health 2014;54:487-490.

APPENDIX F: CONSENT FOR CONTRACEPTION & PREGNANCY CARE

New Hampshire does not have an explicit law authorizing minors to consent for contraception or pregnancy related care such as prenatal care, delivery, and postnatal care. However, no New Hampshire statute, regulation, or court decision specifically prohibits a minor from consenting to these services or explicitly requires parental consent when minors receive these services. In the absence of such a law, it would be reasonable to conclude that minors who have the capacity to give informed consent may receive contraceptive services and pregnancy related care based on their own consent. New Hampshire law does require notification of one parent for a minor to receive an abortion, but the law includes a waiver allowing for a judicial bypass and an emergency exception.[76]

The federal Title X Family Planning Program requires that family planning services, including contraceptive services, be offered to adolescents; family participation must be encouraged but is not required.[77] Title X funded services, including services for adolescents, must be confidential.[78]

Federal Medicaid law contains safeguards against disclosure of confidential information.[79] It also requires that Medicaid cover family planning "services and supplies" for all Medicaid enrollees of childbearing age, including "minors who can be considered to be sexually active.[80] These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.[81]

An additional source of possible support for allowing minors to consent for contraceptive services and pregnancy related care is the "mature minor" doctrine. The mature minor doctrine was developed in court decisions and is part of the common law. Under the mature minor doctrine, courts in some states have determined that a medical practitioner should not be held liable solely on the basis of failure to obtain parental consent when non-negligent care that is not high risk, is within the mainstream of established medical opinion, and is for the minor's benefit, is provided to a mature minor.[82] A mature minor is generally considered to be an older adolescent who is capable of giving informed consent (i.e., the patient is able to understand the risks and benefits of any proposed treatment or procedure and its alternatives and is able to make a voluntary choice among the alternatives). In New Hampshire, a state law that authorizes minors to consent for treatment related to drug use or dependency also contains the following language: "Nothing contained herein shall be construed to mean that any minor of sound mind is legally incapable of consenting to medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof."[83] Lawyers, psychologists, and physicians do not always agree about the validity and application of the mature minor doctrine. Nevertheless, a strong rationale has been articulated that recognition of a mature minor's capacity to make medical decisions is consistent with research on adolescent development.[84]

The constitutional right of privacy also supports minors' access to contraceptive services. The right of privacy protects the decision to use contraceptives by both married and unmarried individuals;[85] and the right of privacy with respect to decisions about procreation has been extended to minors as well as adults.[86] In Carey v. Population Services International, the U.S. Supreme Court recognized that minors' constitutional right of privacy encompasses access to contraceptives.[87] In other cases, federal courts have held that minors have constitutional privacy interests[88] and that providing contraception information and services to minor children does not violate the rights of their parents.[89]

APPENDIX G: 25 YEARS OF AYAH CONFIDENTIALITY STUDIES—A BIBLIOGRAPHY

This appendix lists selected articles from the past 25 years that form an important part of the evidence base of research findings supporting confidentiality in adolescent and young adult health care.*

Adolescent and Young Adult Perspectives

Britto MT, Tivorsak TL, Slap GB. Adolescents' needs for health care privacy. *Pediatrics*. 2010;126(6):e1469-e1476. doi:10.1542/peds.2010-0389

Cheng TL, Savageau JA, Sattler AL, DeWitt TG. Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *JAMA*. 1993;269(11):1404-1407. doi:10.1001/jama.1993.03500110072038

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:10.1016/j.jadohealth.2010.01.005

Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15-25. *NCHS Data Brief*. 2016(266):1-8. https://www.cdc.gov/nchs/data/databriefs/db266.pdf

English A, Ford CA. Adolescent health, confidentiality in healthcare, and communication with parents. *J Pediatr*. 2018;199:11-13. doi:10.1016/j.jpeds.2018.04.029

Fisher CB, Fried AL, Desmond M, Macapagal K, Mustanski B. Perceived barriers to HIV prevention services for transgender youth. *LGBT Health*. 2018;5(6):350-358. doi:10.1089/lgbt.2017.0098

Fisher CB, Fried AL, Puri LI, Macapagal K, Mustanski B. "Free testing and PrEP without outing myself to parents:" Motivation to participate in oral and injectable PrEP clinical trials among adolescent men who have sex with men. *PLOS ONE*. 2018;13(7):e0200560. doi:10.1371/journal.pone.0200560

Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999;282(23):2227-2234. doi:10.1001/jama.282.23.2227

Ford CA, Best D, Miller WC. Confidentiality and adolescents' willingness to consent to sexually transmitted disease testing. *Arch Pediatr Adolesc Med*. 2001;155(9):1072-1073. doi:10.1001/archpedi.155.9.1072

Ford CA, Jaccard J, Millstein SG, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," J Adolesc Health 2004; 34: 266-269. doi: 10.1016/j.jadohealth.2003.07.013

* Special thanks are extended to Carol A. Ford, MD, of Children's Hospital of Philadelphia and to Justine Po of USCF for their assistance in developing this appendix.

Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: A randomized controlled trial. *JAMA*. 1997;278(12):1029-1034. doi:10.1001/jama.1997.03550120089044

Fuentes L, Ingerick M, Jones R, Lindberg L. Adolescents' and young adults' reports of barriers to confidential health care and receipt of contraceptive services. *J Adolesc Health*. 2018;62(1):36-43. doi:10.1016/j.jadohealth.2017.10.011

Gilbert AL, McCord AL, Ouyang F, et al. Characteristics associated with confidential consultation for adolescents in primary care. *J Pediatr*. 2018;199:79-84.e1. doi:10.1016/j.jpeds.2018.02.044

Gilbert AL, Rickert VI, Aalsma MC. Clinical conversations about health: The impact of confidentiality in preventive adolescent care. *J Adolesc Health*. 2014;55(5):672-677. doi:10.1016/j.jadohealth.2014.05.016

Grilo SA, Catallozzi M, Santelli JS, et al. Confidentiality discussions and private time with a health-care provider for youth, United States, 2016. *J Adolesc Health*. January 2019. doi:10.1016/j.jadohealth.2018.10.301

Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA*. 2005;293(3):340-348. doi:10.1001/jama.293.3.340

Klostermann BK, Slap GB, Nebrig DM, Tivorsak TL, Britto MT. Earning trust and losing it: adolescents' views on trusting physicians. *J Fam Pract*. 2005;54(8):679-687. https://www.ncbi.nlm.nih.gov/pubmed/16061053

Lane MA, McCright J, Garrett K, Millstein SG, Bolan G, Ellen JM. Features of sexually transmitted disease services important to african american adolescents. *Arch Pediatr Adolesc Med*. 1999;153(8):829-833. doi:10.1001/archpedi.153.8.829

Lim SW, Chhabra R, Rosen A, Racine AD, Alderman EM. Adolescents' views on barriers to health care: A pilot study. *J Prim Care Community Health*. 2012;3(2):99-103. doi:10.1177/2150131911422533

Lyren A, Kodish E, Lazebnik R, O'Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:10.1016/j.jadohealth.2005.12.002

Moore KL, Dell S, Oliva MK, Hsieh Y-H, Rothman RE, Arrington-Sanders R. Do confidentiality concerns impact pre-exposure prophylaxis willingness in emergency department adolescents and young adults? *Am J Emerg Med*. 2018 Nov 9. doi:10.1016/j.ajem.2018.11.015

Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*. 2002;288(6):710-714. doi:10.1001/jama.288.6.710

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: a qualitative research study on the implications of the affordable care act. *J Adolesc Health*. 2018;63(6):773-778. doi:10.1016/j.jadohealth.2018.06.020

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:10.1016/j.jadohealth.2018.08.015

Sugerman S, Halfon N, Fink A, Anderson M, Valle L, Brook RH. Family planning clinic patients: their usual health care providers, insurance status, and implications for managed care. *J Adolesc Health*. 2000;27(1):25-33. https://doi.org/10.1016/S1054-139X(99)00126-3

Thompson LA, Martinko T, Budd P, Mercado R, Schentrup AM. meaningful use of a confidential adolescent patient portal. *J Adolesc Health*. 2016;58(2):134-140. doi:10.1016/j.jadohealth.2015.10.015

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatr Adolesc Gyn*. 2018;31(5):516-521. doi:10.1016/j.jpag.2018.03.006

Health Care Provider Perspectives and Availability of Confidential Services

Akinbami LJ, Gandhi H, Cheng TL. Availability of adolescent health services and confidentiality in primary care practices. *Pediatrics*. 2003;111(2):394-401. doi:10.1542/peds.111.2.394

Alderman EM. Confidentiality in Pediatric and Adolescent Gynecology: When we can, when we can't, and when we're challenged. *J Pediatr Adolesc Gyn*.2017;30(2):176-183. doi:10.1016/j.jpag.2016.10.003

Alexander SC, Fortenberry JD, Pollak KI, et al. Sexuality talk during adolescent health maintenance visits. *JAMA Pediatr*. 2014;168(2):163-169. doi:10.1001/jamapediatrics.2013.4338

Baldridge S, Symes L. Just between Us: An integrative review of confidential care for adolescents. *J Pediatr Health Care*. 2018;32(2):e45-e58. doi:10.1016/j.pedhc.2017.09.009

Beeson T, Mead KH, Wood S, Goldberg DG, Shin P, Rosenbaum S. Privacy and confidentiality practices in adolescent family planning care at federally qualified health centers. *Perspect Sex Reprod Health*. 2016;48(1):17-24. doi:10.1363/48e7216

Edman JC, Adams SH, Park MJ, Irwin CE. Who gets confidential care? Disparities in a national sample of adolescents. *J Adolesc Health* 2010;46(4):393-395. doi:10.1016/j.jadohealth.2009.09.003

Fairbrother G, Scheinmann R, Osthimer B, et al. Factors that influence adolescent reports of counseling by physicians on risky behavior *J Adolesc Health*. 2005;37(6):467-476. doi:10.1016/j.jadohealth.2004.11.001

Ford CA, Millstein SG. Delivery of confidentiality assurances to adolescents by primary care physicians. *Arch Pediatr Adolesc Med*. 1997;151(5):505-509. doi:10.1001/archpedi.1997.02170420075013

Ford CA, Skiles MP, English A, et al. Minor consent and delivery of adolescent vaccines. *J Adolesc Health*. 2014;54(2):183-189. doi:10.1016/j.jadohealth.2013.07.028

McKee MD, Rubin SE, Campos G, O'Sullivan LF. Challenges of providing confidential care to adolescents in urban primary care: Clinician perspectives. *Ann Fam Med*. 2011;9(1):37-43. doi:10.1370/afm.1186

O'Sullivan LF, Diane McKee M, Rubin SE, Campos G. Primary care providers' reports of time alone and the provision of sexual health services to urban adolescent patients: Results of a prospective card study. *J Adolesc Health*. 2010;47(1):110-112. doi:10.1016/j.jadohealth.2009.12.029

Ringheim K. Ethical and human rights perspectives on providers' obligation to ensure adolescents' rights to privacy. *Stud Fam Planning*. 2007;38(4):245-252. doi:10.1111/j.1728-4465.2007.00137.x

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: A qualitative research study on the implications of the Affordable Care Act. *J Adolesc Health*. 2018;63(6):773-778. doi:10.1016/j.jadohealth.2018.06.020

Stablein T, Loud KJ, DiCapua C, Anthony DL. The catch to confidentiality: The use of electronic health records in adolescent health care. *J Adolesc Health*. 2018;62(5):577-582. doi:10.1016/j.jadohealth.2017.11.296

Talib HJ, Silver EJ, Alderman EM. Challenges to adolescent confidentiality in a children's hospital. *Hospital Pediatrics*. 2016;6(8):490-495. doi:10.1542/hpeds.2016-0011

Tebb K. Forging partnerships with parents while delivering adolescent confidential health services: A clinical paradox. *J Adolesc Health*. 2011;49(4):335-336. doi:10.1016/j.jadohealth.2011.08.005

Parent Perspectives

Ancker JS, Sharko M, Hong M, Mitchell H, Wilcox L. Should parents see their teen's medical record? Asking about the effect on adolescent–doctor communication changes attitudes. *J Am Med Inform Assoc*. 2018;25(12):1593-1599. doi:10.1093/jamia/ocy120

Butler PW, Middleman AB. Protecting adolescent confidentiality: A response to one state's "Parents' Bill of Rights". *J Adolesc Health*. 2018;63(3):357-359. doi:10.1016/j.jadohealth.2018.03.015

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:10.1016/j.jadohealth.2010.01.005

Duncan RE, Vandeleur M, Derks A, Sawyer S. Confidentiality with adolescents in the medical setting: What do parents think? *J Adolesc Health*. 2011;49(4):428-430. doi:10.1016/j.jadohealth.2011.02.006

Eisenberg ME, Swain C, Bearinger LH, Sieving RE, Resnick MD. Parental notification laws for minors' access to contraception: What do parents say? *Arch Pediatr Adolesc Med*. 2005;159(2):120-125. doi:10.1001/archpedi.159.2.120

Ford CA, Davenport AF, Meier A, McRee A-L. Partnerships between parents and health care professionals to improve adolescent health. *J Adolesc Health*. 2011;49(1):53-57. doi:10.1016/j.jadohealth.2010.10.004

Irwin CE. Time alone for adolescents with their providers during clinical encounters: It is not that simple! *J Adolesc Health*. 2018;63(3):265-266. doi:10.1016/j.jadohealth.2018.06.014

Lyren A, Kodish E, Lazebnik R, O'Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:10.1016/j.jadohealth.2005.12.002

Miller VA, Friedrich E, García-España JF, Mirman JH, Ford CA. Adolescents spending time alone with pediatricians during routine visits: Perspectives of parents in a primary care clinic. *J Adolesc Health*. 2018;63(3):280-285. doi:10.1016/j.jadohealth.2018.01.014

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:10.1016/j.jadohealth.2018.08.015

Tebb KP, Pollack LM, Millstein S, Otero-Sabogal R, Wibbelsman CJ. Mothers' attitudes toward adolescent confidential services: Development and validation of scales for use in English- and Spanish-speaking populations. *J Adolesc Health*. 2014;55(3):341-346. doi:10.1016/j.jadohealth.2014.03.010

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatric Adolesc Gyn*. 2018;31(5):516-521. doi:10.1016/j.jpag.2018.03.006

REFERENCES

[1] Cheng T, Savageau J, Sattler A, DeWitt T. Confidentiality in health care (A survey of knowledge, perceptions, and attitudes among high school students). JAMA. 1993; 269: 1404–1407.
[2] Klein J, Wilson K, McNulty M, et al. Access to medical care for adolescents (Results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls). J Adolesc Health. 1999; 25: 120–130.
[3] Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. JAMA. 1999; 282: 2227–2234.
[4] Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. Arch Pediatr Adolesc Med. 2001; 155: 1072–1073.
[5] Sugerman S, Halfon N, Fink A, et al. Family planning clinic clients (Their usual health care providers, insurance status, and implications for managed care). J Adolesc Health. 2000; 27: 25–33
[6] Ford CA, Millstein SG Halpern-Felsher BL, Irwin CE Jr. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. JAMA 1997 Sep 24;278(12):1029-34.
[7] Ford CA, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," J Adolesc Health 2004; 34: 266-269.
[8] Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. Arch Pediatr Adolesc Med. 2001; 155: 1072–1073.
[9] Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. JAMA. 2002; 288: 710–714.
[10] Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. JAMA. 2005 Jan 19;293(3):340-8.
[11] Morreale MC, Stinnett AJ, Dowling EC, eds. Policy Compendium on Confidential Health Services for Adolescents, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005. http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf.
[12] Burstein G et al. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process: Position paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. J Adolesc Health 2016;58:374-377.
[13] Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three year research project, Confidential & Covered. These resources are available at https://www.confidentialandcovered.com/.
[14] AAP Committee on Adolescence. Policy statement for health information technology to ensure adolescent privacy. Pediatrics 2012;130(5): 987-990.
[15] Anoshiravani A et al. Special requirements for electronic medical records in adolescent medicine. J Adolesc Health 2012;51:409-414.
[16] Gray S et al. Recommendations for electronic health record use for delivery of adolescent health care: Position paper of the Society for Adolescent Health and Medicine. J Adolesc Health 2014;54:487-490.
[17] Stablein T, Loud KJ, DiCapua C, Anthony DL. The catch to confidentiality: The use of electronic health records in adolescent health care. *J Adolesc Health*. 2018;62(5):577-582.
[18] N.H. Rev. Stat. Ann. § 21:44.
[19] N.H. Rev. Stat. Ann. § 153-A:18.
[20] N.H. Rev. Stat. Ann. § 141-C:18.
[21] N.H. Rev. Stat. Ann. § 141-F:5.
[22] N.H. Rev. Stat. Ann. § 318-B:12-a.
[23] N.H. Rev. Stat. Ann. § 135-C:12.
[24] CDC, Legal Status of EPT in New Hampshire, https://www.cdc.gov/std/ept/legal/newhampshire.htm.
[25] Kaiser Family Foundation. Emergency Contraception. August 2016. http://files.kff.org/attachment/emergency-contraception-fact-sheet.
[26] N.H. Rev. Stat. §§ RSA 132:32 – 132:36.
[27] Foster Care/Adoption Program Division for Children, An Incredible Journey: A Resource Guide to Assist Families with Foster Care Adoption and Permanency Supports, N.H. Dep't of Health and Hum. Servs. 36-37, www.dhhs.nh.gov/dcyf/adoption/documents/foster-adopt-resource-guide.pdf.
[28] E.g., N.H. Rev. Stat. Ann. § 126; N.H. Rev. Stat. Ann. §§141-A, 141-B, 141-C; 141-F, 141-H, 141-J; N.H. Rev. Stat. Ann. § 172; N.H. Rev. Stat. Ann. §§ 330-A, 330-C; N.H. Rev. Stat. Ann. § 332-I; N.H. Rev. Stat. Ann. §135:19-a.

[29] Health Information and the Law. Privacy & Confidentiality in New Hampshire. http://www.healthinfolaw.org/state-topics/30,63/f_states.
[30] Hodder LC et al. Substance Use Disorder Treatment: Confidentiality Boot Camp. UNH School of Law Institute for Health Policy & Practice, 2017. https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.
[31] N.H. Rev. Sat. Ann. §§ 169-C:29 – 169-C:39.
[32] For a database of New Hampshire child abuse and neglect statutes, see Child Welfare Information Gateway. State Statutes Search: New Hampshire. https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults.
33 Bissonnette G, ACLU of New Hampshire. Mandatory Reporting Under New Hampshire's Child Protection Act of All Suspected Voluntary Sexual Penetration Involving 13-to-15-Year-Old Minors, Including When Minors are Close in Age, Regardless of the Circumstances, June 22, 2016.
[34] See, e.g., Glosser A, Gardner K, Fishman M. Statutory Rape: A Guide to State Laws and Reporting Requirements. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2004. https://aspe.hhs.gov/report/statutory-rape-guide-state-laws-and-reporting-requirements.
[35] English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. Persp on Sexual Reprod Health 2004; 36(2):80-86. https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.
[36] 45 C.F.R. § 164.502(g)(3)(i)(A).
[37] 45 C.F.R. § 164.502(g)(3)(i)(C).
[38] 45 C.F.R. § 164.502(g)(5).
[39] 45 C.F.R. § 164.502(g)(3)(ii).
[40] 45 C.F.R. § 164.502(g)(3)(ii)(A) and (B).
[41] 45 C.F.R. § 164.502(g)(3)(ii)(C).
[42] 45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1).
[43] 45 C.F.R. § 164.512(c).
[44] 20 U.S.C. § 1232g; 34 C.F.R. Part 99.
[45] U.S. Dep't Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.
[46] 45 C.F.R. § 160.103 (definition of "protected health information").
[47] U.S. Dep't of Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.
[48] 42 C.F.R. § 59.11.
[49] English A, Center for Adolescent Health & the Law, and National Family Planning & Reproductive Health Association, Adolescent Confidentiality Protections in Title X, June 5, 2014. http://www.nationalfamilyplanning.org/document.doc?id=1559.
[50] 42 C.F.R. § 59.11.
[51] Child Welfare Information Gateway, State Statutes Search, https://www.childwelfare.gov/systemwide/laws_policies/state.
[52] Futures Without Violence, Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers: A Guide for Advocates Working to Respond to or Amend Reporting Laws Related to Domestic Violence, http://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf.
[53] Public Health Law Research, Temple University, State Statutes Explicitly Related to Sexually Transmitted Diseases in the United States, 2013, June 5, 2014, http://www.cdc.gov/std/program/final-std-statutesall-states-5june-2014.pdf.
[54] "Compliance With Statutory Program Integrity Requirements," 84 *Federal Register* 7714, 7725, March 4, 2019, https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf.
[55] National Family Planning & Reproductive Health Association, Analysis of 2019 Final Rule on Title X Family Planning Program, Mar. 4, 2019. https://www.nationalfamilyplanning.org/file/2019-Title-X-Final-Rule----Detailed-Analysis---3.4.2019-FINAL.pdf}milyplanning.org/pages/issues/title-x-cases#2019.
[56] E.g., National Family Planning & Reproductive Health Association, Title X Cases, https://www.nationalfamilyplanning.org/pages/issues/title-x-cases#2019.
[57] 42 U.S.C. § 1396a(a)(7).
[58] 42 U.S.C. § 1396d(a)(4)(C).

[59] E.g., Doe v. Pickett, 480 F. Supp. 1218 (S.D.W.Va. 1979); Planned Parenthood Association v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983); County of St. Charles v. Missouri Family Health Council, 107 F.3d 682 (8th Cir. 1997), rehearing denied (8th Cir. 1997), cert. denied 522 U.S. 859 (1997).

[60] Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, December 2018. https://www.guttmacher.org/print/state-policy/explore/medicaid-family-planning-eligibility-expansions.

[61] 42 U.S.C. § 290dd-2; 42 C.F.R. Part 2.

[62] Legal Action Center. Substance Use: Confidentiality Resources. https://lac.org/resources/substance-use-resources/confidentiality-resources/.

[63] 42 C.F.R. §§ 2.11, 2.12.

[64] 42 C.F.R. § 2.14.

[65] 42 C.F.R. § 2.13.

[66] 42 C.F.R. § 2.20.

[67] 42 U.S.C. §§ 300ff et seq.

[68] 42 U.S.C. §§ 300ff-61, 300ff-62.

[69] 42 U.S.C. §§ 254b et seq.

[70] 42 U.S.C. § 254b(a)(1)(A) and (b)(1)(A)(i)(III).

[71] 42 U.S.C. § 254b(k)(3)(C).

[72] 42 C.F.R. § 51c.110.

[73] 42 C.F.R. § 59.11.

[74] AYAH Resource Center. Evidence-Based Clinical Preventive Services for Adolescents & Young Adults. http://nahic.ucsf.edu/wp-content/uploads/2016/03/March-2016_AYAHNRC_evidence.V3.pdf.

[75] Kaiser Family Foundation. Emergency Contraception. August 2016. http://files.kff.org/attachment/emergency-contraception-fact-sheet.

[76] N.H. Rev. Stat. §§ RSA 132:32 – 132:36.

[77] 42 U.S.C. § 300(a) (as amended); Planned Parenthood Federation of America v. Heckler, 712 F.2d 650 (D.C. Cir. 1983).

[78] 42 C.F.R § 59.5(a)(1). see also 42 C.F.R. § 59.2 ("unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources").

[79] 42 U.S.C. § 1396a(a)(7).

[80] 42 U.S.C. § 1396d(a)(4)(C).

[81] E.g., Doe v. Pickett, 480 F. Supp. 1218 (S.D.W.Va. 1979); Planned Parenthood Association v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983); County of St. Charles v. Missouri Family Health Council, 107 F.3d 682 (8th Cir. 1997), rehearing denied (8th Cir. 1997), cert. denied 522 U.S. 859 (1997).

[82] E.g., Cardwell v. Bechtol, 724 S.W.2d 739 (Tenn., 1987); Younts v. St. Francis Hospital, 469 P.2d 330 (Kan., 1970).

[83] N.H. Rev. Stat. Ann. § 318-B:12-a.

[84] Steinberg L. Does recent research on adolescent brain development inform the mature minor doctrine? J Med Philos. 2013 Jun;38(3):256-67. doi: 10.1093/jmp/jht017. Epub 2013 Apr 21.

[85] E.g., Griswold v. Connecticut, 381 U.S. 479 (1965); Eisenstadt v. Baird, 405 U.S. 438 (1972).

[86] Planned Parenthood of Missouri v. Danforth, 423 U.S. 1071 (1976); Bellotti v. Baird, 443 U.S. 622 (1979).

[87] Carey v. Population Services International, 431 U.S. 678 (1977).

[88] Aid for Women v. Foulston, 441 F.3d 1101 (10th Cir. 2006).

[89] Doe v. Irwin, 615 F.2d 1162 (6th Cir. 1980).

Center for
Adolescent Health
& the Law

Adolescent
& Young Adult
Health
National Resource Center

HB 1409 - AS INTRODUCED

2022 SESSION

22-2734
05/11

HOUSE BILL ***1409***

AN ACT relative to the age at which a minor may receive mental health treatment without parental consent.

SPONSORS: Rep. Klein-Knight, Hills. 11; Rep. Moran, Hills. 34; Rep. Espitia, Hills. 31; Rep. Rogers, Merr. 28; Rep. Marsh, Carr. 8; Rep. Burroughs, Carr. 1; Rep. M. Murray, Hills. 22; Rep. Toll, Ches. 16; Sen. Watters, Dist 4

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows a minor 16 years of age or older to consent to mental health treatment without parental consent. The bill also allows for reimbursement of such services from the uncompensated care and Medicaid fund.

- -

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

HB 1409 - AS INTRODUCED

22-2734
05/11

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the age at which a minor may receive mental health treatment without parental consent.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Subdivision; Mental Health Practice; Services Provided to Minors. Amend RSA 135-C by inserting after section 67 the following new subdivision:

Mental Health Services for Minors

135-C:68 Mental Health Services for Minors. Any minor 16 years of age or older may voluntarily submit him or herself to treatment for a mental illness as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V), at any state institution or facility, public or private hospital or clinic, or any other licensed clinical provider licensed by the state of New Hampshire to provide mental health services pursuant to their scope of practice, without the consent of a parent, guardian, or any other person charged with the care or custody of said minor. Such parent or legal guardian shall not be liable to pay for any treatment rendered pursuant to this section, including deductibles and copayments, however, if the minor is covered under a parent or guardian's insurance, the treating facility may bill that insurance as applicable. Copayments, deductibles, and uncovered services shall be billed to the state of New Hampshire and paid out of the uncompensated care fund established in RSA 167:64. The treating facility, agency, or individual shall keep records on the treatment given to minors as provided under this section in the usual and customary manner, but no reports or records or information contained therein shall be discoverable by the state in any criminal prosecution. No such reports or records shall be used for other than rehabilitation, research, or statistical and medical purposes, except upon the written consent of the person examined or treated. Nothing contained herein shall be construed to mean that any minor of sound mind is legally incapable of consenting to medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof. Nothing in this subdivision shall require a licensed provider to provide services without reimbursement, except as provided in RSA 151:2-g.

2 Emergency Services. Amend RSA 151:2-g to read as follows:

151:2-g Emergency Services. Every facility licensed as a hospital under RSA 151:2, I(a) shall operate an emergency department offering emergency services to all individuals regardless of ability to pay 24 hours every day, 7 days a week. ***If their licensure and scope of practice includes the provision of mental health services, this shall include the provision of emergency mental health services to minors pursuant to RSA 135-C:68.*** This requirement shall not apply to any

hospital licensed and operating prior to July 1, 2016, which does not operate an emergency department or to any new psychiatric or substance abuse treatment hospital.

3 Uncompensated Care and Medicaid Fund. Amend RSA 167:64, I(a)(2) to read as follows:

(2) Expenditure of revenues deposited to the uncompensated care and Medicaid fund shall be made for the following purposes in the following order of priority in fiscal years 2018 through 2024. However, no hospital shall be paid uncompensated care cost payments of more than 100 percent of the governing hospital-specific limit on disproportional share hospital payments under Title XIX of the Social Security Act and the provisions of all federal regulations promulgated thereunder:

(A) To make uncompensated care cost payments, including the state share and matching federal share, to New Hampshire hospitals with and without critical access designation in the following order of priority, and in the following amounts: fiscal year 2018-a sum equaling 92.2 percent of money collected pursuant to RSA 84-A for the fiscal year; fiscal year 2019-a sum equaling 90.2 percent of money collected pursuant to RSA 84-A for the fiscal year; and fiscal years 2020 through 2024-a sum equaling 86 percent of money collected pursuant to RSA 84-A for the fiscal year. Notwithstanding the foregoing sums for each fiscal year, in no event shall the amounts paid to hospitals as uncompensated care cost hospital payments, including the New Hampshire Hospital, in any particular fiscal year exceed the state share for matching the maximum state disproportionate share hospital allotment established under 42 U.S.C. section 1396r-4(f) for that fiscal year plus the matching federal share. If the maximum state disproportionate share hospital allotment established under 42 U.S.C. section 1396r-4(f) for any fiscal year, less the uncompensated care cost hospital payments to be made to New Hampshire Hospital, plus state matching funds equal to the available federal state disproportionate share hospital allotment for uncompensated care cost hospital payments is less than a sum equaling the percentage of money collected pursuant to RSA 84-A for the fiscal year, any remaining amount, including state and federal share, of the foregoing sums equaling the percentage of money collected pursuant to RSA 84-A for the fiscal year shall be paid to the hospitals as supplemental Medicaid payments, MCO directed payments to hospitals, increased hospital service provider rates, or any other allowable Medicaid payment:

(i) To support 75 percent of the uncompensated care costs of New Hampshire's hospitals with critical access designation consistent with the requirements of 42 U.S.C. section 1396r-4(g) and any relevant federal regulations promulgated thereunder to be shared among such hospitals in proportion to the amount of uncompensated care provided;

(ii) To make payments for uncompensated care costs to New Hampshire's hospitals without critical access hospital designation in proportion to the amount of uncompensated care provided by each hospital from the sum equal to the remainder of the percentage of money collected pursuant to RSA 84-A for the fiscal year specified in subparagraph (a)(2)(A).

(iii) If there is a change to the federal definition of uncompensated care costs that would result in a decrease to the calculation in subparagraph (i), the percentage of allowable uncompensated care costs for New Hampshire's hospitals with critical access designation percentage of allowable uncompensated care costs shall increase from 75 percent to a percentage that would be equivalent to their receiving 75 percent of uncompensated care costs calculated without regard to payments from Medicare or third party payers as allowable on the date of the enactment of this provision, except that no hospital shall be paid disproportionate share hospital payments of more than 100 percent of the governing hospital-specific limit on disproportional share hospital payments under Title XIX of the Social Security Act. If increasing the percentage of the allowable uncompensated care costs would exceed 100 percent of the governing hospital specific limit, any amount in excess shall be paid to the New Hampshire hospitals with critical access designation as supplemental Medicaid payments, MCO directed payments to hospitals, increased hospital service provider rates, or any other allowable Medicaid payments.

(B) To make a payment for uncompensated care costs to each hospital that meets the criteria set forth for "deemed disproportionate share hospitals" as that term is defined under 42 U.S.C. section 1396r-4 up to $250,000 in each year of the biennium as set forth in subparagraph (b)(1)(A). For fiscal years 2018 and 2019 only, any payment under this subparagraph shall not reduce the payments made under subparagraphs (a)(2)(A)(i)-(iii).

(C) To increase hospital service provider rates in fiscal year 2020 through fiscal year 2024, by an amount equal to 5 percent of the revenue collected pursuant to RSA 84-A for the fiscal year.

(D) ***To pay for deductibles, copayments, and uncovered services pursuant to RSA 135-C:68.***

(E) Any remaining funds produced from the Medicaid enhancement tax shall be used to support provider payments and to support Medicaid services and programs administered by the department.

~~[(E)]~~ ***(F)*** Hospitals entitled to payments under subparagraphs (a)(2)(A)(i)-(iii) or (a)(2)(C) have a vested contractual right to receive these payments in fiscal years 2018 through 2024 as limited by paragraph IV.

4 Effective Date. This act shall take effect January 1, 2023.