

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Peter A Hammen, Chairman
Members, House Health and Government Operations Committee
The Honorable Delores Kelley

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 27, 2012

RE: **SUPPORT AS AMENDED**– Senate Bill 72 – *Medical and Dental Treatment – Consent by Minors and Protections for Licensed Health Care Practitioners*

The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, supports Senate Bill 72 as amended by the Senate.

Maryland law currently provides for certain circumstances in which a minor has the same capacity as an adult to consent to medical care. The provisions of this law are very prescriptive in large part because there is general recognition that involvement and consent of the parent, guardian or other authorized adult is important and that minors should only be able to access care without adult consent in limited circumstances.

Under current law, except for specifically delineated services, the right of a minor to consent to medical care is limited to those circumstances when an attending physician or psychologist has determined that “the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of the individual.” This language, for all practical purposes, limits this right to circumstances where a minor has presented at a hospital emergency department unaccompanied by an adult and a determination is made that the care should be rendered. It does not allow for the consent by minors to basic health care services such as treatment for the flu, school physicals, treatment for chronic conditions, mental health counseling or other necessary health care services that are not immediately life-threatening.

While limiting minors’ ability to consent to care is to be respected, there is a small group of minors that are severely disadvantaged by the current construct of the language. These

minors are abandoned, runaway, or homeless youth who are living on their own, self-

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supporting and do not have any adult who can consent to care. This issue has been before this Committee for the last couple of years and this year was heard as the crossfile, House Bill 68. While MedChi opposed the bill as introduced, in large part because it did not achieve the objectives sought by the sponsor, MedChi is in strong support of the the bill as amended.

Senate Bill 72, as amended, will place this small group of particularly vulnerable minors in the same position as minors who are married or have a child. They will be able to consent to the full range of dental and health care services they need. Further, the bill clarifies that any licensed health care provider that provides services to these youth cannot be held liable for treating them because they were not able to consent. Please note, this liability protection is not for the quality of the services provided but rather limited only to the question of consent. It does not remove protection for the minors for the provision of substandard or inappropriate care.

Clearly, the small subset of minors who find themselves completely alone, on their own and self-supporting should be able to access necessary dental and health care services and not be required to wait for their health status to become so severe that they must present at an emergency room to receive care. The language is similar to language adopted in a number of other states to address similar issues. It is targeted, limited and achieves the intended objectives. MedChi strongly urges a favorable report.

For more information call:

Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
410-269-1618