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American Academy of Pediatrics

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Maryland Chapter



MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

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

DATE: February 6, 2019

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 251 – *Public Health – Treatment for the Prevention of HIV – Consent by Minors*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 251.

Maryland should be applauded for its historic recognition of the need to provide minors the right to access health care services without obtaining the consent of a parent or guardian under certain circumstances. Emancipated minors, those married with children, or self-supporting and living separate from their parent's or guardian can access the full range of health care services. Minors who suffer life threatening health injuries can access emergency services. There are also a range of health care services that reflect conditions or health care needs that require access to medically necessary services but requiring the consent of a parent or guardian often is the barrier to accessing care. These services include drug abuse, alcoholism, mental health services, treatment for injuries from sexual or physical abuse, contraception and pregnancy related services, and venereal disease. All of these conditions and services involve circumstances and behavior that a minor may not be willing to admit to a parent or guardian in order to access services or for which the parent or guardian has caused or contributed to the need for service. Failure to access care clearly places the health and well-being of the minor at risk and could result in significant long-term health consequences or even death.

Senate Bill 251 proposes to specifically authorize minors to consent to treatment for the prevention of HIV. While current language does provide for treatment of and advice about venereal disease, the language reflected in Senate Bill 251 clarifies that minors have the authority to consent to preventative services for HIV such as PrEP. The number of individuals between the age of 13-24 diagnosed with HIV has increased every year since 1999. Currently, this age demographic has the highest rate of new HIV infection and a majority of those infected go undiagnosed, thus increasing the transmission of HIV. While the prevention and treatment of HIV has transformed the implications of this disease in the population generally, the failure to address prevention and disease transmission challenges for minors is contributing to the resurgence of HIV. Passage of Senate Bill 251 provides an important clarification of the current minors consent statute and gives the health

care provider

community an important tool to address the increasing incidence of HIV in this population.

As noted by the sponsor, there is a needed amendment to the legislation as introduced. Under current law, except for abortion, a health care provider has the discretion to communicate with parents, guardians, etc., about the services provided if the provider believes it is in the minor's best interest. Retaining that discretion is a critical component of minor consent as it enables the health care provider to not only provide medically necessary services a minor may otherwise fail to access, but also ensures if there are health and safety issues that need to be discussed with others that the provider retains the right to communicate accordingly. Adoption of the sponsor's amendment is essential to support of the legislation. With the amendment noted, a favorable report is requested.

For more information call:

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