TO: The Honorable Thomas Mac Middleton, Chairman
    Members, Senate Finance Committee
    The Honorable Delores Kelley

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

DATE: January 26, 2012

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 72 – *Medical Treatment – Youth*
    – *Registered Nurses and Physician Assistants*

The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, opposes Senate Bill 72 unless it is amended.

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. Senate Bill 72 as drafted would dramatically expand a minor’s right to access healthcare services as an adult – a public policy that MedChi believes is not in the best interest of the minor or the public.

MedChi understands the objective the sponsor of the bill is trying to achieve – access to health care for abandoned, runaway, or homeless youth who do not have an adult to consent
to care. This issue has not been before the Senate Finance Committee in the last couple of years but has been debated in the House Government Operations Committee at length. Previous iterations of this legislation attempted to limit the change in the law to apply only to minors who were in fact completely without an adult to consent to care that was needed. This bill goes far beyond that objective.

While efforts to appropriately define the circumstances where expansion of the minor’s consent law for these specific minors has not been successful to date, MedChi would encourage the Committee to work to amend the bill as drafted to narrowly address the access need for homeless, abandoned and runaway youth without expanding consent rights to all minors. Delineation of additional licensed professionals does not achieve the result being sought, creates potential risks to minors and undermines the involvement of the parent or guardian in the health care needs of their children. MedChi urges an unfavorable report unless the bill can be amended to address only the needs of the limited number of minors who do not have an adult to provide consent.

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