

Department of Legislative Services
Maryland General Assembly
2020 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 53 (Delegate Parrott, *et al.*)
Health and Government Operations

Public Health - Contraceptive Devices - Minors

This bill prohibits a health care provider from inserting or implanting a contraceptive device, including an intrauterine device or implantable rod, into the body of a minor unless the minor's parent or guardian provides written authorization.

Fiscal Summary

State Effect: The bill is not anticipated to materially affect State finances or operations.

Local Effect: The bill is not anticipated to materially affect local government finances or operations.

Small Business Effect: Minimal.

Analysis

Current Law: A minor has the same capacity as an adult to consent to treatment for or advice about contraception other than sterilization.

A licensed health care practitioner who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent.

Without the consent of or over the express objection of a minor, a licensed health care practitioner may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except for information about an abortion.

Background: According to the U.S. Centers for Disease Control and Prevention, three forms of contraceptive devices may be inserted or implanted: a copper T intrauterine device (IUD), a levonorgestrel intrauterine system (LNG IUD), and a hormonal implant. An intrauterine device is placed inside the uterus to prevent pregnancy. An IUD can stay in the uterus for up to 10 years. An LNG IUD releases a small amount of progestin and can stay in the uterus for 3 to 6 years. A hormonal implant is a small, thin rod inserted under the skin of a woman's upper arm that releases progestin into the body for over 3 years.

The Guttmacher Institute reports that 23 states and the District of Columbia explicitly allow all minors to consent to contraceptive services; 24 states explicitly permit minors to consent to contraceptive services in one or more circumstances:

- 2 states allow minors to consent to contraceptive services if a physician determines that the minor would otherwise face a health hazard;
- 19 states allow a married minor to consent to contraceptive services;
- 5 states allow a minor who is a parent to consent;
- 5 states allow a minor who is or has ever been pregnant to consent;
- 10 states allow a minor to consent if the minor meets other requirements, such as being a high school graduate, reaching a minimum age, demonstrating maturity, or receiving a referral from a specified professional, such as a physician or clergy member.

Four states have no explicit policy on minors' authority to consent to contraceptive services.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): U.S. Centers for Disease Control and Prevention; Maryland Department of Health; Guttmacher Institute; Department of Legislative Services

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an/jc

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