

BCA_FAV_SB611_

Uploaded by: Blendy, Nicholas

Position: FAV



BERNARD C. "JACK" YOUNG
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 611

February 18, 2020

TO: Members of the Senate Finance Committee

FROM: Nicholas Blendy, Deputy Director of Government Relations

RE: Senate Bill 611 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 611.

According to data published by the Substance Abuse and Mental Health Administration (SAMHSA) in 2016, less than half of the more than 3 million adolescents who experienced depression in the prior year received treatment.¹ This gap in access to treatment stems in part from cultural norms and stigma, creating a barrier for youth seeking care.²

In order to address this barrier, states have begun considering lowering the age of consent for minors to access mental health services. In Vermont, for instance, minors of any age can consent to outpatient mental health services, and minors age 14 or older may consent to inpatient mental health treatment.³ Likewise, Alabama provides minors 14 years of age or older the ability to consent to mental health treatment, and Colorado allows minors age 15 or older the ability to consent to mental health services.⁴ Allowing minors to consent to mental health treatment without requiring parental consent will allow for easier access to mental health services, and remove a barrier to treatment.

For the foregoing reasons, we respectfully request a **favorable** report on SB 611.

¹ Ahrensbrak et. al., "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health," retrieved: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>.

² <https://www.hhs.gov/ash/oah/adolescent-development/mental-health/access-adolescent-mental-health-care/index.html>

³ Vt. Stat. Ann. Tit. 18 Section 8350; Vt. Stat. Ann. Tit. 18 Section 7503.

⁴ Ala. Code Section 22-8-4; Colo. Rev. Stat. Section 27-65-103.

MAYSB_FAV_SB 611

Uploaded by: Ciekot, Ann

Position: FAV



"Being here for Maryland's Children, Youth, and Families"

Testimony submitted to Senate Finance Committee

February 18, 2020

Senate Bill 611 – Health – Mental and Emotional Disorders – Consent

Support

The Maryland Association of Youth Service Bureaus, which represents a statewide network of Youth Service Bureaus (YSBs) throughout the State of Maryland, supports Senate Bill 611, Health – Mental and Emotional Disorders – Consent. YSBs provide prevention, intervention and treatment services to at-risk youth and work with many youth in crisis. This bill will increase access to mental health services by removing the age limit for when a minor can seek mental health services.

This bill will allow a minor to seek help without parental consent while also continuing to allow the service provider the ability to notify parents and guardians based on their assessment and expertise. As providers who work with youth and their families, YSBs recognize the importance of parents and guardians in addressing mental health concerns of a youth. Allowing minors to seek treatment will remove a potential barrier and allow a trained mental health provider to assess the child and provide immediate assistance. Parents and guardians are often an important support and resource for the youth and vital to the youth's treatment. There are times however, when the practitioner may need to notify social services or provide other supports if abuse or harm to the child is suspected. This bill will take away a barrier and allow minors more access to mental health treatment while also maintaining the provider's ability to notify family and utilize this natural support system as appropriate.

We respectfully ask you to support this bill.

Respectfully Submitted:

Liz Park, PhD
MAYSB Chair
lpark@greenbeltmd.gov

Diaz Linda_FAV_SB611

Uploaded by: Diaz, Linda

Position: FAV

Linda Diaz
309 Gadwall Court
Havre De Grace, MD 21078
linda.diaz@laurynslawinc.com

Testimony in Support of SB0611 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Greetings Chairwoman Kelley, Vice Chair Feldman and Committee Members:

First I would to thank you, for this opportunity to submit testimony on behalf of Senate Bill 611. As a voice for youth in Maryland, I would like to share incidents, in support of this critical life-saving bill.

I am a suicide loss survivor of my youngest daughter, Lauryn Santiago. My daughter was born, raised and died a Prince Georges County, MD resident. Lauryn was beautiful, loving and one of the kindest children that a mother could ever dream of raising.

Lauryn turned 15 years old on January 26, 2013 but died of suicide, after relentless bullying, on February 16, 2013. This tragedy was a traumatic event, for her friends.

Since my daughter's suicide, I have become an advocate in Mental Health awareness for our youth as well as a confidant. As I continue to understand our kids, I see the immense fear of reaching out to anyone, for assistance, including their parents. Fear, shame and embarrassment is what children feel, when ***Risk Factors** become their everyday life. Within a year and half after Lauryn's death, multiple of her friends became depressed and attempted suicide. Through helping my daughter's friends, word spread and other youth reached out, for ways to receive help with their struggles. Below are some examples:

Youth 1: was diagnosed and received a prescription for Depression but because the mother did not like the listed side effects, the prescription was never filled. This youth struggled for 3 years through High School and after a second close call, this youth was hospitalized, again. This time the youth was almost 18 years old and did not need their mother's approval to fill the prescription or to see the clinician.

Youth 2: attempted twice because the youth could not communicate their pain or struggle nor did the parents understand their child needed professional help. This youth's parents just thought their child was suffering typical teenage growing pains and nothing more.

Youth 3: was being bullied for her weight and appearance. This youth starved themselves to the point where their heart would stop as they slept. As this youth was in the hospital, the caregivers asked their child not talk openly to anyone about the mental diagnosis, even though they felt they could help save others. This caused the youth added stress and depression.

Youth 4: struggled through high school with the pressure of doing well to achieve a scholarship. This youth could barely stay above water and felt like they were drowning with depression. The caregivers did not believe in talking to outsiders and did not believe their youth needed professional help.

Results of each youth: As the advocate for each of the above youth, they were finally able to receive the professional care they needed. Two (2) are in college. One (1) is taking a gap year from college and one (1) is serving in the military.

It is has become clear that our youth will show a lack of interest in school, home and sports because they are being told not to talk to anyone about their "family business" or asked "not to let anyone know you are depressed or people will think you are crazy" Without the proper help, Depression takes over and children will exacerbate their Depression alone, increasing Suicidal Ideations.

Please support **SB 611: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)**. My daughter as well as the hundreds of other children lost to Depression, in Maryland, could have been saved if they knew they had a choice outside of their caregivers or school. Please save another family from this lifetime of pain. Thank you for your consideration.

Risk Factors / Stressors / Triggers

- Family history of suicide
- Divorce
- Sexual assault/Molestation
- Family history of child maltreatment/Abuse
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Teen dating abuse
- Death or loss of a loved one
- Change in environment / Homelessness
- Isolation or loss of friends/Being cut off from other people
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Incarceration
- Domestic Violence
- Classmate Suicide
- Bullying

LCPCM_FAV_SB 611

Uploaded by: faulkner, rachael

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 611

Title: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Hearing Date: February 18, 2020

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 611 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*. This bill would provide all minors with the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or clinic.

Licensed Clinical Professional Counselors (LCPCs) work with youth in many different settings, ranging from private practices to community-based behavioral health programs. In addition to providing mental health treatment, many LCPCs also provide substance use disorder treatment. This includes LCPCs who are dually licensed as a Licensed Clinical Alcohol and Drug Counselor (LCADC).

While current law allows a minor under the age of 16 to consent to evaluation and treatment for a substance use disorder, a minor must be at least 16 years of age to provide consent to mental health treatment¹. In practical terms, this means that a minor can seek treatment for a substance use disorder but if they are under 16, they cannot discuss a co-occurring mental health condition without the practitioner first obtaining consent from the parent or guardian. This just doesn't make sense, particularly as the youth suicide rate has risen nearly 50% over the past decade². We must ensure that youth in emotional distress can access services regardless of their age.

In addition, LCPCM supports the provision under 20-104(C)(3), which provides discretion to the health care provider, allowing information to be shared with the parent or guardian of a minor unless the provider believes that disclosure would lead to harm or deter the minor from seeking care

¹ § 20-102 of the Health-General Article

² Mental Health Awareness Month: Focusing on Suicide Prevention Strategies for our Youth
Elinore F. McCance-Katz, M.D., Ph.D. SAMSHA. 2019. <https://blog.samhsa.gov/2019/05/07/mental-health-awareness-month-focusing-on-suicide-prevention-strategies-for-our-youth>

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael faulkner at rfaulkner@policypartners.net or 410-693-4000.

LCPCM_FAV_SB 611

Uploaded by: faulkner, rachael

Position: FAV



Committee: Senate Finance Committee

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Title: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

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Elinore F. McCance-Katz, M.D., Ph.D. SAMSHA. 2019. <https://blog.samhsa.gov/2019/05/07/mental-health-awareness-month-focusing-on-suicide-prevention-strategies-for-our-youth>

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MASBHC_FAV_SB 611

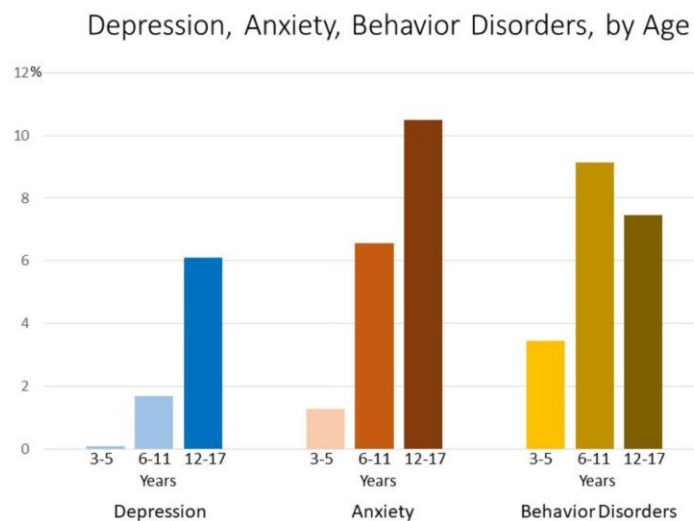
Uploaded by: faulkner, rachael

Position: FAV

Committee: Senate Finance Committee
Bill Number: Senate Bill 611
Title: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)
Hearing Date: February 18, 2020
Position: Support

The Maryland Association of School-Based Health Care (MASBHC) supports *Senate Bill 611 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*. This bill would allow minors younger than 16 years old with the capacity to consent to mental health treatment.

There are currently 86 school-based health centers in Maryland providing a combination of primary care, behavioral, and oral health services to students. Recent data from the 2017-2018 school year showed that of the over 52,000 visits provided that year, nearly one-third were for behavioral health. This illustrates a great need for additional on-site mental health services for students, who may experience barriers to accessing services in the communityⁱ. Moreover, data from the CDC indicate that depression, anxiety and other behavior disorders occur in children much younger than 16 years oldⁱⁱ.





PO Box 716
Baltimore, MD 21233
202.669.0031 phone

For youth seeking health services, mental health is one of the only services where there remains an age requirement for obtaining parental consent.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael Faulkner at rfaulkner@policypartner.net or (410) 693-4000.

ⁱ Demonstrating the Value of School-Based Health Centers in Maryland: A Roadmap. Tanya Schwartz, MPP, MSW and Megan Thomas, MPP. Harbage Consulting for The Maryland Community Health Resources Commission and the Council for the Advancement of School-Based Health Centers November 1, 2019.

ⁱⁱ <https://www.cdc.gov/childrensmentalhealth/data.html>

MNA_FAV_SB 611

Uploaded by: faulkner, rachael

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 611

Title: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Hearing Date: February 18, 2020

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 611 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*. This bill would provide that all minors have the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder and that a health care provider may decide to provide information to a parent or guardian unless the provider believes the disclosure would lead to harm or deter the minor from seeking care.

MNA strongly supports increasing access to mental health treatment to ensure that minors can lead healthy lives at school, home, and in the community. Nurses often encounter youth with mental health conditions while providing somatic health services. Youth may present with stomach discomfort, headaches, and other physical pain. Unfortunately, the current law prohibits nurses from consulting with minors under the age of 16 without their parents' consent if they believe there is an undiagnosed mental health condition.

Unfortunately, for several reasons, youth may be reluctant to discuss mental health issues with their parents. This includes concerns about stigma and fear of being ostracized from their families, whether real or perceived. This is especially important for youth who have suicidal ideation, have experienced trauma or for LGBTQ youth who have not discussed their sexual orientation with their families.

By providing youth with the capacity to consent, mental health providers can ensure that treatment is provided while also working with minors to ensure that they are in a safe environment in cases where the youth may be experiencing abuse. Providers are also afforded the opportunity to strategize with youth on how to best discuss these issues with their families, when appropriate.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

MACHO_FAV_SB611

Uploaded by: Maiorana, Ruth

Position: FAV



**2020 SESSION
POSITION PAPER**

BILL: SB 611 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

COMMITTEE: Senate Finance Committee

POSITION: Letter of Support

BILL ANALYSIS: SB 611 would provide that all minors have the same capacity as any adult to consent to consultation, diagnosis and treatment of a mental or emotional disorder by a health care provider or clinic and provide that a health care provider may make the determination to share certain information to the minor’s parent, guardian or custodian under certain provisions of law unless the health care provider deems that this disclosure will lead to harm to the minor or deter the minor from seeking care.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits a **letter of support for SB 611**, a measure that would remove a lower age of consent for a minor to receive mental health care without parental permission which is currently 16 or older.

Not all youth who need mental health services receive care. When youth are able to consent to receiving mental health services themselves, participation in mental health services will increase. Services can be initiated more quickly, rather than having to wait for parental consent to start. The likelihood of initiation and ongoing participation in mental health services may also increase as youth access options for service settings that reduce barriers to treatment such as transportation and parental participation and support.

SB 611 would put mental health on par with substance use treatment and reproductive care for minors which have been in place for decades. For the latter two services, minors of any age currently can independently present for care and it is at the discretion of the health care provider as to whether a parent or guardian should be notified. Minors of all ages are already considered emancipated. Without this ability to consent, some minors will go untreated and will not receive the services they may desperately need.

Given the number of suicides and other serious mental health conditions in adolescents under age 16, providing youth with better access to care is of paramount importance.

For these reasons, the Maryland Association of County Health Officers submits this **letter of support for SB 611**. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаioral@jhu.edu or 410-614-6891. *This communication reflects the position of MACHO.*

SenAugustine_FAV_SB611

Uploaded by: Senator Augustine, Senator Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the
Management of Public Funds



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 Ext. 3745
Fax 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Senate Finance Committee
February 18, 2020

Sponsor Testimony - SB611-Consultation, Diagnosis, Treatment of Mental and Emotional Disorders - Consent by Minors

This piece of legislation will enable minors who are not comfortable, or unable to address sensitive behavioral health issues with parents, guardians, and custodians to seek behavioral health care.

According to a National Conference of State Legislators Oct 2018 report, an estimated 1 in 5 children in the US has a diagnosable mental health condition. Untreated mental disorders and mental illness in children can lead to costly outcomes such as school dropout, substance use, incarceration and suicide. Half of lifetime cases of mental illness begin by age 14 and 75 percent present by age 24. The Health Occupations statute for Behavioral Health in Maryland hasn't been touched since 1971 and much has changed since then including delivery of Behavioral Health services. In 1971, there was an attempt to reduce the age of consent from 18 to 14, the compromise was 16 however the hearing is so old there is no data as to why the decision was made to settle at 16. With that being said, behavioral health concerns are presenting in children as young as 6 and in some instances the parent or guardian is a contributing factor in the matter. Adverse Childhood Experiences are real indicators of future behavioral health issues.

This bill attempts to alleviate a barrier to care by providing flexibility for providers to make an appropriate determination if parental consent is not in the best interest of the minor child.

This bill does not:

- Preclude providers from contacting and working in cooperation with parents

- Require providers to provide services
- Require insurers to cover services to which parents or the primary health insured has not consented
- Prohibit parent access to health records

Amendment

Because it is not the intent of this legislation to alter existing language ie. Consultation, Diagnosis, and Treatment, as that can cause unintended consequences and because long term treatment of behavioral health issues is complicated, we will offer a clarifying amendment to make clear that the consent would not extend to prescribing of medication related to long term care of mental illness for this specific group of children.

Young people today face many developmental, and emotional challenges, including bullying of all forms, lack of access to opportunities for advancements, to name a few. Specifically the Social Determinants of Health factors such as where you were born, work, live and socialize play a significant role in well-being, and long term life success. Zip code, is documented as a factor in a 20 year difference in life expectancy. Mental-emotional disorders have a direct negative impact on reaching milestones, and a healthy quality of life standard. Providing minor consent to make decisions about behavioral health care is a common sense solution that will promote advancement, and productivity in Maryland. It reduces one small barrier by removing the fear and stigma factor for seeking help for the vulnerable among us.

I ask for a favorable committee report.

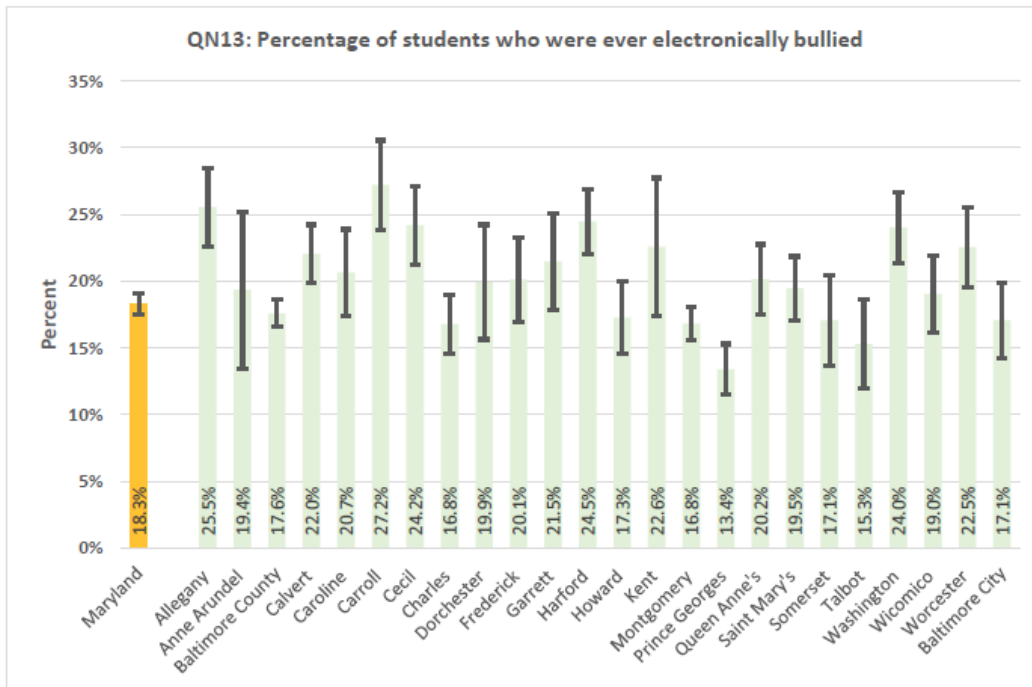
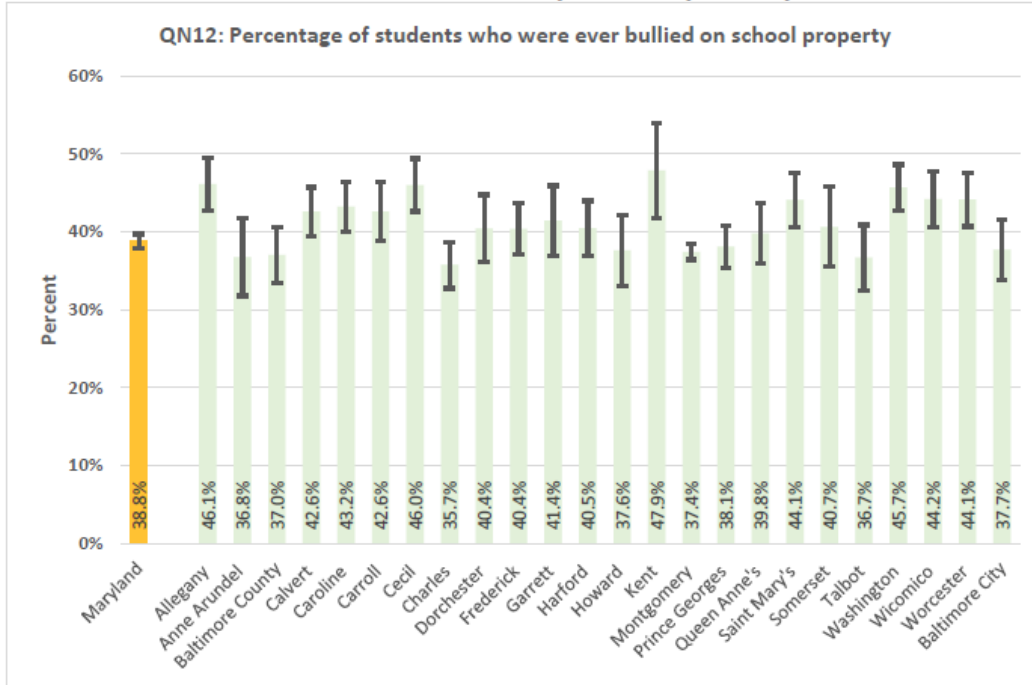
Sincerely,

Senator Malcolm Augustine

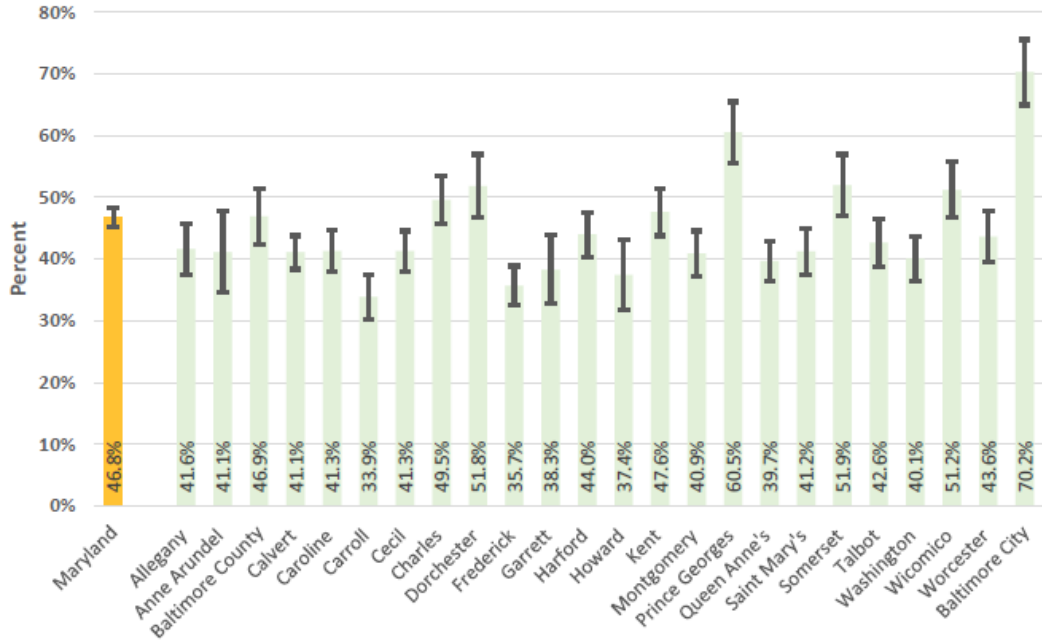
Appendix

2018 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS)

Middle School Summary Tables by County

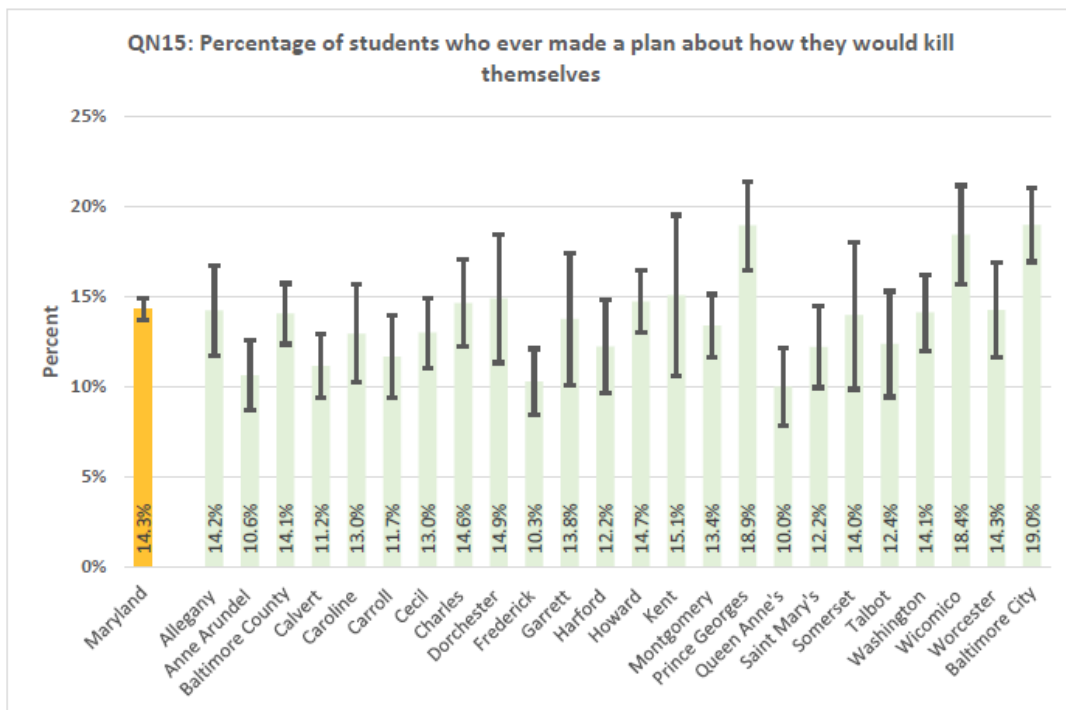
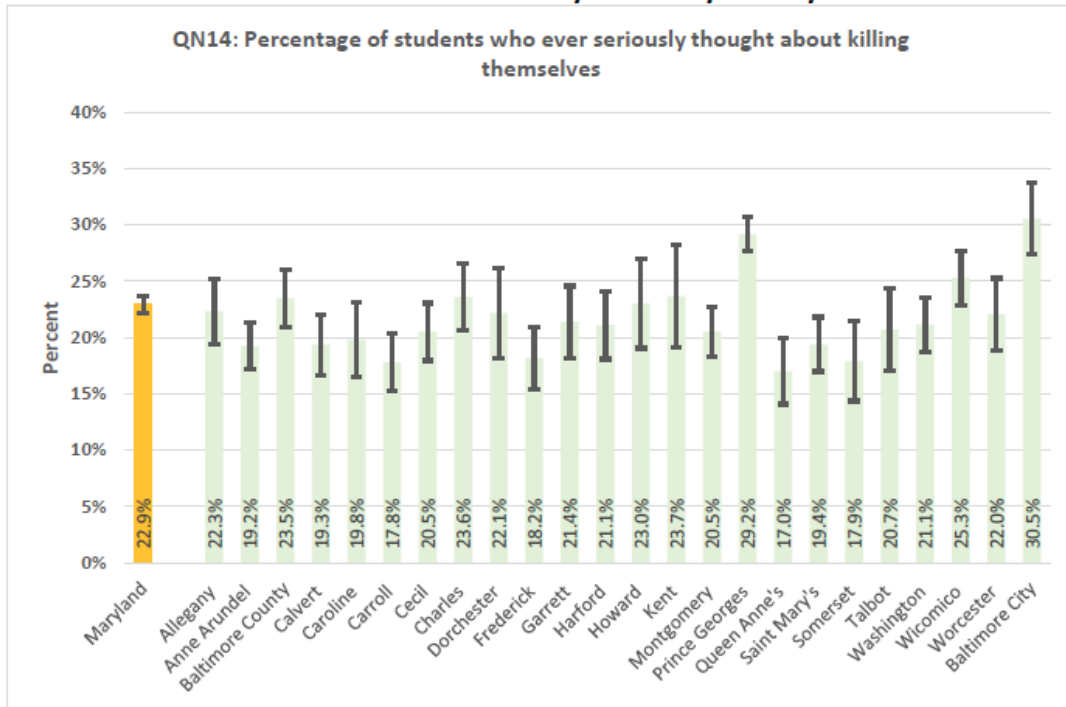


QN11: Percentage of students who were ever in a physical fight



2018 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS)

Middle School Summary Tables by County



MPS_FAV_SB611

Uploaded by: Tompsett, Tommy

Position: FAV



February 18, 2020

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 611: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 611 (SB 611) over concerns about minor children not being able to consent to medication. Psychiatrists have increasingly come to rely on psychoactive medications in the treatment of both adults and children. Drug therapy is now regarded as one of the most useful and important forms of treatment available for mental illness. The medical standard of care in child psychiatry, however, is to obtain parental or guardian consent prior to treatment with psychotropic medication. MPS believes that SB 611 unintentionally lowers the standard of care for children since these medications can have long term physical consequences that children are not capable of understanding.

For these reasons, MPS respectfully asks the committee for an unfavorable report on SB 611. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

BoardofSocialWork_FWA_SB611

Uploaded by: Weinstein, Stanley

Position: FWA



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Board of Social Work Examiners
4201 Patterson Avenue, Suite 318
Baltimore, MD 21215
Phone: 410-764-4788 Fax: 410-358-2469
www.health.maryland.gov/bswe

**2020 SESSION
POSITION PAPER**

BILL NO: SB 611
COMMITTEE: Senate Finance
POSITION: Support with Amendments (SWA)

TITLE: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

BILL ANALYSIS: The purpose of this bill provides that all minors have the capacity as an adult to consent to consultation, diagnosis, and treatment of a mental and emotional disorder by a health care provider or clinic. A health care provider may decide to provide information to a parent, guardian, or custodian of a minor unless the health care provider believes the disclosure will lead to harm to the minor or deter the minor from seeking care.

POSITION AND RATIONALE: The Maryland Board of Social Work Examiners (“Board”) supports the bill with the attached Board-approved amendment.

The Board believes there are situations where the process of consent by the minor is very important. However, due to the concerns of determining who is too young to have the same capacity as an adult to provide their own consent, the Board feels it’s important that the current standard of a minor being defined as someone who is 16 years or older should remain.

The Board’s proposed amendment to SB 611 is listed at the end of this position paper on page two. The Board respectfully requests a favorable report on SB 611 with the attached amendment.

For more information, please contact the Board’s Executive Director, Dr. Stanley Weinstein, at 410-764-4722 or stanley.weinstein@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

Amendment

On page 2, line 1, strike the brackets:

(b) (1) A minor ~~[who is 16 years old or older]~~ has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or a clinic.

LATE - MDPschAssoc_UNF_SB611

Uploaded by: Campbell, Kimberly

Position: UNF



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

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February 18, 2020

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Andrea Chisholm, PhD

RE: SB 611 & HB 782 - Maryland Medical Assistance Program - Provision of School Psychology Services: OPPOSE

Representative to APA Council

Katherine Killeen, PhD

Dear Chairs Kelley and Pendergrass,

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD
Brian Corrado, PsyD

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. **We oppose SB 611 and HB 782, which would eliminate the “Age of Consent” for children in need of mental health treatment.** Young children do not have the cognitive capacity to consent to such treatment without parental involvement, and it is not developmentally appropriate to expect them to be able to do so. Psychologists are frequently called upon to provide treatment for children showing signs of psychological distress and mental disorders. Parental involvement is essential when working with young children, and such treatment cannot be effective without such involvement.

Diversity

Jessica Rothstein, PsyD
Whitney Hobson, PsyD

Early Career Psychologist

Shalena Heard, PhD
Tanisha Drummond, PhD

Educational Affairs

Linda McGhee, PsyD, JD

Ethics

Cindy Sandler, PhD

Legislative

Julie Bindeman, PsyD
Nicole Newhouse, PsyD

Thank you for considering our comments on SB 611/HB 782. If we can be of any further assistance as the Senate Finance Committee and the House Health and Government Operations Committee consider these bills, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org. We urge an unfavorable report for this legislation.

Membership

Anne Regan, PhD
Samantha Marks, PsyD

Sincerely,

Professional Practice

Marianne O’Leary, PhD
Selena Snowe, PhD

Kimberly Y. Campbell
Kimberly Y. Campbell, Ph.D.
President

Julie Bindeman and Nicole Newhouse

Julie Bindeman, Psy.D. and Nicole Newhouse, Psy.D.
Co-Chairs, MPA Legislative Committee

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, PhD

EXECUTIVE DIRECTOR

Stefanie Reeves, CAE

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
J. William Pitcher, Esq., and Greg Snyder, MPA Government Affairs

MistiCollurafici_unf_SB611

Uploaded by: Collurafici, Misti

Position: UNF

Oppose SB611

Dear Senate,

I oppose this bill! Mental Health disorders are too complex to be treated by practitioners lacking critical health history and input from children's parents/family. As someone who has taken these medications, I know first-hand the side effects and frequent dosage changes they require. Without parent's involvement, how would this be accomplished safely? Please withdraw this bill and keep these important medical decisions between pediatricians and children's parents.

Thank you,
Misti Collurafici
District 42B

JenniferDeLarosa_Oppose_SB611

Uploaded by: Delarosa, Jennifer

Position: UNF

Written Testimony for SB611 and HB782

Hi, I am submitting my written opposition for the above referenced bills. As a mother of an 11 year old that has Autism as well as several autoimmune diseases, I find these bills to be gross over step into our parenting. With these proposed bills it eliminates the parent's involvement and makes it impossible for them to intervene medically if necessary. This is now what we need and is not in the best interests of our children. Please oppose this bill.

Jennifer DeLarosa

jennifer@jenniferdelarosa.rocks

RhondaDove_Oppose_SB611

Uploaded by: Dove, Rhonda

Position: UNF

Hi, my name is Rhonda Dove and I am a resident of Baltimore Co. I am a mother to 5 children. I oppose sb611. My oldest was diagnosed with ADHD and I have witnessed the effects of his medication that did not work for him and how he reacted to it. If I didn't know he was taking medication he could have been seriously harmed. It is so important for parents to be involved with their kids doctors so they can be on the outlook for reaction both good and bad. A child would not know what to do if they were experiencing a bad reaction and the parents would be unaware and there would be a huge lapse of information given to an emergency health care provider. Without the consent of a parent, who would be making sure the child was taking their medication and on schedule? There are so many horrific outcomes that can endanger a child without the parents consent for medication. Any medical treatment should be advocated with a parent and with a parents' consent! Why are we allowing any medical treatment without a parent's consent. This burden should not be placed on a child that is not legally able to make adult decisions like voting and buying cigarettes or medication. Again I urge you to oppose sb611 with me. Thank you for your time.

Deirdre Elvis-Peterson_unf_ SB611

Uploaded by: Elvis-Peterson, Deidre

Position: UNF

SB611 cross filed with HB782 OPPOSED!

To whom it may concern Senate committee/House committee)

Upon reading **SB611 cross filed with HB782** I am appalled at the irresponsibility of this type of legislation. The fact that the first sentence of this legislation states that a child under the age of 16 has the same capacity to consent to mental health evaluations and treatments as an adult is enough to make me question the ability of this legislative body to be discerning and make responsible legislation which safeguards its citizen's constitutional rights.

This legislative session has been fraught with legislation aimed at destroying the parent/child relationship and usurping parental rights and responsibilities. It is my sincere hope that members of the committee to which this bill has been referred will have the sense to see that this is an insane piece of legislation.

I am the parent to 5 children who are citizens of this state. I am shocked that adults would even consider putting something like this forward in blatant disregard for the safety and health of our child citizens. Parents remain THE ultimate care provider for their children and as it should be the decision makers for medical procedures concerning their minor children. This seems like yet another avenue through which pharmaceuticals are being shot at children who would be vulnerable to the influence of adults in authority, in the eyes of the child.

This bill needs to die...now.

Deirdre Elvis-Peterson
4123 Bedford Road
Pikesville MD 21207

301-793-6650
District 43B
decael7@yahoo.com

Deirdre Elvis-Peterson
Primerica Independent Representative
"Freedom lives here."

BON_UNF_SB611

Uploaded by: Evans, Karen

Position: UNF



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall,
Secretary

02/18/2020

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB0611 - Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative) – Letter of Opposition

Dear Chair Kelley:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of opposition for SB0611 - Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative). This bill provides that all minors, regardless of age, have the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or clinic. It also provides that a health care provider may decide to provide certain information to a parent, guardian, or custodian unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care.

The Board does not believe that all minors have the capacity to understand the processes that may be required in mental and emotional health treatments. “When allowing a minor to consent to treatment, it is important to remember that although a minor may meet the legal criteria for granting consent, a psychiatrist should still satisfy him or herself that the minor patient possesses the capacity and maturity to understand to what he or she is consenting.”¹ There is also no language in this bill requiring that the health care provider assess the minor’s mental capacity or maturity to consent. SB 611 discounts the importance of the maturity of the minor when obtaining consent. The bill removes the requirement that a minor 16 years or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a health care provider or a clinic.

The ultimate effect of this bill would be that a child of any age could be consenting to a treatment for many reasons; some that do not involve understanding the risk, benefits or alternatives. Young children are extremely impressionable and may feel pressured to consent. While some minors possess an adult-like intelligence, this bill does not account for those children who lack the capacity and maturity to understand what they would be consenting to. Additionally, there is currently no language in the proposed legislation to include individuals

¹ Innovations in Clinical Neuroscience, Mar – Apr 2014, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4008301/>

who may be mentally incapacitated and unable to make a decision for themselves and for their care.

For the reasons discussed above, the Board of Nursing submits this letter of opposition for SB0611.

For more information, please contact Rhonda Scott, Deputy Director, at (410) – 585 – 1953 (rhonda.scott2@maryland.gov) or Karen E. B. Evans, Executive Director, at (410) – 585 – 1914 (karene.evans@maryland.gov).

Sincerely,

A handwritten signature in blue ink that reads "Gary N. Hicks". The signature is written in a cursive style with a large, stylized "G" and "H".

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

KystinGerchalk_unf_Sb611

Uploaded by: Gerchalk, Kristyn

Position: UNF

SB611(HB782)- Allowing children to consent to mental health treatment without parental consent

To Whom It May Concern

Good afternoon, my name is Kristyn Gerchalk and I am a mother of 6 living in Pikesville, Maryland. I am writing to oppose this bill, and for a variety of reasons. I believe you should too. How can children consent to their own mental health treatment without parental oversight if children cannot fully grasp their own mental health, let alone the concept of mental health and mental illness? Children are not developmentally advanced enough to be able to make these decisions and rely upon their parents to guide and teach them until they are.

This bill is an effort to strip control from loving parents and place that control into entities who do NOT have the best interests of the children at heart. How could they? My children are not theirs. They have no knowledge of my children's unique medical histories to be able to perscribe a medication on a whim. How will the entity granted power to diagnose and treat my children be able to guarantee there will be no negative interactions or side effects? They cannot. How they ensure they are not letting racial bias enter into the picture and thus over diagnosing and medicating young black children like mine?

In my experience, these types of bills negatively affect black people more so than our white and more privileged counterparts. And this is in spite of socioeconomic status. Racism affects all black people equally and I can see those granted rights over my child exploiting the power this bill provides them and ultimately harming my children. I cannot sit idly by and abide that. Not when many medications prescribed for depression are linked to an increased risk of suicidal ideation and suicide when not prescribed properly or taken consistently. And how can I properly monitor compliance if I have no awareness of the diagnosis or medication?

You cannot cut the parent out of the process and claim child welfare as the reason. Parents are their child's first and best advocate for their health and wellness. There is no need to further eat away at parental rights by passing this bill which I guarantee will cause more problems than it will solve.

Thank you.
indigomoon18@gmail.com

Amber Noll_unf_ SB611

Uploaded by: Knoll, Amber

Position: UNF

Written Testimony for SB611 and HB7820- opposed

I am writing to oppose sb611 I believe is the number I am a mother from Harford co I have 4 special needs children. I do not believe children should be able to consent to any medical treatment at school or anywhere honestly it is not up to them. They are not aware of medical history, medication they have tried, allergies, cross reactions to medications. Children will not remember to take medications and only giving a mental health rx at school is unsafe without parents knowing? Ridiculous overreach! If they take medication 5 out of 7 days a week the weekend and holidays will be full of withdrawals that parents will have no clue what is causing the migraines and mood changes. Children do not need to see a dr orPA at school at all PERIOD. This concept is ridiculous.

My children have autism they cannot consent this is where the concept of school iep / medical diagnosis comes into play as well. If a child just nods and gets treatment because they “consented “or does the aid get to pick ? No no. No !

Thanks for hearing my thoughts
Amber Noll
Belair Maryland
amber32585@gmail.com

CarynKSB611.HB782

Uploaded by: Koppenhoefer, Caryn

Position: UNF

I am writing to let you know of my opposition to SB611(HB782). I am quite concerned that it would even be considered that a child of any age should be allowed to make medical decisions for themselves, especially without parent involvement and that providers other than their regular doctor would be able to provide them any type of care.

Children have no ability to understand the long-term risks and consequences of medical decisions and do often do not know or understand their own medical history. Even as an adult keeping track of my medical history can be difficult at times, but I have resources available to me, that I am equipped to use, to aid me in this record keeping. In addition, I am well versed in knowing what kinds of questions to ask about treatment recommendations. Such as, is there any concern about this medication interfering with other medications or over the counter items that I take. While providers are supposed to be attentive to this, it is not always caught and is an important question to ask. Children will not know what they take, the dosage, or the risks associated with medication interactions. In addition, without parent involvement a child may be given something that would interfere with or cause harm when taking with something like an antidepressant that the parent knows nothing about. Children also will not be afforded the benefit of a second opinion. If I am unsure about the care being offered to myself or my child I can consult another professional and determine best course of action. Children will not be able to manage additional opinions or treatment options on their own.

Children with genetic conditions or other diagnosis will be at great risk of complications from taking medications their parents are unaware of. For example, my daughters have a genetic condition that makes anything in the fluoxetine group not recommended for them. That would be many (if not all) of the medications for mental health. Are my 11 year old and 4 year old expected to know that and ask the medical provider about it? The condition is rare and not well known, so I often have to spend time educating providers and providing literature before they can be seen for anything other than routine medical care. Can you ensure that all providers will become well versed in ALL types of conditions so as to avoid any complications such as would arise for my daughters?

And what about for my son? He has so many allergies that finding things he can eat and medications he can take that avoid his allergens is incredibly difficult. Will he be expected to evaluate the ingredients in every medication on his own and cross reference them with his lengthy allergen list? Keeping in mind that medications do not say things like "contains corn" so you have to research the background of each ingredient to find out if that contains an allergen. Medical providers do not provide the service of cross-referencing every ingredient for allergies.

I am also concerned because if the parents are not involved and are also inquiring about medication from a different provider then the child could end up on more medication than is recommended. As someone who previously took Paxil and had withdrawal symptoms when I was late for a dose, it seems a child could also end up intentionally on more medication than they should and become addicted, which is possible with this classification of drug. All without the parents even knowing.

Additionally, children are also at a great risk of having a reaction to medications of all types, but especially in relation to mental health. In addition, not taking medication on the proper schedule

increases the risk of suicide, which is already incredibly high with our children. Mental health medications work best in conjunction with some sort of counseling or therapy, which will again be difficult for a child to obtain on their own.

Another great concern centers around children having medical appointments on their own, without a parent present. Given the incredibly high rate of child abuse, molestation, sex trafficking, etc. that goes on at the hands of teachers, pastors/priests, law enforcement, and medical professionals (and many other people as well) how can it be recommended to leave a child alone with a provider and then ask them to make choices for themselves.

Furthermore, obtaining this medication without parental consent is in direct contraction to all the anti-drug education that is being done. In one breath we (and the government) are telling children not to take things that other people give them, to say no, to talk to their parents, not to keep secrets. In the other breath you want to tell them that it is okay to go behind their parents back, and in fact not only is it okay but it is suggested and acceptable, and they should take things that other people give them, say yes, don't talk to their parents, and keep secrets. The implications of this are great. This will not only have dire consequences toward the war on drugs but I would expect an increase in the rate of missing children, after all they don't have to tell their parents things, like where they're going or who they're with.

The best approach in caring for a child is a team approach that consists of the parents, the child who is becoming educated on how to make these decisions and learning about their own medical history and concerns, and the medical provider. I hope that you will consider that we are to teach our children about the world and as parents we cannot do that if you remove us from the picture.

Please vote NO for this bill!

Sincerely,

-Caryn Koppenhoefer

carynlk@gmail.com

cmanganillo_Unf_SB611

Uploaded by: Manganillo, C

Position: UNF

I am writing to **oppose Bill SB0611**. The idea of an under 16 year old child making their own medical decisions (allowing others ... besides their parents to control their medical decisions is effectively the same thing) is ridiculous. This bill is Ludacris.. The legislature should be ashamed.

This is all about making the schools life's easier and less friction. This comes at the expense of parents rights. Horrible bill!

Thanks

cmanganillo@proclaimsystems.com

LisaMeyerhoff_unf_SB611

Uploaded by: Meyerhoff, Lisa

Position: UNF

Dear Distinguished Delegates,

I am a concerned citizen in Aberdeen, MD.

I am concerned with **Senate Bill 611 and House Bill 782**, and it's infringement on our bodily rights. I am concerned of the harm it can cause, children!

My own children have some very serious allergies. If they were to consent to medical treatment, without my knowledge, because of pressure from a medical practitioner, there could be some very serious consequences, even death.

We all know that medical professionals have pressure from the government and pharmaceutical companies and do not always have the child's best interest in mind, and also have very little knowledge of the child's health history. A parent will

Make medical decisions, for their child with their health history in mind, and and the child's best interests. My children are not mentally capable, of making medical decisions, and are very easily pressured by other people. This why we have this Bill..... Parents will refuse treatment they believe is unnecessary (will not be bullied). And medical workers, who are pressured by the government, and pharmaceutical companies KNOW, they can force their will on a child (bully them into submission). Please be respectful of these small citizens who are not yet able to make medical decisions, and understand their consequences. Wrongful death lawsuits, will become a very huge issue, very quickly.

Thank you!

Lisa Meyerhoff

348 Penrith Way

Aberdeen, MD 21001

beeluzjams@gmail.com