

3c - FIN - SB 41 - Mental and Emotional Disorders

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



**SENATE BILL 41
TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

Health- Mental and Emotional Disorders- Consent (Mental Health Access Initiative)

Laurence Polsky, MD, MPH, Health Officer, Calvert County Health Department

For the Maryland Association of County Health Officers (MACHO)

Position: Support – February 2, 2021

Senate Bill 41 (SB 41): Altering the minimum age, from 16 to 12 years, at which time a minor has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a healthcare provider.

SB 41 will place mental health care access for adolescents on par with established legal norms for reproductive health care and substance misuse services. SB 41 is of critical importance due to substantial suicide risks among young teens:

- Suicide is the second leading cause of death among adolescents¹
- During 2009–2018, suicide rates among teens increased by 62% from 6.0 to 9.7 per 100,000 population
- During 2009–2019, prevalence of suicide attempts increased overall and among female, non-Hispanic white, non-Hispanic black students. Rates were equivalent at each grade level from 9th-12th.¹
- In 2019, among all students, 8.9% reported having attempted suicide, with prevalence estimates highest among females (11.0%); black non-Hispanic students (11.8%); and students who identified as lesbian, gay, or bisexual (23.4%)¹
- Suicide attempts are a known risk factor for and the greatest predictor of death by suicide¹
- During 2018, approximately 95,000 youths aged 14–18 years visited EDs for self-harm injuries¹

Adolescents of all ages have had the designation of “emancipated minors” in the context of other health services for decades, most notably reproductive health and services for substance misuse. This legal designation has allowed younger adolescents to obtain vital health care without discernible harm to themselves or disruption to their family dynamic. In most cases, once a minor enters care and has the opportunity to receive counsel from a health professional, parents/guardians are able to be brought into the therapeutic process.

Just as increased access to reproductive health care has prevented countless unintended pregnancies, and access to substance misuse services has prevented unintentional overdoses, decreasing the age of consent for mental health care will improve academic performance, decrease the incidence of substance misuse triggered by untreated depression and anxiety, and reduce the number of adolescent suicides in Maryland.

The Maryland Association of County Health Officers strongly encourages the passage of SB41 as a critical step toward improving mental health services for adolescents.

¹ <https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm>. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. CDC MMWR August 21, 2020 / 69(1);47–55.

For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаiora1@jhu.edu or 410-937-1433. This communication reflects the position of MACHO.

Health Care for the Homeless - SB 41 FAV - Minor C

Uploaded by: Diamond, Joanna

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 41 – Health – Mental and Emotional Disorders – Consent (Mental Health
Access Initiative)**

**Senate Finance Committee
February 2, 2021**



Health Care for the Homeless supports SB 41, which specifies that any minor 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.

Health Care for the Homeless has fully supported efforts in the past to ensure that minors have the capacity to consent to medical treatment and health care. Therefore, we fully support this commonsense extension. The bill affirms that a health care provider may involve a parent, guardian or custodian unless that disclosure will lead to harm to the minor or deter the minor from seeking care.

As Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness, we serve the needs of the most vulnerable and underserved populations—including homeless youth. For reasons ranging from rejection due to sexual orientation, gender identity, pregnancy, or disability, to exiting the foster care or juvenile justice systems without skills or resources needed to live independently, these individuals are left without stable housing and the support of a parent or legal guardian. As a result, youth experiencing homelessness are at a disproportionate risk for suicide, sex trafficking, delinquency, crime victimization, and health problems, including behavioral health problems.

Youth experiencing homelessness already face unique and oftentimes insurmountable barriers to basic health care. This bill will remove one more potential barrier and allow a trained mental health provider to assess the child and provide immediate assistance. It is important to note that the full range of behavioral health treatment, including both mental health and substance use disorders, are critical for youth to be able to access.

Therefore, Health Care for the Homeless respectfully requests a favorable report on this bill.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

L.Diaz Testimony SB41 Mental-Emotional Disorders C

Uploaded by: Diaz, Linda

Position: FAV

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Testimony in Support of **SB0041/HB0132: Mental-Emotional Disorders Consent Bill**

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 0041**. As a voice for youth in Maryland, I would like to share incidents, which would support the need for 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. The ripple effect of suicide spread like fire amongst my daughters friends, which lead me on the road of Youth Mental Health Advocacy.

As an advocate, I witness the immense turmoil of youth reaching out to parents, family or adults, for assistance. Fear, shame and embarrassment is what children feel, when ***Risk Factors** (listed at the bottom) force them into silence becomes their everyday life. Below are some examples:

Youth 1: was diagnosed and received a prescription for Depression after the first suicide attempt but because the mother did not like the listed side effects, the prescription was never filled nor any further therapy. This youth struggled for 3 years through High School and after a second suicide attempt, 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 at 13 years old because the youth could not communicate their pain or struggle against bullying as well as suicide loss of a friend, 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. This youth's friends reached out to me through social media in order to help the child in crisis. I was able to reach out to the youth as well as the parents to assist with resources.

Youth 3: 15 years old, was being bullied for their weight and appearance and developed an eating disorder. The parents complimented the weight loss so the youth never mentioned their struggle or pain from bullying. A family friend noticed signs from my advocacy and reached out to me to speak with the youth. With the youth's OK, we explained what was going with the parents for help just in time as the weight loss drastically dropped the youth's heart rate at rest and was hospitalized. After the youth received care and therapy but the caregivers asked their child NOT to speak 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 developed generalized anxiety due to this family pressure. The caregivers did not believe in talking to outsiders about private family matters and did not believe their youth needed professional help. This youth was not able to seek help until she was 18.

Youth 5: February 2019, a 7 year old, was being bullied in and outside of school by another 7 year old. The bully told the other child they are fat, ugly, no one liked them and to go home and kill themselves. When the child got to school the next day, the bully asked the child **"Why are you here? Didn't I tell you to go home and kill yourself?"** The stress from the bullying caused the child's grades to drop and they were also being punished by the parents. The child believed the school nor the parents cared about them and suffered in silence. The child wrote a suicide note in the back of her school agenda book. The teacher happened to find it and that is when the parents were notified. (The parents were not abusive at all but just told the child they could not attend a birthday event because of the failing grades) Suicide note attached.

Youth 6: A 13 year old school student during COVID restrictions became overwhelmed with depression as both parents worked and they became the caregiver for the 3 younger siblings. The youth prepared breakfast, got the siblings ready for Virtual Learning, prepared lunch, prepared dinner all while attempting to attend their own virtual schooling. The youth was able to reach out to a youth advocate and seek help for depression and PTS due to the stress of becoming a “make shift single parent” with 3 children.

Youth 7: A 15 year old became overwhelmed during COVID as he was a Border Child sent to the states alone with no family to live with strangers. The youth was alone in USA with no parents or siblings. The youth could not communicate with school or the caregivers in order to share what they were feeling. This youth ran away as the only resort to get help before contacting 911. The youth was not a criminal nor behaving badly but suffering from PTS and Depression as a result of the experienced trauma of crossing the border alone.

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 for a mental break and one (1) is serving in the military. Two (2) received help during COVID and continue to thrive in healing their mental health. I worked with the school and the family on the bullying as well as therapy for the child, who was diagnosed with PTS and is still in therapy.

It is has become clear that our youth are exposed to many “**Risk Factors**” which increases a lack of interest in school, home and sports. In attempts to express their anxiety, youth cannot truly say how they feel or when they do, they are often met with below statements from parents or adults:

1. What are you stressed about? You are not old enough to be stressed!
2. Don't mark that on your sports information or they will think you are crazy?
3. My child is not going to be labeled!
4. Therapy is too expensive so you will not be going!
5. I don't like the side effects of depression medication so I never gave it to them (after an attempt)
6. The medication is too expensive so I am not buying it.
7. Youth are being told not to talk to anyone about their “family business”

Mental illness does not always begin when a person becomes a Teenager. Without the proper help or diagnosis the suffering in silence will exacerbate Depression in youth, causing increased Suicidal Ideations.

Please say yes in support of **SB0041/HB0132: Mental-Emotional Disorders Consent Bill** My daughter, as well as the hundreds of other children lost to Depression, in Maryland, could have been saved if they knew or had a “**Resource**” or “**Youth Mental Health Advocate**” outside of their home or even school, so they could feel safe to just talk. 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

2021 MNA SB 41 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 41

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

Hearing Date: February 2, 2021

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 41– Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*. This bill would specify that minors up to the age of 12 years of age have the same capacity as an adult to consent for mental health services. The current law sets the age of consent at 16, and the bill maintains that minors would need to be at least 16 years of age to consent to medication. The bill retains the current law’s provision that allows providers to contact a parent or guardian if they feel it is appropriate.

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.

2021 LCPCM SB 41 Senate Side.pdf

Uploaded by: Epps, Larry

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 41

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

Hearing Date: February 2, 2021

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 41 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*. This bill would provide minors 12 years of age and older 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 school and 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 had risen nearly 50% over the previous decade². We must ensure that youth in emotional distress can access services regardless of their age, especially now as more youth encounter mental distress as a result of the current public health crisis.

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

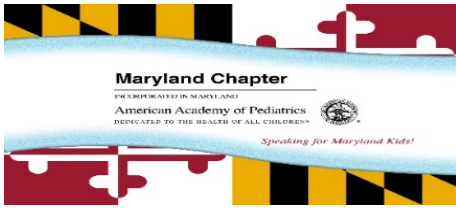
² Mental Health Awareness Month: Focusing on Suicide Prevention Strategies for our Youth
Elinore F. McCance-Katz, M.D., Ph.D. SAMSHA. 2019. <https://blog.samhsa.gov/2019/05/07/mental-health-awareness-month-focusing-on-suicide-prevention-strategies-for-our-youth>

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.

SB0041_FAV_MDAAP_MACHC_Mental & Emotional Disorder

Uploaded by: Kasemeyer, Pam

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

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

DATE: February 2, 2021

RE: **SUPPORT** – Senate Bill 41 – *Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)*

On behalf of 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 41.

Senate Bill 41 amends current law with respect to a minor's authority to consent to mental health services but also includes specific limitations to ensure that the health care provider retains authority to provide and manage the care in accordance with what they find to be in the best interest of the minor, including involvement of the minor's parents or guardians. Current law limits the authority to consent to minors age 16 and older. Senate Bill 41 lowers the age for authority to consent to 12 years and older.

Minor consent for health care services has generally been granted for services that a minor may be ashamed, scared, or otherwise unlikely to discuss with a parent or guardian. In addition to mental health services, it includes substance use, sexually transmitted diseases, and other similarly challenging health care needs. With respect to mental health services, the parent or guardian may be the basis for the mental health challenges faced by the minor. Lowering the age of consent to 12 years recognizes that adolescence, which includes minors from age 12 through age 18, is often a time of significant emotional challenges. Providing an adolescent the right to consent to mental health services helps facilitate timely access to necessary services when it is the only way that the adolescent will choose to seek care.

It is important to note that Senate Bill 41 is clear that even when a minor is authorized to consent to care, a health care provider retains full authority to determine whether the minor has the capacity to understand what is being consented to and the implications of consent. Further, even if a minor consents to care, a health care provider retains full authority to discuss the care with the parent or guardian if the provider believes it is in the best interest of the child.

Finally, while a minor should be allowed to consent to mental health services, the minor should not have the right to consent to medication treatment for a mental health disorder given the complexity often associated with medication management and compliance. There may be side effects or other responses to the medication that should be managed/monitored by the minor's parent or guardian. To that end, Senate Bill 41 exempts medication from a minor's right to consent to mental health services. Senate Bill 41, appropriately and safely, improves access to mental health services for adolescents. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

MRHA SB41 - Health – Mental and Emotional Disorder

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Finance Committee

February 2, 2021

Senate Bill 41 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Augustine, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 41 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative).

MRHA is in support of this legislation which lowers the minimum age, from 16 years to 12 years, at which a minor has the same capacity as an adult to consent to consultation, diagnosis, and certain treatment of a mental or emotional disorder by a health care provider or clinic.

All Marylanders, especially those in rural Maryland with limited access to behavioral health specialists, should be able to access quality behavioral health services. This lowered age of consent is already put into practice in youth accessing substance misuse disorder services and reproductive health services. During the COVID-19 pandemic when youth suicide rates are increasing, it is imperative that they are able to access behavioral health services, as they can do in other areas of health care.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

MAYSB - SB 41 FAV - Mental Health Access.pdf

Uploaded by: Park, Liz

Position: FAV



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

Testimony submitted to Senate Finance Committee

February 2, 2021

**Senate Bill 41 – Health – Mental and Emotional Disorders – Consent
Mental Health Access Initiative**

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 41, the Mental Health Access Initiative. 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 lowering 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

SB41_DisabilityRightsMD_Parsley.pdf

Uploaded by: Parsley, Luciene

Position: FAV

Disability Rights Maryland
Testimony before the Senate Finance Committee
February 2, 2021

Senate Bill 41 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

POSITION: SUPPORT

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM advocates for systemic reforms and policies that improve services and supports for persons with psychiatric disabilities, and ensures that their rights are protected. DRM is here today to support Senate Bill 41, which would lower the age of consent for mental health treatment from 16 to 12 years of age. DRM supports this bill because it expands access to mental health care and treatment and brings Maryland's age of consent to mental health treatment in line with other sensitive areas of consent law: substance abuse advice and treatment, sexual health and contraception, pregnancy care, and HIV/AIDs testing and treatment.

While DRM believes that parent and guardian involvement is generally desirable, it is undeniable that some youth will avoid seeking needed mental health treatment if parent or guardian consent is required first. It is more important for a young person to have access to needed mental health services than it is to require parental/guardian consent. Maryland law continues to provide that the provider may inform parents be of their child's receipt of services, at the provider's discretion. Mental health providers should not be prevented from providing needed mental health care to youth who desire it solely because a parent is unable or reluctant to authorize such care.

DRM advocates for children with emotional and mental health disabilities in Maryland's Residential Treatment Centers for Youth. Eliminating the requirement for parents and guardians to have to provide affirmative consent for mental health treatment would eliminate a potential source of conflict for these families.

For these reasons, DRM recommends that Senate Bill 41 be given a favorable report.

SB0041 MD NARAL SUPPORT.pdf

Uploaded by: Philip, Diana

Position: FAV



SB0041 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Presented to the Honorable Delores Kelley and Members of the Senate Finance Committee

February 02, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges the Senate Finance Committee to issue a **favorable report on SB0041 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)**, sponsored by Senator Malcolm Augustine.

Our organization is an advocate for reproductive health, rights, and justice. We strive to ensure that every individual has the freedom to decide their healthcare and that they have full accessibility to fulfill their healthcare needs. This includes minor youth who have the capacity to consent to medical treatment of mental and emotional disorders. According to the Guttmacher Institute, there are 20 states including the District of Columbia that explicitly authorize minors to consent to outpatient mental healthcare.¹ Our organization recognizes that minor youth have the capacity to consent to medical treatment regarding sexual and reproductive healthcare, and we are grateful for legislation like SB0041 that recognizes their autonomy and their right to act in their best interests in regards to improving or safeguarding their own mental health.

In addition to the legal recognition of minors' consent, there are also traumatic circumstances to consider. Data from the American Academy of Family Physicians shows that children who witness domestic violence or sexual abuse are at a greater risk of developing mental health issues like anxiety and depression.² In such situations, these children are less likely to seek medical care because they might face severe consequences if their parents or guardians learn they are seeking professional help. By lowering the age of consent, this bill empowers children the freedom to make their healthcare decision independent from their parents or guardians and from harmful consequences should they choose to do so.

This bill recognizes the dignity and authority of minor youth who have the capacity to consent to medical treatment of mental and emotional disorders. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0041**. Thank you for your time and consideration.

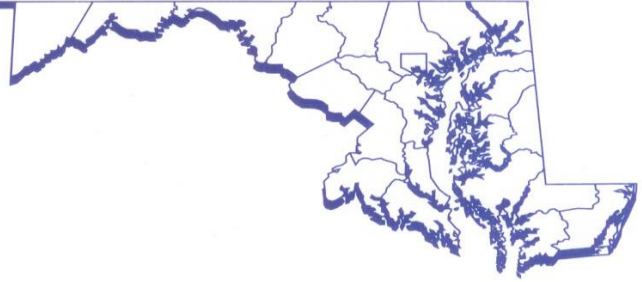
¹ Guttmacher Institute. "Minors and the Right to Consent to Health Care," September 22, 2004. <https://www.guttmacher.org/gpr/2000/08/minors-and-right-consent-health-care>.

² Stiles, Melissa. "Witnessing Domestic Violence: The Effect on Children." *American Family Physician* 66, no. 11 (December 1, 2002): 2052.

SB 41- Mental and Emotional Disorders- Consent- Te

Uploaded by: Polsky, Larry

Position: FAV



**SENATE BILL 41
TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

Health- Mental and Emotional Disorders- Consent
Laurence Polsky, MD, MPH, Health Officer, Calvert County Health Department
For the Maryland Association of County Health Officers (MACHO)
Position: Support – February 2, 2021

Altering the minimum age, from 16 to 12 years, at which time a minor 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.

SB 41 will place mental health care access for adolescents on par with established legal norms for reproductive health care and substance misuse services. SB 41 is of critical importance due to substantial suicide risks among young teens:

- Suicide is the second leading cause of death among adolescents¹
- During 2009–2018, suicide rates among teens increased by 62% from 6.0 to 9.7 per 100,000 population
- During 2009–2019, prevalence of suicide attempts increased overall and among female, non-Hispanic white, non-Hispanic black students. Rates were equivalent at each grade level from 9th-12th.¹
- In 2019, among all students, 8.9% reported having attempted suicide, with prevalence estimates highest among females (11.0%); black non-Hispanic students (11.8%); and students who identified as lesbian, gay, or bisexual (23.4%)¹
- Suicide attempts are a known risk factor for and the greatest predictor of death by suicide¹
- During 2018, approximately 95,000 youths aged 14–18 years visited EDs for self-harm injuries¹

Adolescents of all ages have had the designation of “emancipated minors” in the context of other health services for decades, most notably reproductive health and services for substance misuse. This legal designation has allowed younger adolescents to obtain vital health care without discernable harm to themselves or disruption to their family dynamic. In most cases, once a minor enters care and has the opportunity to receive counsel from a health professional, parents/guardians are able to be brought into the therapeutic process.

Just as increased access to reproductive health care has prevented countless unintended pregnancies, and access to substance misuse services has prevented unintentional overdoses, decreasing the age of consent for mental health care will improve academic performance, decrease the incidence of substance misuse triggered by untreated depression and anxiety, and reduce the number of adolescent suicides in Maryland.

The Maryland Association of County Health Officers strongly encourages the passage of SB41 as critical step toward improving mental health services for adolescents.

¹ <https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm>. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. CDC MMWR August 21, 2020 / 69(1);47–55.

For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-614-6891. This communication reflects the position of MACHO.

2021 NASW SB 41 Senate Side.pdf

Uploaded by: Schagrin, judith

Position: FAV



Testimony before the Senate Finance Committee

****Support****

SB 41–

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

February 2, 2021

Maryland’s Chapter of the National Association of Social Workers (NASW-MD), which represents professional social workers across the state, supports SB 41 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative).

Social workers provide more mental health services in our country than any other profession and work in multiple settings supporting youth, including schools, hospitals and inpatient facilities, private practices, and community-based outpatient programs. This past year has been remarkable for the challenges and stresses that children and youth have faced as we have struggled with the health and social aspects of COVID 19. We anticipate that even after the present emergency, that the increased need of mental health services for youth will continue.

While we know that the involvement of parents and caregivers is important when addressing the mental health needs of minors, we also know that this is not always possible; and in some cases, may be of harm to the minor. We also know that the current minimum age requirement (16 years old) is not consistent with Maryland’s minor consent law for accessing substance use disorder services, which has no minimum age. We understand the apprehension that many may have in lowering the age of consent for mental health services from 16 to 12, but are not aware of any negative consequences from the substance use disorder services consent law, including minors who may in fact be obtaining mental health services for a substance use disorder or co-occurring disorder. In fact, this discrepancy between the two sets of services is not consistent with current practice of integrated behavioral health services.

We support SB 41, which in turn, supports the mental health needs of minors in Maryland.

We ask that you give a favorable report on SB 41.

Respectfully,

Daphne McClellan, Ph.D., MSW
Executive Director, NASW-MD

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3d - FIN - SB 41 - Mental and Emotional Disorders

Uploaded by: /Office of Governmental Affairs, Maryland Department of Health

Position: FWA



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4732

2021 SESSION
POSITION PAPER

BILL NO: Senate Bill 41 (SB 41)
COMMITTEE: Finance
POSITION: Support with Amendment

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

BILL ANALYSIS: This bill changes the minimum age for consent from 16 years to 12 years allowing 12-year olds to consent to consultation, diagnosis, and certain treatment of a mental or emotional disorder by a health care provider or clinic.

POSITION AND RATIONALE: The Maryland Board of Professional Counselors and Therapists (the “Board”) supports SB 41 Health- Mental and Emotional Disorders- Consent (Mental Health Access Initiative) with the following amendments:

Under §20-104, page 2:

Line 1, subsection (a)(2) strike “mental and emotional.” Add new language “behavioral health”
Line 5, subsection (b)(1) strike “mental or emotional”. Add new language “behavioral health”
Line 8, subsection (b)(2) strike “mental or emotional”. Add new language “behavioral health”
Line 15, subsection (b)(2)(ii) strike “mental or emotional”. Add new language “behavioral health”

Approximately 50% of clients who have a mental health disorder also have issues with substance use. Additionally, 60% of clients with substance use disorders have a co-occurring mental health disorder and these numbers are higher (showing greater number of clients with co-occurring mental health and substance use) in children and teens.

For this reason, the Maryland Board of Professional Counselors and Therapists respectfully requests a favorable report with amendment of SB 41. Thank you for your consideration. If you have questions about this matter you may contact Danielle Vallone, Acting Executive Director, at 410-764-4734 or Danielle.Vallone@maryland.gov.

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

3a - FIN -SB 41 - Health - Mental and Emotional Di

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4787

February 2, 2021

The Honorable Delores Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: SB 41- Health – Mental and Emotional Disorders- Consent (Mental Health Access Initiative) – Letter of Concern

Dear Chair Kelley and Committee Members:

The Maryland Board of Examiners of Psychologists (the “Board”) is submitting this Letter of Concern for Senate Bill 41 (SB 41) – Health – Mental and Emotional Disorders- Consent (Mental Health Access Initiative).

SB 41 alters the minimum age for consent from 16 years to 12 years, thus allowing 12-year-olds to consent to consultation, diagnosis, and certain treatment of a mental or emotional disorder by a health care provider or clinic.

The Board is committed to ensuring that minors of all ages receive safe and appropriate mental health services. The Board is concerned that this bill places the burden of determining maturity and capacity on the health care provider, which is further problematic as it may introduce bias. Liability for costs also remains unclear if the youth's parents/guardian/custodian does not consent to the treatment.

Therefore, the Board respectfully asks that you consider this information and agree that the risk of bias may be greater than the intent of SB 41.

Thank you for your consideration. If you would like to discuss this matter further, please contact Lorraine Smith, Executive Director at Lorraine.smith@maryland.gov or 410-764-4787.

Sincerely,

Lorraine Smith

Lorraine Smith
Board Executive Director

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

3b - FIN - SB 41 -Mental and Emotional Disorders -

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: UNF



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 2, 2021

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

RE: SB 41 – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative) – Letter of Opposition

Dear Chair Kelley and Committee Members:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of opposition for Senate Bill 41 (SB 41) – Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative). This bill provides that minors, 12 years or older who have been determined to be mature and capable of giving informed consent, 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. A health care provider may decide to provide information to a parent, guardian, or custodian under certain provisions of law unless the health care provider believes that the disclosure will lead to harm of the minor or deter the minor from seeking care.

The Board does not believe that minors as young as 12 years old 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

The bill language is ambiguous in that it does not define how a health care provider would determine a minor “to be mature and capable of giving informed consent.” Maturity can be displayed in numerous ways and unless clearly defined would be assessed variably by each health care provider. The ultimate effect of this bill would be that a child, as young as 12 years old, could be consenting to a treatment without understanding the risk, benefits, or alternatives. Children are extremely impressionable and may feel pressured to consent. While some minors possess an adult-like intelligence, there are still many intricacies around receiving a consultation, diagnosis, and subsequent treatment for a mental or emotional disorder.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of opposition to SB 41.

[1] McNary A. “Consent to Treatment of Minors.” *Innovations in Clinical Neuroscience*. Mar – Apr 2014.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4008301/>

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", written in a cursive style.

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.

1.29.2021 - HB41 - OPPOSE.pdf

Uploaded by: Ausiello-Rosenthal, Jennifer

Position: UNF

OPPOSE SB41 – Mental Health Access Initiative

Dear honorable members of the Senate Finance Committee,
Thank you for your service to our community. I am writing to express my strong opposition to SB41, Health - Mental and Emotional Disorders - Consent (Mental Health Access Initiative). As a parent, it is deeply troubling to see bills such as these that remove parental consent when it comes to any kind of medical care and/or decision making for my child. How would a 12-year-old child ever be able to give informed consent? What tool/barometer will a provider use to decide if a child of this young age can truly consent? How would a child choose a practitioner? Where would these consultations be taking place? In schools? There is no specific language around these concerns. Providing any kind of healthcare in a school setting makes me very uncomfortable as a parent. It is not the school's job to provide preventive medical care to my child, and I view this as gross overreach.

As a parent, I spend a great deal of time researching any kind of clinician for my child's care. A child will not and cannot do that. A child will not be informed enough to ask the proper questions. A child will not fully understand the potential side effects of medications. This bill improperly puts the child's care into the hands of a stranger and gives too much authority to the clinician. Parents know their children best and should be an integral part of their care; they should not be cut out of the process. Although the bill states that a provider "may decide to provide certain information to a certain parent" the reality is that clinicians are incredibly busy and do not have time to do extra work and make extra phone calls, especially if it is not required of them to do so.

This bill also states the following: *"Unless the parent, guardian, or custodian of a minor consents to consultation, diagnosis, or treatment of the minor, the parent, guardian, or custodian is not liable for any costs of the consultation, diagnosis, or treatment of the minor under this section."* This begs the question: who IS paying for this consultation, diagnosis and/or treatment?

Furthermore, it is well known that many medications that treat mental illness can increase risk for suicidal thoughts, among other things. It seems incredibly irresponsible to cut the parent out of this decision-making process. Children of any age should be monitored once prescribed these kinds of medications.

While I am sure this bill is well-intentioned, it will put children at risk. Legislating medicine while simultaneously removing parents from the process is a dangerous practice. Please withdraw this bill. Thank you for hearing my concerns.

Warm Regards,

Jenn Ausiello-Rosenthal
District 39

Oppose SB41 2021.pdf

Uploaded by: Barr, Tracy

Position: UNF

January 28, 2021

Dear Senator Augustine and fellow Senate committee members,

I am a Maryland resident with two children aged 13 and 16 and I **strongly OPPOSE HB132/SB 41- Mental and Emotional Disorders – Consent (Mental Health Initiative)**

Although the intention of this bill may have been good, especially when teens are suffering ever increasing mental health issues and coping with their lives being suspended during a pandemic. However, I do not believe this bill contributes to improved access for 12-year-old minor children. I certainly want all children to get the help that they need but removing parents from the equation is NOT the answer. Young children are at risk without their parents, plain and simple.

This bill raises serious legitimate questions along with risks and the potential for serious unintended consequences like the following:

- Who pays if a minor child accesses consultation, diagnosis, or treatment by a healthcare provider or clinic?
- Consenting to a diagnosis is very serious. Mental health diagnoses can follow a child for their entire life. Parent supervision is needed.
- Is the intention of this bill for schools to provide these services? Where else would a 12-year-old receive them without their parent? This does not seem wise after we just watched schools shut down all services for children for a minimum of an entire year.
- Minors cannot vet the professional that they see. What if they see a poor clinician who diagnoses/ labels them inappropriately? or abuses them? We just saw that the renowned physician to the girl's gymnastics teams was a serial abuser.
- What standardized tool will all providers use to assess which children are mature and capable of giving informed consent?

I urge every one of you to oppose SB41; this bill is not in the best interest of our children in our great state of Maryland. Thank you for your time and consideration.

Sincerely,

Tracy Barr
902 Southwick Drive
Towson, MD 21286

Oppose SB41 2021.pdf

Uploaded by: Barr, Tracy

Position: UNF

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- What standardized tool will all providers use to assess which children are mature and capable of giving informed consent?

I urge every one of you to oppose SB41; this bill is not in the best interest of our children in our great state of Maryland. Thank you for your time and consideration.

Sincerely,

Tracy Barr
902 Southwick Drive
Towson, MD 21286

SB0041Testimony.pdf

Uploaded by: Cacace, Alicia

Position: UNF

**PLEASE OPPOSE BILL:
SB 41 Health – Mental and Emotional Disorders –
Consent (Mental Health Access Initiative**

January 29, 2021

Dear Members of the Senate Finance Committee,

I appreciate the intent behind this bill. We should certainly work to make sure everyone who needs mental health services receives them. However, allowing children as young as 12 years old to consent to services without the support and knowledge of their parents is *not* a solution to this problem. Young children are simply not able to safely make medical decisions without their parents or guardians. I urge you to oppose this bill.

Sincerely,

Alicia Cacace
12511 Atherton Dr.
Silver Spring, MD 20906

OPPOSE SB41 PAC Testimony.pdf

Uploaded by: Cusack, Sarah

Position: UNF

OPPOSE SB 0041 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

While we appreciate the intention of the bill and believe it to be good, we do not believe that it accomplishes the goal of actually improving access to mental health for a 12-year-old/ minor child.

The bill simply cuts the parent out of the equation.

Practical problems with the bill include:

- Who pays the bill when a 12-year-old accesses consultation, diagnosis, and treatment, without their parent or guardian?
- Where is a 12-year-old receiving services without a guardian to take them? How do they get there? Is the intention to make these school-based services? That is not a good direction to go, as we have just witnessed schools shut down for at least a year.
- A mental health diagnosis can follow a child for their entire life. Parent supervision is needed. Research shows that African American boys are more likely to receive diagnoses than their white peers.
- What standardized tool will all practitioners use to assess which children are capable of “giving informed consent?”
- A 12-year-old cannot distinguish between a good practitioner and a poor one. Recent events, like the story of Larry Nassar, a trusted elite gymnastics team doctor, who was a serial abuser, highlight the potential for a child to be harmed by another adult when parents are not involved.

For these reasons we ask you to oppose SB41.

Love Maryland PAC

Silver Spring, MD

bill 41.pdf

Uploaded by: Duffy, Suzanne

Position: UNF

Dear State of Maryland Senators,

When a friend shared the mission of this proposed "Bill 41" I was in disbelief. I asked her how is this even a reality that anyone would think child minors should be medically treated in any way without an adult guardian? This is a world turned upside down. This is wrong. Keep politics out of people's healthcare. You are

elected by We The People to protect us, not put us in harms way, especially the most vulnerable, our youth.

"What are Senator Augustine's connections with Big Pharma?", that's the question many of us are asking, what's his true motive or who might benefit from this bill? It is clearly apparent to those with a moral compass

it is not children who will benefit. It is certainly a slippery and dangerous slope where improper labeling, false diagnoses,

and abuses of and towards children will flourish.

If past history of abuse is not apparent enough and we do not learn from headline stories and films produced to

shine a light on the darkness of abuse, please refer to the below link.

At The Heart of Gold: Inside The USA Gymnastics Scandal 2019 - Documentary/Drama
LINK: <https://www.hbo.com/hbo-news/at-the-heart-of-gold-documentary-erin-lee-carr>

The people of Maryland are pleading with you to stop this dangerous bill,

we ask you to oppose it, we ask you to protect those of us that are most vulnerable.

Suzanne Duffy

17 King Court

Annapolis, MD

21401

SB0041_Unfavorable_KFisher.pdf

Uploaded by: Fisher, Kara

Position: UNF

SB 0041: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Unfavorable

Kara Fisher

Senate Finance Committee Members:

I oppose SB 0041, which would give minors the ability to seek out and “purchase” mental health services.

While my children attended public schools, I found the counselors were quite proactive in offering opportunities for children to seek counseling or support. This bill would provide duplicative resources.

As a practical consideration, how will a 12-year-old find and pay for a counseling session? How is the kindergartener a substitute for a parent to find a qualified counselor covered by his Medicaid or other insurance plan’s Behavioral health coverage?

I appreciate the intention of the bill to ensure that all children have access to mental health services, but if this bill passes, a parent may not be aware that his child is receiving mental health services.

I ask you to oppose SB 0041; it will be discussed in a Committee hearing on Tuesday, February 2.

Kara Fisher

Rockville, District 19

OPPOSE SB 41.pdf

Uploaded by: Helms, Jessica

Position: UNF

OPPOSE SB 41 - Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

I am writing to OPPOSE SB 41 - Mental and Emotional Disorders – Consent (Mental Health Access Initiative).

I have concerns any time a parent or guardian is removed from the care of a minor child. Despite the bill claiming that the minor needs to have been deemed as "mature and capable of giving informed consent," it does not spell out what standardized assessment will be used to make that determination. This leaves the door wide open for providers to make assumptions based on one short visit with the minor child which may not be whole and accurate. The parent/guardian of any minor child should always be involved with their care. We should be working to strengthen parent-teen relationships, not weaken them. If these minors are truly hurting, they need their parents to help guide and nurture them, not for those people to be seen as an enemy preventing them from getting the care they need.

I'd also like to know who is paying for these treatments. Are providers expected to see these children free of charge? This bill states, "Unless the parent, guardian, or custodian of a minor consents to consultation, diagnosis, or treatment of the minor, the parent, guardian, or custodian is not liable for any costs of the consultation, diagnosis, or treatment of the minor under this section." If the parent isn't paying for it, and insurance clearly isn't covering it (what minor carries an insurance card?), where is the money for the treatment coming from?

Another concern I have is that this bill is opening the door for abuse by providers. If providers aren't being paid monetarily, I'm concerned that some may seek other forms of treatment. [SC doctor sexually abused child patient: Columbia police | The State](#) This sort of conduct is why parents NEED to be involved with all aspects of a child's care. In the article above, it was the family of the child who stepped in and reported the abuse he was receiving from his doctor. A quick Google search shows that doctors abusing minor patients is an all too common occurrence. Parents need to be present to protect their child. [Doctors & Sex Abuse: How doctors who abuse patients keep practicing, 50-state investigation finds \(ajc.com\)](#) This page mentions several incidents.

Please oppose this bill and protect our children by keeping parents involved in their care.

Jessica Helms
623 Elfin Ave.
Capitol Heights, MD
(585) 610-6119

SB41Testimony .pdf

Uploaded by: Hibbert Nelson, Annette

Position: UNF

OPPOSED SB 41 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative

January 29, 2021

Dear Chairwoman Delores Kelly and Members of the Senate Finance Committee,

I am both a teacher and a parent and fully understand the struggles many families and young people face when dealing with mental health issues. It is heartbreaking when someone is unable to receive the help they need to overcome these terrible illnesses. However, lowering the age of when someone can seek medical services without consent of their parents is not the solution. When you look at research on the brain it's clear that younger children are simply not able to make the kinds of decisions for themselves.

A website page from The University of Rochester Medical Center says,

Good judgment isn't something they can excel in, at least not yet.

The rational part of a teen's brain isn't fully developed and won't be until age 25 or so.

In fact, recent research has found that adult and teen brains work differently. Adults think with the prefrontal cortex, the brain's rational part. This is the part of the brain that responds to situations with good judgment and an awareness of long-term consequences. Teens process information with the amygdala. This is the emotional part.

Source:

<https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051#:~:text=Good%20judgment%20isn't%20something,cortex%2C%20the%20brain's%20rational%20part.>

Accessed: January 29, 2021

Lowering the age of when a child can seek their own services without parental involvement to 12 years old means they would be making life altering decisions independently with less than 50% of their brain's ability to make careful decisions. Certainly we should improve access to mental health services for our children but this bill is not the solution.

Please oppose this bill.

Sincerely,
Annette Nelson
2603 Terrapin Rd.
Silver Spring, MD 20906

SB 41.pdf

Uploaded by: Kolakoski, Virginia

Position: UNF

OPPOSED to Senate Bill 41 Health – Mental and Emotional Disorders –
Consent (Mental Health Access Initiative)

Dear Committee,

Thank you for working on the people's behalf in getting OUR voice out there. I am opposed to this bill because I have a son who struggles with emotional issues and there is no way he would have the capacity at age 15 (current age) let alone 12! He wouldn't know how to evaluate the doctor or know if she had his best interests at heart. Removing parents to improve children's mental health is not a good solution to the problem.

Virginia Kolakoski
112 McKendree Ave
Annapolis 21401

opposed SB41.pdf

Uploaded by: McCullough, Karen

Position: UNF

OPPOSED **SB 41 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Hello,

Eleven years ago my nephew received the flu shot at the age of 17 and was admitted to the hospital for 5 days clinging to his life. See, he had a bad reaction to the flu shot and his parents were aware of the medical procedure he had received and rushed him to the hospital. This open communication is something this bill is trying to take away from me and my family.

I have the right as a parent to discuss with my minor child and her doctor what drugs she recommends and what drugs may be contraindicated. To give a child freedom to make medical decisions as a minor is irresponsible, careless and dangerous. You won't allow anyone under the age of 18 to buy cigarettes why? Because it is irresponsible, careless and dangerous to their health but at 18 it is their choice. You won't allow any one under the age of 21 to drink why? Because it is irresponsible, careless and dangerous to their health but at the age of 21 the law says that they should be mature enough to make that choice. Then why would it be okay for a 12 year old to make medical decisions without discussing this with their parents and doctor.

I'm sure if my child were to end up in the hospital like my nephew was clinging to his life none of the people voting on this horrible bill will be there to help me physically, emotionally or financially yet you expect me to take care of my minor child who you gave adult responsibilities to....make up your mind either they are an adult or a minor. Emancipate them at 12 and make them an adult at 12 if you feel they are mature enough and don't make me responsible for their health, their food, their shelter or schooling. Let my 12 year vote, drive, smoke, get a job, buy a house....I mean after all she is mature enough to make medical decision why not let her do everything else.

I am assuming that those who are in favor of this horrible bill are not parents because this is a true slap in the face as a parent furthermore you must not remember being 12 and needing the guidance and reassurance of your parents. I wonder what you were doing at the age of 12.....I'm pretty sure it wasn't making medical decisions that could affect the rest of your life.

Has there been any discussion of the side effects of pharmaceutical drugs that can cause mental and emotional disorders even suicidal thoughts from ADHD drugs? Instead of listening to doctors who get kickbacks from the pharmaceutical company and pharmaceutical sales rep try actually reading the package insert of some of these mental health drugs that would be available according to this bill to a 12 year old.

I am a CARING AND LOVING PARENT and a registered Maryland voter and I will be watching this bill and any bill that questions my right to fully be present in my child's life and will be voting accordingly.

Thank you,
Karen

opposed SB41.pdf

Uploaded by: McCullough, Karen

Position: UNF

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Thank you,
Karen

opposed SB41.pdf

Uploaded by: McCullough, Karen

Position: UNF

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Thank you,
Karen

opposed SB41.pdf

Uploaded by: McCullough, Karen

Position: UNF

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I'm sure if my child were to end up in the hospital like my nephew was clinging to his life none of the people voting on this horrible bill will be there to help me physically, emotionally or financially yet you expect me to take care of my minor child who you gave adult responsibilities to....make up your mind either they are an adult or a minor. Emancipate them at 12 and make them an adult at 12 if you feel they are mature enough and don't make me responsible for their health, their food, their shelter or schooling. Let my 12 year vote, drive, smoke, get a job, buy a house....I mean after all she is mature enough to make medical decision why not let her do everything else.

I am assuming that those who are in favor of this horrible bill are not parents because this is a true slap in the face as a parent furthermore you must not remember being 12 and needing the guidance and reassurance of your parents. I wonder what you were doing at the age of 12.....I'm pretty sure it wasn't making medical decisions that could affect the rest of your life.

Has there been any discussion of the side effects of pharmaceutical drugs that can cause mental and emotional disorders even suicidal thoughts from ADHD drugs? Instead of listening to doctors who get kickbacks from the pharmaceutical company and pharmaceutical sales rep try actually reading the package insert of some of these mental health drugs that would be available according to this bill to a 12 year old.

I am a CARING AND LOVING PARENT and a registered Maryland voter and I will be watching this bill and any bill that questions my right to fully be present in my child's life and will be voting accordingly.

Thank you,
Karen

Binder1.pdf

Uploaded by: Montgomery, Megan

Position: UNF

Love Maryland PAC Written Testimony for SB41

Good Afternoon, on behalf of the Love Maryland PAC, I write to oppose SB41- Minor Consent to Mental Health Diagnosis and Certain Treatment.

This bill, while well intentioned, puts minors at risk. Parents MUST be involved in a minors health care, including mental health care, until the child reaches the age of legal consent. 12 year olds are simply not capable of understanding the life long ramifications of some mental health diagnosis and they are not capable of navigating the complex health care system on their own. Period.

Additionally, there are mental health professionals that prey on minors. The case of Susan Polk is an excellent example of a life ruined by an unscrupulous therapist. And we have seen the young women of the US Olympic team be abused by a member of their health staff. Minors must be protected until they reach the age of majority.

Racism still exists in the mental health community, and African American boys are much more likely to be diagnosed with a mental health disorder that will have life long consequences than other children. We must protect our vulnerable BIPOC community.

Finally, who is paying for this? If it is the state, where is the fiscal note? If it is the parents, then we can not mandate that a parents overstretched budget be spent without their knowledge or consent. They MUST be involved in helping their minor child find an in-network therapist and agreeing to the financial terms of treatment.

Thank you for your time and attention. We hope the attached flyer helps you to vote NO on SB41. It is a bad bill for Maryland's children.

Megan Montgomery

Chair, Love Maryland PAC

OPPOSE HB132/SB41



Prevent Unintended Harm to Maryland's Children

COST



Who pays the bill when a 12-year-old accesses consultation, diagnosis, or treatment without their parent or guardian?

TRANSPORTATION/ ACCESS

Where is a 12-year-old receiving services without a guardian to take them? How do they get there? Is the intention to make these school-based services? That is not a good direction to go, as we have just witnessed schools shut down for at least a year.



CONSENTING TO DIAGNOSIS/ RACISM



A mental health diagnosis can follow a child for their entire life. Parent supervision is needed. Research shows that African American boys are more likely to receive diagnoses than their white peers. What standardized tool will all practitioners use to assess which children are "capable of giving informed consent"?

CHILDREN ARE VULNERABLE

A 12-year-old cannot distinguish between a good practitioner and a poor one. Recent events, like the story of Larry Nassar, a trusted elite gymnastics team doctor who was a serial abuser, highlight the potential for a child to be harmed by another adult when parents are not involved.



REMOVING PARENTS IS NOT THE ANSWER

The intention of this bill is good. Especially in this time, when teens are suffering ever increasing mental health issues and are coping with their lives being suspended during a pandemic, we want all children to get the help that they need. We do not believe this bill contributes to improved access to mental health for 12-year-old/ minor children. It ONLY removes parents from the equation.

Maryland Psychological Association - SB 41 - Menta

Uploaded by: Shattuck, Daniel

Position: UNF



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January 16, 2021

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Senator Delores G. Kelley, Chair
Senate Finance Committee
11 Bladen Street
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB 41 - Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Position: **OPPOSE**

Dear Chair Kelly:

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The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. **We oppose SB 41, which would lower the “Age of Consent” for children in need of mental health treatment from the current age of 16 to 12.** Although the proposed legislation expresses the admirable intent of expanding mental health access for young people, it could result in unintended adverse consequences. Psychologists are frequently called upon to provide treatment for children showing signs of psychological distress and mental disorders. Most pre-teen and younger teen age 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. Parental involvement is essential when working with young children, and such treatment cannot be effective without such involvement.

For these, and many other reasons, the Maryland Psychological Association asks for an **UNFAVORABLE** report on Senate Bill 41.

Thank you for considering our comments on SB 41. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

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R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB41 Testimony.pdf

Uploaded by: Stoklosa, Margaret

Position: UNF

Dear Committee Members,

Please do not support SB41. As a Marylander and a parent, I vehemently oppose any bill that removes parents from ANY medical decisions for minors. Having a very good relationship with my pediatrician, I know that children and young teens do not have the capacity to make, potentially, life-altering decisions and proceed down a path without knowing and understanding their full medical history. Via many conversations she has indicated that, many times, children and young teens have no idea why they are even in her office.

As parents, we are personally and financially responsible for vetting and seeking out appropriate professionals to attend to any issues our children and young teens have. I have spent many hours doing this, whether it was a sensitivity to a particular piece of clothing or a dental cleaning appointment. They are my children, whom I know very well and with whom I spend much time. They come to me asking for help and I provide my assistance – this is how a parental relationship should work. To assume otherwise, as this bill does, clearly is a testament to a declining parental relationship, which should be addressed on a case by case basis and not through a piece of legislation.

Additionally, as a nutrition professional, there are many concerns with prescribing any type of treatment to minors. Not only does this effect behavior, but alters microbiome communities and may cause nutritional depletion (i.e. folic acid and melatonin). Not being involved in these decisions, parents would have no idea if side effects did occur and how they would impact their child or young teen down the road.

As a society, we have also decided that you must be 16 to drive, 18 to vote and 21 to drink. These are major milestones we allow young adults to achieve (with parental assistance), yet you are proposing a bill that will allow minors to consent to treatment with a pharmaceutical drug (with any of them having multiple side effects). It does not make sense.

Therefore, I urge you to oppose this bill.

Thank you,
Margaret Stoklosa
Gaithersburg, MD
Gosia2200@yahoo.com

testimony for 2021 against SB41 .pdf

Uploaded by: Tarsel, Emily

Position: UNF

Emily Tarsell, LCPC re SB 41 – Finance Committee - UNF

Chairman and Senators of the Finance Committee,

My name is Emily Tarsell and I am a licensed mental health therapist and mother. I have worked with many children, adolescents and families in schools, clinics and private settings. I am here today to testify in opposition to SB41.

Parents have repeatedly defeated past legislative attempts that would undermine parental rights and would naively treat minors like little adults. A minor does not have the maturity to determine if a diagnosis or treatment is appropriate and a diagnosis is in one's chart forever. A minor would not know if their medical or family history contraindicated a treatment. If the minor had post treatment adverse events, caretakers would be deprived of information in seeking appropriate care and be barred from potential legal action which they would otherwise have.

According to a 2010 Supreme Court decision, "Developments in psychology and brain science continue to show fundamental differences between juvenile and adult minds"[1]. In the justice system, we correctly do not treat children and adolescents like adults.

Based on well established developmental stages, **NO** 12 year old (or even a 16 year old) has the mental and emotional maturity of an adult. According to Dr. Laurence Steinberg's study of "neuroplasticity", adolescence continues up until age 25 because an individual's brain isn't fully formed until then [2,3].

This bill would not give minors a voice for self protection but rather make them more vulnerable to opportunistic exploitation. School programs already allow a child to privately seek counseling and there already exist laws to protect minors against abuse. As a clinician, I have always found the best outcomes for minors result from working together with them **and** their caretakers.

Please protect our minors and **veto SB 41**. Thank you.

Emily Tarsell, LCPC

References:

1. <https://www.supremecourt.gov/opinions/09pdf/08-7412.pdf>
2. Steinberg L. **New Science of Adolescence**. calls for a radical change in how we think about and deal with adolescents. For starters, he redefines the term adolescence to include 10-year-olds to young adults up to the age of 25, reflecting a stage of development in which they aren't yet socially or financially independent from their parents and their brains aren't yet fully mature. To make this case, he draws on science that suggests individuals have heightened "neuroplasticity" during this stage of life, where their brains are more malleable than in adulthood.
3. Steinberg, Laurence (12 June 2013). "The influence of neuroscience on US Supreme Court decisions about adolescents' criminal culpability". *Nature*. **14** (7): 5518. doi:10.1038/nrn3509. PMID23756633. S2CID12544303.

SB 41 - Oppose - MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: UNF



February 2, 2021

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

RE: Oppose – SB 41: Mental Health Access Initiative

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work 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 branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS oppose Senate Bill 41: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative) (SB 41) as many children under the age of sixteen, and especially as young as twelve years of age, lack the capacity as adults to make some of these important mental health decisions. SB 41 arbitrarily tasks mental health providers with determining a minor “to be mature and capable of giving informed consent.” Such capacity assessments go well beyond a mere conversation with the minor and are potentially complicated. MPS and WPS would contend that capacity assessments are not even possible if the provider does not have a parent’s or guardian’s consent to conduct them.

More importantly, almost every effective strategy at treating younger children with mental illness benefits from the involvement of the parent or guardian. Parent or guardian involvement undisputedly increases the effectiveness of most therapies and some interventions require such participation to even occur. Starting a child in treatment and then later involving a parent or guardian would result in a highly problematic dynamic between the mental health provider and parent or guardian that would be difficult to repair. Even in the rare cases, in which a competent child is interested in care and a guardian opposes that decision, involvement of the guardian is a must. The guardian's absence and family conflict most often is the predominating problem that must be addressed in care.

An important part of the provision of mental health services is the ability to coordinate care when additional services are necessary. Assisting with educational advocacy or accessing



psychiatric services, adjunctive mental health services or higher levels of care would become exceedingly complicated without guardian involvement. Children can access school counseling services as part of their educational resources. If there is a need for more intensive mental health services, the school counselor can work with the child and family to enroll in services and if necessary, help the child advocate for such services. Finally, creating such a system will result in questions about billing. It seems incongruous that a mental health provider can on one hand enroll a child in care without guardian consent yet on the other hand bill the guardian's insurance provider for the services.

For these reasons, MPS and WPS respectfully ask the committee for an unfavorable report on SB 96. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com

For these reasons, MPS and WPS respectfully ask the committee for an unfavorable report on SB 96. 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 Maryland Psychiatric Society and the Washington Psychiatric Society
Joint Legislative Action Committee

SB41 Oppose.pdf

Uploaded by: Williams, Peggy

Position: UNF

SB41 OPPOSE

Peggy Williams

103 Wiltshire Ln

Severna Park, MD 21146

Children at this young age should have input from their parents on all medical decisions such as these.