

March 15, 2022

TESTIMONY OF Dr. MARGARET (PEGGY) NALEPPA

Dear Senate Finance Committee Members,

As a retired CEO of a complex tertiary medical system; a previous surgical nurse who managed the informed consent process for minors, as a mother of two daughters and nana to two granddaughters, I am infinitely aware of the dynamic and challenging decisions minors are exposed to daily. I SUPPORT SB 891 based on the following principles and logic:

The tenants of the health care domain are based on the principles of confidentiality, *do no harm* and to provide access to professionally trained physicians who have knowledge of treatment options related to physical and mental needs. Further, the needs of the patient should always come first.

As such, my support of SB 891 is based on elements of the law, the clinical practice and the ethics related to the proposed legislation and its relationship to existing legislation and standards.

LAW

Double Standard and adolescent brain development factors

The Maryland Health General Article 20-102, 20-104 states that minors who are (a) married or are a parent, live separately, are self-supporting -may consent to medical treatment independently. Additionally, all minors (with exception) have the same capacity to independently consent as an adult based on specific treatment for conditions 1-8. Thus, one notes that in all other conditions (surgery, medical treatment, neurology disorders, etc., except an emergency) the minor is required to obtain parental/guardian consent. Why is it that a minor can independently consent to have a medical/surgical procedure (1-8) without informing a parent/guardian and conversely for hundreds of medical/surgical procedures the minor is required to obtain parental authorization? From my perspective, the current legislation is a double standard as it authorizes a minor to self-consent under certain conditions and does not authorize the minor to self-consent for other treatment options. I am sure there are various arguments to support the Why. Regardless, a primary factor associated with who can authorize and decide is based on mental acuity and level of maturity.

In general, research supports that individuals under a certain age are not sufficiently mature to make clinical decisions. In my opinion, the reality is the adolescent brain is inconsistent and decisions are often done with little consideration of both short- and long-term effects. [This letter of support does recognize that not all adolescents demonstrate these adverse behaviors, and some do have the maturity to work through difficult, life changing decisions].

The factors that impact the adolescent brain are consistently present – they do not exit when certain medical /surgical conditions are under consideration and the minor can decide independently. They don't "turn on" rationale problem solving skills for given decisions. Further, any of the currently approved self-consent conditions (1-8) create strong emotions and challenges. In my opinion, adult wisdom, experience and "lessons learned" are impactful variables when considering a medical

procedure for any minor. This important discussion requires a parent/ guardian to be informed prior to a final clinical decision.

Furthermore, as another example of legislation recognizing that a minor is more vulnerable and subject to inappropriate decision making is the structure and design of the juvenile justice system. It recognizes the immature cognitive state of many juveniles as they are trialed differently than adults. A case in point- juveniles have less impulse control, increased susceptibility to peer influence and a lack of good reasoning (critical thinking) skills making them less culpable than adults [(Graham vs Florida) 8/7/13)

The proposed SB 891 provides a consistent informed consent process, honors the important role of the parent/guardian responsibilities, supports the values of trust, transparency, and parent/minor rights.

CLINICAL PRACTICE:

Physician can use his/her professional judgment and advocate for a minor if the need arises to address adverse parental behavior concerns

The proposed bill contains a provision [14-c-1] Physician may perform the procedure (abortion) without notice to a parent IF in the judgement of the physician notice to a parent /guardian may lead to physical and emotional abuse of minor. This is an important element and authorizes the physician to apply his/her professional training and judgement- they are the expert in medical/surgical field and should be so authorized. I find this a high reliability factor as it addresses the concern that a minor could be subject to physical/mental abuse by a parent/guardian IF the minor was required to inform parent/'guardian PRIOR to a given procedure.

Further, as a registered nurse with 45 years of experience, I have on numerous occasions personally witnessed or have been informed by a minor of a decision he/she made independently, without parental discussion and consent. Their narrative is often- *if only I had known* -of both short- term and long-term unintended consequences, I would have chosen a different outcome. These comments beg the question of why didn't informed consent act to advise the minor at the time of a procedure? Yes, the informed consent process should address this; however, in my opinion, I am reminded of the reality of the adolescent brain- motivated by self- serving behaviors, a sense of urgency, and emotional reactions that contribute to potentially regrettable decisions. This is my personal experience and observations. It is acknowledged that others may have experienced different scenarios and support an opposing viewpoint.

ETHICS

Advocate for parent inclusion

I am unable to support legislation that does not include parent/guardians in a minors decision making process. Society recognizes the characteristics of the adolescent brain and subsequent behaviors through various systems that manage minors and their needs. Noteworthy as an example are 1.)-the regulations that govern our juvenile system and 2)-the general informed consent process that currently requires a minor to obtain authorization from a parent/guardian for most medical/surgical procedures/ treatments. In my opinion, this #2 inclusion provides a platform for important parent/guardian discussions- a valued and important component to building family relationships. Transparency and

honesty are important values that I hold dearly. Keeping secrets – undermines trust and can negatively impact the parent-child relationship. We have many other issues crippling out families today and we do not need to add to the dynamic by keeping parent/guardians uninformed. I respect the concern that a minor may experience adverse repercussions from immature, abusive parents. If indicated, the physician's judgement and authorization to act independently does addresses this concern in the proposed legislation.

In summary, we do not live in a world of absolutes. Each decision/action is determined based on degree of risk, values, and the duty of no harm. I vote YES to SB 891 as it supports my principles as a FAITH based parent /grandparent. Further, the bill intent fosters my values as a role model ... to provide, protect, guide, model, encourage and love. This requires transparency, honesty, and an inclusionary mindset. I **believe** in our parents and their ability to appropriately act as guardians and protectors of their children and the family unit. This proposed legislation honors their fundamental rights and provides exemptions when indicated to protect the minor .

Respectfully submitted,

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