

## **MAINTAIN CURRENT LAW FOR CONTINUED MINOR ACCESS TO ESSENTIAL MEDICAL TREATMENT**

The North Carolina Pediatric Society, NC Medical Society, North Carolina Academy of Family Physicians, NC Psychiatric Association, North Carolina Obstetrical & Gynecological Society, NC Association of Local Health Directors, North Carolina College of Emergency Physicians, NC Nurses Association and NC Council of Child and Adolescent Psychiatry oppose changes to our current law that would require parental consent for certain health care services for minors.

The general rule is that parental consent is required for health care services for minors. However, to ensure that minors receive essential and timely access to address certain conditions, NC law allows a minor to consent to treatment for venereal disease and other communicable diseases, abuse of controlled substances or alcohol, emotional disturbances, and pregnancy (except abortion). Parental consent is already required under current law for a minor to receive an abortion. The current law has been state policy since 1977 and has worked to provide minors with confidential access to essential health care services. Elimination of minor consent would mean that:

- Access to care will be limited for those who need it most, as minors will be discouraged from receiving medical care for these conditions.
- There will be less medical treatment for these conditions and diseases which will result in further health complications to the minor which can substantially impact their lives and health, and the health of others with respect to communicable diseases.
- Minors will not receive the benefit of other medical interventions and counseling about the causes of these conditions to change conduct and behaviors to avoid further instances of these conditions. Early detection and treatment can prevent lifelong complications and conditions.
- Minors with emotional disturbance, through no cause of their own, will be less likely to seek medical treatment. The number of NC youth, especially youth 10-14, committing suicide has grown in recent years.
- Minors with substance abuse and alcohol problems who do not receive timely medical intervention are more like to continue to abuse substances and alcohol, which can lead to more sexually transmitted diseases and pregnancy. About one-third of NC high school teens have tried alcohol within the past 30 days. About 20% have tried a prescription drugs without a prescription.
- Minors who are experiencing health problems due to child abuse may not be recognized and treated. In 2012, 134,000 reports of child abuse and neglect were investigated in NC and 11,000 NC children were removed from their homes into foster care as a result of a determination of abuse or neglect.

Physicians are trained to help minors communicate with parents. Physicians provide counseling and support to minors that routinely encourages them to communicate with their parents. Physicians recognize that parental involvement is important to help change conduct and behaviors. Most minors will at some point talk with parents about these conditions; for those that cannot or will not do so, access to appropriate and timely care is still essential. Requiring parental consent will not change minor's behaviors that lead to some of these medical conditions.

A 2010 publication, *State Minor Consent Laws*, shows the states (D.C. is included as a state) that allow minors to consent to the certain conditions: STD/VD – 51; drug/alcohol care – 49; outpatient mental health – 34; reportable disease care – 21; pregnancy related care – 36; family planning – 35; emergency care – 37.

83% of North Carolina parents believe that North Carolina's current law is very important or somewhat important to keep teens healthy and safe (2013 poll by Public Policy Polling).