

**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB2357**  
**RELATING TO AGE OF CONSENT FOR**  
**ADOLESCENT MENTAL HEALTH SERVICES**

**REPRESENTATIVE DELLA AU BELATTI, CHAIR**  
**HOUSE COMMITTEE ON HEALTH**

Hearing Date: Feb. 5, 2016, 10:15 a.m.

Room Number: 329

1 **Fiscal Implications:** None to State of Hawaii, though private providers may experience a  
2 negligible impact.

3 **Department Testimony:** The Department of Health (DOH) strongly supports this bill, which is  
4 part of Governor Ige's Administrative Package.

5 The State of Hawaii has already recognized that requiring parental consent for minors to receive  
6 substance abuse treatment and family planning services poses a barrier to health care. Hawaii  
7 along with many other states has therefore allowed for the consenting minor to access these  
8 services. Similarly, minors often find desired mental health services inaccessible due to the  
9 discomfort and, in rare circumstances the opposition, of the current required parental consent.

10 HB2357 allows for the access of mental health services to consenting minors. It does not out-  
11 right exclude parental involvement. If, in the treating provider's clinical opinion, parental  
12 involvement would not be detrimental to care, the clinician must work with the youth to  
13 appropriately include the parent in treatment. This bill does not compel any private or public  
14 provider to afford such a service, but simply allows for the provision of the service should both  
15 parties agree, thereby no mandated cost is associated with this bill. It is reasonable to believe that  
16 more accessible mental health services would improve emotional wellbeing, increase earlier  
17 intervention and decrease serious negative outcomes such as addiction and suicide.

- 1   **Offered Amendments:**       The DOH respectfully request that the typographic error on Page 3,
- 2   Line 7 be amended to: “A person designated as a licensed mental health counselor pursuant to
- 3   section 453D-1”.
- 4   Thank you for the opportunity to testify.



*The Judiciary, State of Hawai‘i*

**Testimony to the House Committee on**  
Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair

Friday, February 5, 2016, 10:15 a.m.  
State Capitol, Conference Room 329

By

WRITTEN TESTIMONY ONLY

R. Mark Browning  
Senior Judge, Deputy Chief Judge  
Family Court of the First Circuit

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**Bill No. and Title:** House Bill No. 2357, Relating to Age of Consent for Adolescent Mental Health Services

**Purpose:** Lowers the age of consent to receive mental health treatment or counselling services.

**Judiciary's Position:**

The Judiciary supports this bill.

Unfortunately, trauma and increasingly stressful living conditions are realities facing the youth of today. Lowering the age of consent to mental health services would increase the opportunities for the young people to reach out for help. This bill does not overlook parents. The mental health service provider has an affirmative duty to contact and involve parents unless the provider determines that such contact is inappropriate. We believe that this strikes a balance between the rights and responsibilities of the parents, the growing need for such services to youth, and all parties' constitutional right to privacy.

Thank you for the opportunity to submit testimony on this matter.

**Date:** 02/05/2016  
**Time:** 10:15 AM  
**Location:** 329  
**Committee:** House Health

**Department:** Education

**Title of Bill:** HB 2357 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES.

**Purpose of Bill:** To reduce barriers in accessing mental health care for adolescents by lowering the age of consent to receive treatment from 18 years old to 12 years old.

**Department's Position:**

The Department of Education (Department) opposes HB 2357 which proposes to lower the age of consent to receive treatment from 18 to 12 years of age. While the Department recognizes the intent of the measure is to reduce barriers in accessing mental health care for adolescents, at age 12, children are unable to make informed and appropriate choices and decisions in consenting to mental health care treatments.

Thank you for this opportunity to provide testimony in opposition to HB 2357.

# HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 904 Honolulu, Hawaii 96813

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Web site: <http://www.hysn.org> E-mail: [info@hysn.org](mailto:info@hysn.org)

Rick Collins, President

Judith F. Clark, Executive  
Director

Big Brothers Big Sisters of  
Hawaii

Bobby Benson Center

Central Oahu Youth Services  
Association

Child and Family Service

Coalition for a Drug Free Hawaii

Domestic Violence Action Center  
EPIC, Inc.

Family Programs Hawaii

Family Support Hawaii

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Student Television

Hui Malama Learning Center

Kokua Kalihi Valley

Life Foundation

Marimed Foundation

Maui Youth and Family Services

P.A.R.E.N.T.S., Inc.

Parents and Children Together  
(PACT)

Planned Parenthood of the  
Great Northwest and  
Hawaiian Islands

Salvation Army Family

Intervention Services

Sex Abuse Treatment Center

Susannah Wesley Community  
Center

The Catalyst Group

Uhane Pohaku Na Moku

O Hawai'i

Waikiki Health

February 2, 2016

To: Representative Della Au Belatti, Chair,  
And members of the Committee on Health

## **TESTIMONY IN SUPPORT OF HB 2357 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES**

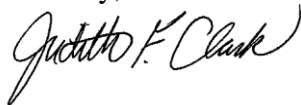
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports HB2357 Relating to Age of Consent for Adolescent Mental Health Services.

Whenever feasible, parents and other family members should be involved in mental health services for their children. Yet there are times when adolescents need to be able to talk to a mental health professional without parental involvement. For example, this could include child abuse situations where the youth may find it difficult to address issues with the abuser present; when the family is not willing to discuss issues around sexual identity and the youth identifies as gay, lesbian, bisexual, or transgender; or when the parent him or herself has an unresolved mental health or substance abuse problem. The youth who participated in the 2015 Children and Youth Summit identified age of consent for mental health services as one of their top priorities for legislative action.

HYSN would note, however, that setting the age of consent at twelve is not consistent with the age of consent established in other Hawaii laws. Consent for primary and preventive health care and entry into an emergency youth shelter are both set at fourteen. The Legislature may want to consider amending the bill to make the age of consent consistent with other statutes.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH  
Executive Director

277 Ohua Avenue ● Honolulu, Hawaii 96815

TO: House Committee on Health  
Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair

FROM: Sheila Beckham, RD, MPH  
Chief Executive Officer

DATE: February 5, 2016

RE: HB2357 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES.

We respectfully request your support for HB2357. Many adolescents on our island would greatly benefit from mental health services but cannot access the care that they need without parental consent. Homeless adolescents and unaccompanied youth are particularly affected since they often experience extreme trauma and come from families that do not actively promote their health needs.

Each year, Waikiki Health provides drop-in services, street outreach, and medical care to more than 700 youth through its Youth Outreach (YO) program. Each year, we see too many minors on outreach and at our drop in center who suffer from addiction, sexual and physical abuse and grave trauma usually inflicted at the hands of their families. These children lack the professional mental health services that could begin the healing process.

The State has enacted laws to ensure that adolescents receive critical primary care services; nevertheless, these same laws do not apply to mental health services. The proposed bill will help vulnerable adolescents secure their mental health needs and provide support to help them reach their full potential. Increased mental health service access for adolescents should also benefit the entire community through reduced suicide rates, reduced substance abuse, and reduced adolescent crime.

Waikiki Health believes that we should provide access to health care for everyone's health needs, especially the most vulnerable. Thank you for your support.

From Dana K. Anderson, Secretary and Founding Member, Friends of Youth Outreach

To: The Committee on Health

Re: Hearing on HB 2357

Friday, February 25, 2016

The Friends of Youth Outreach urgently support the measure to reduce barriers in accessing mental health care for adolescents by lowering the age from 18 to 12 for unaccompanied youth.

We are aware of current law and urge that safeguards through the courts will be created for children under the age of 18.

Our youth at risk are 100% homeless and are “without” parents, having chosen to flee sexual and other physical and mental abuse at home. They seek to better themselves through counseling and GED study and seek to turn their lives around from extreme survival skills on the street.

We urgently need to remove barriers to treatment for their mental health and to put in place access for children under 18.

Thank you,

Dana K. Anderson  
Friends of Youth Outreach

# **Hawai‘i Psychological Association**

## ***For a Healthy Hawai‘i***

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Honolulu, HI 96808

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Testimony in SUPPORT of HB2357 RELATING TO AGE OF CONSENT FOR  
ADOLESCENT MENTAL HEALTH SERVICES

REPRESENTATIVE DELLA AU BELATTI,  
CHAIR, HOUSE COMMITTEE ON HEALTH

Hearing Date:  
Feb. 5, 2016, 10:15 a.m. Room Number: 329

The Hawaii Psychological Association (HPA) is in strong support of HB2357 which allows minors to access mental health services without necessarily requiring parental consent. It does not out-right exclude parental involvement in the youth's treatment. If, in the treating provider's clinical opinion, parental involvement would not be detrimental to care, the clinician must work with the youth to appropriately include the parent in treatment.

Because of concerns about possible difficulty accessing a youth's health insurance under these circumstances, this bill does NOT compel any private or public provider to afford such a service, but simply allows for the provision of the service should both parties agree. For psychologists and other licensed mental health providers working with youth in public settings such as school-based therapy, health clinics, correctional programs, and non-profit agencies, this bill will greatly improve the ability to offer services to those youth who request them.

The Hawaii Psychological Association supports this bill because we believe more accessible mental health services would improve emotional wellbeing, increase earlier intervention and decrease serious negative outcomes such as addiction and suicide among our youth. Hawaii is one of only a handful of states that continues to have age 18 as the age of consent for mental health care. It is time to modernize our statutes in order to respond to increased concerns about mental health issues among our youth.

Respectfully submitted,

*Lesley Slavin*

Lesley A Slavin, Ph. D.  
President, Hawaii Psychological Association  
On behalf of the HPA Legislative Committee

February 5, 2016

The Honorable Della Au Belatti, Chair  
House Committee on Health  
The Honorable Richard Creagan, Vice-Chair  
House Committee on Health

**Re: HB 2357 – Relating to Age of Consent for Adolescent Mental Health Services.**

Dear Chair Belatti, Vice-Chair Creagan, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) provides the following comments on HB 2357, which seeks to reduce barriers in accessing mental health care for adolescents by lowering the age of consent to receive treatment from eighteen years old to twelve years old.

While we certainly recognize the potential benefit of lowering the age of consent to allow minors to utilize these services, we would like to raise the following issues:

- If licensed mental health professional recommends a parent or legal guardian not participate in mental health treatment or counseling services for a minor, who will be responsible for the incurred expenses associated with treatment?
- If a minor is covered under a parent or legal guardian's insurance plan, and the parent is excluded from the treatment being sought by the minor, is there any liability or privacy issue for issuers should a claim then be filed by the licensed mental health professional indicated services for a minor were incurred?

Thank you for allowing us to testify on HB 2357.

Sincerely,



Jennifer Diesman  
Vice President, Government Relations

Testimony to  
COMMITTEE ON HUMAN SERVICES  
COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Friday, February 05, 2016 @ 10:15am

Regarding House Bill 2357- RELATING TO AGE OF CONSENT FOR ADOLESCENT  
MENTAL HEALTH SERVICES.

To reduce barriers in accessing mental health care for adolescents by lowering the age of consent to receive treatment from 18 years old to 12 years old.

I am writing to support HB2357. I am a practicing child and adolescent psychiatrist, currently working on Maui for the State Department of Health Child and Adolescent Mental Health Division. I am not submitting testimony on behalf of the Division, however I wish to express support for HB2357 as a physician and psychiatrist.

This bill if approved would remove a major barrier to children and adolescents to receiving mental health care, especially in cases of severe family losses, chaotic home environments or out of home placement. I have found many clients aged 12 and over to be very capable of understanding informed consent and participating in treatment and therapy.

The language of this bill, while including “mental health treatment” and psychiatrists as providers, it does not specifically mention medication as a part of mental health treatment. As such, while one may be able to argue that it’s implied, I would not personally use this bill as a stand-alone legal foundation for prescribing medication to minors without parental consent.

Thank you for the opportunity to testify regarding HB2357.

Sincerely,

Adam Coles, MD

CAMHD

Maui Family Guidance Center

Committee on Health  
Representative Della Au Bellati, Chair  
Representative Richard P Cregan, Vice Chair

Sandy Sproat  
64-646 Puu Puhu Place  
Kamuela, HI 96743  
Email: [sproatks@gmail.com](mailto:sproatks@gmail.com)

Friday, 5 February 2016 10:15 am

Support for HB 2357 Relating to Age of Consent for Adolescent Mental Health Services

I work as an Educational Assistant in a public middle school on the Big Island and I am studying to become a social worker. I have raised seven children in this community and feel strongly that lowering the age of consent for the acquisition of mental health services can facilitate some healing for our children at an earlier age.

Many children at school struggle through personal problems which negatively impacts their social functioning and they could benefit from counseling services. Ideally a parent or guardian could seek out services for their child, however, a child who desires mental health services should be able to secure them on their own.

I feel this measure would be a step in the right direction to minimize the barriers that prevent our youth from getting the services they need to be healthier in the community.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 02, 2016 2:53 PM  
**To:** HLTtestimony  
**Cc:** mamaupin@hotmail.com  
**Subject:** \*Submitted testimony for HB2357 on Feb 5, 2016 10:15AM\*

**HB2357**

Submitted on: 2/2/2016

Testimony for HLT on Feb 5, 2016 10:15AM in Conference Room 329

| Submitted By             | Organization | Testifier Position | Present at Hearing |
|--------------------------|--------------|--------------------|--------------------|
| Margaret Maupin,<br>APRN | Individual   | Support            | No                 |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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