



Karen Saylor, MD, President | Jeffrey S. Barkin, MD, President-Elect | Erik N. Steele, DO, FAAFP, Chair, Board of Directors
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Anne Carney, Chair
The Honorable Thom Harnett, Chair
Members, Joint Standing Committee On Judiciary

FM: Dan Morin, Director of Communications and Government Affairs

DATE: May 6, 2021

RE: **Oppose**

LD 1510— An Act Concerning Informed Consent of Minors' Authority to Release Health Care Information

The [Maine Medical Association](#) is the state's largest professional physician organization representing more than 4300 physicians, residents, and [medical students](#) across all clinical specialties, organizations, and practice settings is submitting testimony in opposition LD 1510— An Act Concerning Informed Consent of Minors' Authority to Release Health Care Information.

In most situations under state and federal laws, for a minor to obtain health care services, the minor's parent or legal guardian must consent to such services. However, under certain circumstances, Maine state law ([22 M.R.S.A. §1501 – 1507](#) including statutory cross references) and HIPAA permit minors to consent to care on their own.

LD 1510 could place a minor in an incredibly difficult position and potential conflict at home. Giving a minor the choice to deny access to certain sensitive and statutorily covered treatment contained in their medical records to a parent or guardian places such a burden on their existing statutory privacy right, it essentially eliminates the right in practical terms.

State law already allows physicians to override the minor's denial of consent for parental or guardian access to critical health care issues.

[22 M.R.S.A. §1505 \(2\)](#)

Parental notification. *A health care practitioner or health care provider may notify the parent or guardian of a minor who has sought health care under this chapter if, in the judgment of the practitioner or provider, failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the practitioner's or provider's ability to provide treatment.*

Therefore, it is the MMA's position that our member physicians are in the best position to decide whether it is in the best medical interests of the child to provide access to certain health care information. Parents or guardians can currently get a printed copy of all allowable clinical information under law within their child's chart, excluding the areas that are legally restricted. However, it is possible to receive sensitive information based on the decision of the physician, but not through portal access.

In some families, the consequences of allowing access to such sensitive information could be dire. That is one of the practical reasons for policies restricting parental or guardian access by age rather than choice. If the switch to restricted access was not automatic based on age and instead by choice, it could serve as a signal that a child has received care of a sensitive type as health care issues for minors of a certain age can change quickly. Such confusion, uncertainty, and fear could lead minors to lose trust in their physician to provide needed reproductive, mental health, or substance use disorder services without ensuring such care is confidential.

Thank you for the opportunity to offer comments and information. We would be happy to provide additional information and/or physician representation, if available, for more information before or during the work session. Thank you.