



HEALTHREACH  
COMMUNITY HEALTH CENTERS

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## HealthReach urges “ought not to pass” on LD 1809, “An Act to Prohibit Health Care Services Without Parental Consent”

### Our children deserve *more* access to care, not less.

Senator Carney, Representative Moonen, and members of the Joint Standing Committee on Judiciary – my name is Ed Molleo, and I am the Director of Communications for HealthReach Community Health Centers.

HealthReach is a 501(c)(3) nonprofit network of 12 Community Health Centers, located throughout Central and Western Maine. On an annual basis, we serve more than 26,000 patients through services that run the gamut of general preventative healthcare, dental care, and behavioral health services. Our locations are situated in otherwise medically underserved communities within this most rural state of all the United States. Our clinics span a large service area, bounded by Albion and Whitefield to the east, Bingham to the north, Rangeley and Bethel to the west, and Richmond to the south. We serve patients that come from 9 of Maine’s 16 counties, and our Connector Program further links both patients and clients with support services – including health insurance, food bank resources, transportation, and more – that allow them to live healthier, more enjoyable lives.

The last three years have presented a huge number of challenges to our youth, both in Maine and globally. We know that demand for mental health services outstrips available supply at a time when rates of anxiety and depression – as well as attempted suicide – have each risen. We also know that preventative healthcare has taken a back seat to other priorities, as demonstrated by both decreased vaccination rates and increased spread of preventable disease. As a state and a community, **we must do everything we can to recover from this slump and begin to better serve our youth with timely, safe, and effective healthcare.**

As members of the same communities we serve, we are acutely aware that our services stand as a lifeline for many rural peoples – and particularly our children. Access to healthcare is an existential concern for those that live far from service centers like Portland, Lewiston/Auburn, and Bangor. Increasing barriers to care only serves to delay, or at worst, deny care for the most vulnerable members of our communities.

**This bill is, first and foremost, unnecessary.** Trusted licensed clinicians following a code of ethics already evaluate minor patients’ capacity to consent to treatment. The American Medical Association elaborates on

the point of confidential healthcare for minors: “A minor’s decision-making capacity depends on many factors, including not only chronological age, but also emotional maturity, and the individual’s medical experience.” Providers do, on a case-by-case basis, gently urge children to confide in their parents when safe to do so – unfortunately, real risk here is all too common for many of our youth. The clinicians in our health centers carefully evaluate each situation presented before them and proceed accordingly.

The bill before you would be regressive. While we believe the intentions are good, **the bill as written would immediately restrict access to care for some of the children needing it most.** This bill does not consider the situation many children in our communities unfortunately face on a daily basis. While we fully respect the special nature of the parent-child relationship – many of us being parents ourselves – this bill presents a number of unintended consequences.

What will happen if a child seeks care after a sexual assault, and their parent was the attacker – is their consent required for forensic examination and treatment? What if a child requires urgent care, and their parent is neglectful, under heavy influence of substances, or otherwise does not answer good faith attempts by the provider to reach out – shall they go untreated? This bill would take us down such paths.

We know that many health issues affecting our youth are further complicated by widespread stigma –

- If a youth cannot safely disclose whatever they want or need to, the clinician may not have enough information to know what kind of help the child needs.
- Not all parents have unconditional love for their child. Some parents abuse or disown a child for a variety of reasons outside the child’s control. If certain information is disclosed, it could make a patient vulnerable to a range of punishments – from unkind treatment to homelessness, or worse.
- Some parents may worry that “secrets” will undermine their relationship with their child. But, when a child can openly discuss their feelings with a trusted clinician, their relationships with others – including their parents – may improve.

**This bill – as written – will *not* convince a youth to disclose a situation around which they feel shame or embarrassment; rather, it will prevent them from accessing timely healthcare services to treat all manner of issue or injury.**

On behalf of HealthReach and our communities throughout Central and Western Maine, I thank you for your consideration of our testimony. **LD 1809 does not serve the best interest of either our youth or our society. Please choose to support the health and wellbeing of our children with your “ought not to pass” vote.**

Should you have any questions or seek further insight, please feel free to reach out to me.

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