

Testimony of the Maine Primary Care Association  
before the Joint Standing Committee on Health and Human Services  
In Opposition to LD 251

**“An Act To Protect the Safety of Maine Children by Requiring the Express Consent of a  
Legal Guardian To Dispense Prescription Medication to a Minor”**

Kevin Lewis  
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The Maine Primary Care Association (MPCA) opposes LD 251 given the adverse impact that this proposed change would place on those teenagers who seek out mental health services, substance abuse treatment, or family planning without the involvement of their parents or guardians.

Before providing further explanation on why we as community health centers take this stance on this bill, it is important to first point out that we believe that whenever possible, parents should be involved in their children’s medical care. The development and presence of family supports and a safe environment should be a right of all children, not a privilege. In instances when the minor seeks out treatment without parental or guardian consent, clinicians encourage that adolescent to involve their parents / guardians.

However, to mandate parental consent as a necessary prerequisite for prescription medicine that is a necessary component of the care and treatment for some mental illness and is an important aspect of family planning, will eviscerate our existing laws allowing for minors’ access to such care and treatment in certain instances. The effect of this change in our laws would be to turn some teens away from the health care access they need, quite possibly putting them in much greater harm’s way. Moreover, the visit with the physician, nurse practitioner, or physician’s assistant is undoubtedly for some the first chance for a real dialog regarding their health concerns, a responsible means of reaching out for help, and an opportunity to consult with a health care professional on a range of risky behaviors, including the risks of sexual intercourse.

The story of Bobbie-Lee Goodwin serves as a good example of the value provided by minors’ ability to access care and treatment, including family planning. This is one of the profiles contained in our publication *Faces of Maine’s Safety Net*. I don’t know of the disposition of Ms. Goodwin’s parents back at the time she sought out family planning to avoid becoming a teenage mother like her sister, but I am certain that there are teens in similar straits who wouldn’t have the consent of their parents even if such care was to deter an unwanted pregnancy, or get help for depression, self-mutilation, anorexia, bulimia, anxiety disorders, and so forth. To the extent that parents are not already involved or aware, the trip to the physician’s office could be the first step in opening the teen’s dialog with his/her parents. However, if the very tools needed to address the concern(s) are taken away from the medical practice, then we will have stunted the intent of providing minors this access to care and treatment in the first place.

In closing, we ask the committee to uphold the current access standards for minors to gain medical care in certain instances on their own, including prescription drugs that are necessary components for some aspects of care and treatment. To mandate parental or guardian consent for prescription medications will put some youth at greater risk. We ask for the Committee to unanimously recommend “ONTP” on LD 251.