

REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAII



ACT 13, SLH 2018 TASK FORCE

“Relating to Minors”

November 2018

Respectfully submitted by the
Hawaii State Department of Health
Child & Adolescent Mental Health Division

Act 13, SLH 2018 Task Force

“RELATING TO MINORS”

EXECUTIVE SUMMARY

Pursuant to Act 13, Session Law of Hawaii (SLH) 2018, the Hawaii State Department of Health, Child and Adolescent Mental Health Division (CAMHD) convened a task force on the 4th of October 2018 at 1:30 pm in the Kinau Hale 1st Floor Board Room to hear the following presentations:

- Background on Act 13, SLH 2018 “Relating to Minors;
- An Overview of Behavior Health Related Youth Data from the “Hawaii Sexual & Gender Minority Health Report”;
- Availability of Counseling for Minors and an Analysis of the Availability of minor-initiated counseling on issues regarding sexual orientation, gender identity, gender expression, and related behaviors; and
- Current Counseling Practices in Hawaii and Nationwide for minors, including counseling on sexual orientation.

Policy considerations were discussed and based on this discussion three legislative measures were proposed. The Act 13, SLH 2018 Task Force reconvened on October 30, 2018 at the same place and time as the previous meeting to review two of three draft legislative proposals both of which amend the Hawaii Age of Consent Law, §577-29, Hawaii Revised Statutes (HRS) to:

- Ensure billing information for minors 14 years or older who are seeking mental health treatment without consent of their parents are not disclosed to the minors' parents or legal guardians who are policy holders or other covered persons; and
- Allow mental health professionals working under the supervision of a licensed mental health professionals to provide minor-initiated counseling.

The third proposed bill amends Act 13, SLH 2018 to add the term “gender identity change efforts,” and will be drafted after this Act is codified into state law.

The proposed task force bills were vetted by task force attendees through email and are expected to be introduced at the Hawaii State Legislature's 2019 session.

BACKGROUND ON ACT 13, SLH 2018

The Hawaii State Legislature passed Act 13, SLH 2018, “Relating to Minors” also known as the Conversion Therapy ban bill. This Act:

- Regulates the conduct of persons licensed to provide professional counseling to minors under the age of eighteen and prohibits these individuals from engaging in, attempting to engage in, or advertising the offering of sexual orientation change efforts¹ of persons under the age of eighteen; and
- Required the Hawaii State Department of Health to establish a task force to address the concerns of minors seeking counseling on sexual orientation, gender identity, gender expression, and related behaviors, and to submit a report to the legislature 20 days before the convening of the 2019 Legislative Session.

The task force was mandated to address:

- “(1) Current counseling practices in Hawaii and nationwide for minors, including counseling on sexual orientation, gender identity, gender expression, and related behaviors;
- (2) Studies by nationally accredited institutions or government agencies regarding the availability of counseling for minors on issues regarding sexual orientation, gender identity, gender expression, and related behaviors;
- (3) An analysis of the availability of minor-initiated counseling on sexual orientation, gender identity, gender expression, and related behaviors; and
- (4) Proposed legislation to provide accessible and appropriate counseling to minors on issues regarding sexual orientation, gender identity, gender expression, and related behaviors.”

Act 13, SLH 2018 required the Governor of the State of Hawaii, the Hawaii State Senate President, the Speaker of the House, the Director of Health, the Superintendent of Education; and the Attorney General to select members for the task force. Additional people were added to the task force, as appropriate, to address policy considerations. The names and affiliation of those who attended the task force meetings are listed at the end of this report.

¹ “Sexual orientation change efforts” are defined in Act 13, SLH 2018, as “the practice of attempting to change a person’s sexual orientation, including but not limited to efforts to change gender identity or gender expressions and behaviors; or to reduce or eliminate sexual or romantic attractions or feelings toward a person of the same gender.”

OVERVIEW OF BEHAVIOR HEALTH RELATED YOUTH DATA FROM THE “HAWAII SEXUAL & GENDER MINORITY HEALTH REPORT”²

If you are not already familiar with the terminology of “Sexual orientation” and “Gender identity” and their associated terms:

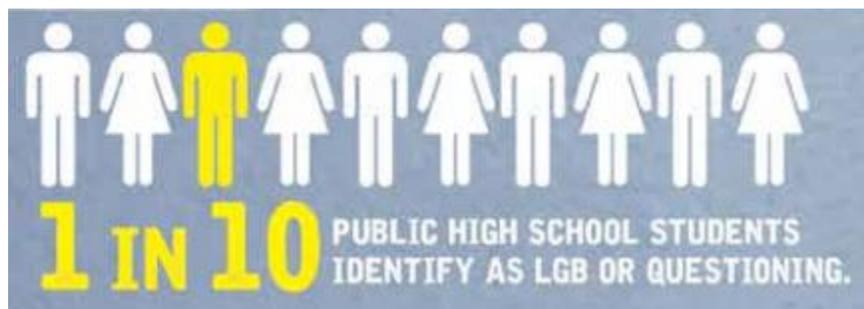
Sexual orientation refers to a person’s sexual attraction, behavior and identity to those of the same or opposite sex. People who are predominately sexually attracted to or are involved with those of the same sex may be lesbian (L), gay (G) or homosexual. Persons who are significantly attracted to and sexually attracted to or involved with both sexes may be considered bisexual (B). Those who are exclusively or primarily attracted to the opposite sex are heterosexual or straight.

Gender identity refers to an individual’s sense of being female or male or both genders regardless of their sex at birth. *Gender expression* is the display of a person’s gender identity through their behavior and appearance. *Cisgender* is a person whose gender identity, behavior and appearance associates with their sex at birth. *Transgender* (T) describes a person whose gender identity, behavior and expression differs to their sex at birth. A middle gender, which may be referred to in Hawaii as *mahuwahine* or *mahukane*, does not entirely associate with one gender but with both, or neither.

Please refer to the 2017 and 2018 “Hawaii Sexual and Gender Minority Reports” for more detail regarding the above terms as well as how data was collected on the sexual and gender minority population. The data in this section of the legislative report are excerpts from these 2017 and 2018 reports and the task force presentation on this subject.

Demographics

Over one in ten public high school students, or approximately 4,700 Hawaii youth, identified themselves as lesbian (L), gay (G), bisexual (B) or questioning. Sixteen percent of LGB youth or 1,260 public high school students considered themselves to be transgender (T).

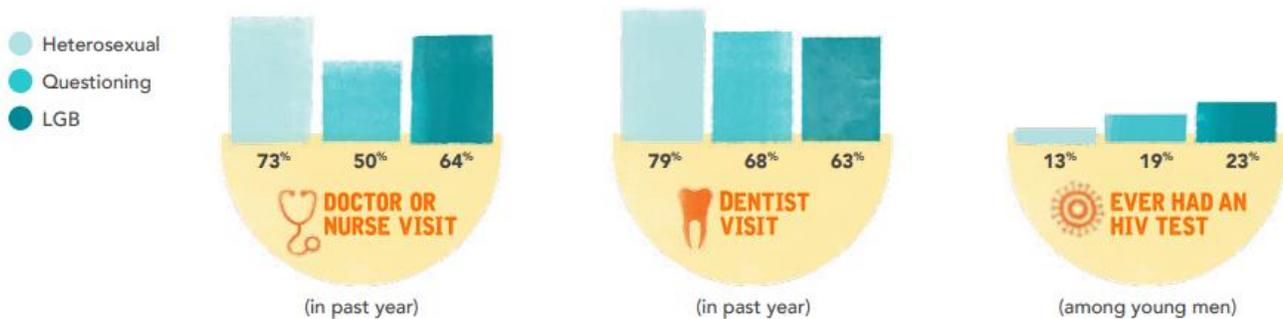


² 2017 Hawaii Sexual and Gender Minority Report for LGB data <https://health.hawaii.gov/surveillance/files/2017/05/HawaiiSexualandGenderMinorityHealthReport.pdf>; and 2018 Hawaii Sexual and Gender Minority Report that includes transgender data <https://health.hawaii.gov/surveillance/files/2018/09/HawaiiSexualandGenderMinorityHealthReport2018.pdf>.

Access to Health Care

Significantly less LGBT youth in Hawaii report seeing a doctor or nurse or dentist for a check-up compared to heterosexual youth; and low percentages of young men report having an HIV test. See graphic below. According to the 2018 Hawaii Sexual and Gender Minority Report, less than half of transgender youth had a check-up or physical exam within the past year compared to those who are cisgender.

To avoid health disparities between heterosexual and LGBT and questioning youth, the American Academy of Pediatrics recommends health care providers have “teen-friendly and welcoming” offices for sexual minority youth; and obtain “comprehensive, confidential, developmentally appropriate adolescent psychosocial histories” to determine their strengths as well as risks for disease. Referrals for mental health or substance abuse treatment may be needed.³



Behavior Risk Factors

The U.S. Centers for Disease Control and Prevention (CDC) states that “sexual minority youth use alcohol, drugs tobacco and other substances at significantly higher rates than heterosexual youth.” Such behavior may be attributed to bullying and harassment, family conflict and rejection, stress due to stigma, childhood abuse, gender stereotypes, and peer influence. Substance use among Hawaii LGBT and questioning youth is considerably greater than those who are heterosexual. This data is consistent with national data:

Substances	LGB	Questioning	Heterosexual
Alcohol			
Currently Drink Alcohol in the past month	45%	27%	25%
Currently Binge Drink	20%	14%	10%
Drugs			
Currently Use Marijuana	34%	21%	19%
Injected Illegal Drugs	9%	8%	2%
Took Prescription Drugs without a Prescription	28%	17%	12%
Tobacco / Smoking	24%	14%	8%

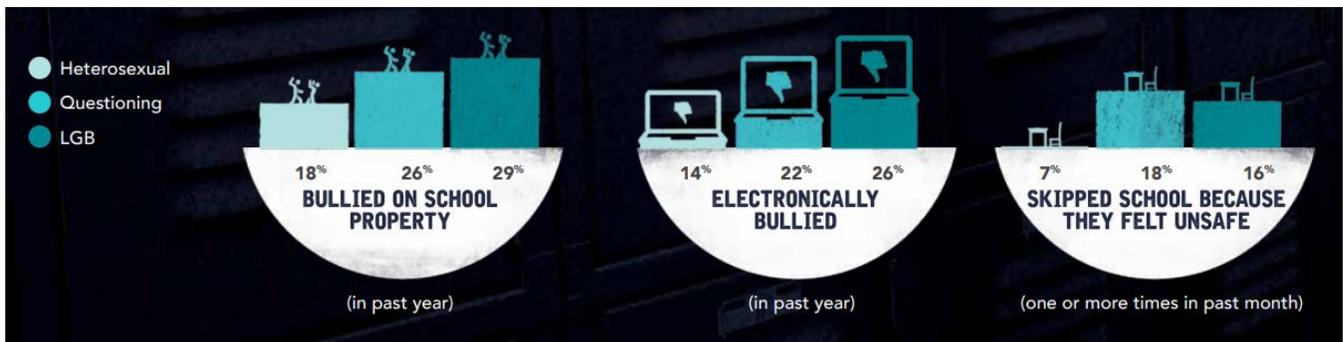
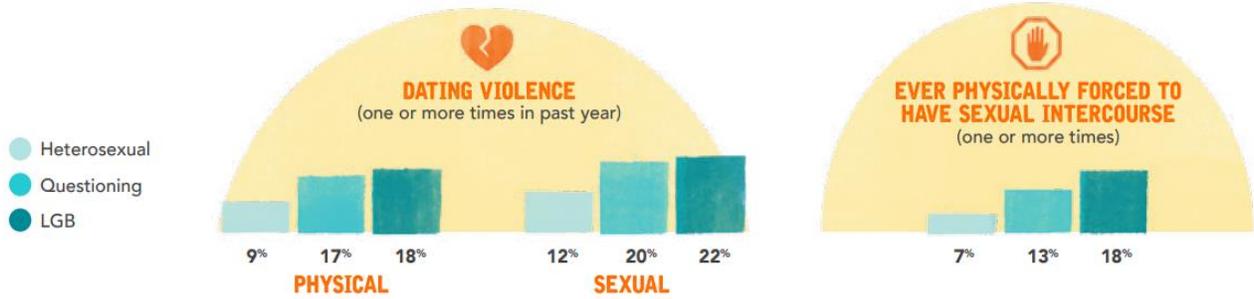
Forty-four percent of transgender youth attended school under the influence of drugs and alcohol within the past year compared to only 15% of heterosexual minors. Transgender youth also have injected illegal drugs and misused prescription pain medications significantly more than those who are cisgender.

³ Pediatrics, July 2013, Vol. 132, Issue 1, “Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. <http://pediatrics.aappublications.org/content/132/1/198>.

Mental Health

Sexual and gender minority youth who have been abused, neglected or bullied because of their sexual orientation have higher rates of depression, have thoughts of and/or have attempted suicide. Lack of acceptance and abuse at home and at school often leads to youth homelessness. Family rejection during adolescence is associated with mental health and substance abuse problems.

The rates of physical, sexual, and emotional abuse; and bullying of LGBT and questioning youth are consistently higher than that of heterosexual youth in Hawaii. They are also more likely to skip school because they feel unsafe on their way to and from school.



Forty percent of transgender youth have been bullied either at school or electronically, and one in four transgender minors experienced physical and sexual abuse.

The percentage of Hawaii LGB and questioning youth who report feeling sad or hopeless for two or more weeks in the past year, is almost two times more than heterosexual minors. There are significantly greater rates of LGB and questioning youth who intentionally injure (i.e., cut or burn) themselves, have thoughts of or attempted suicide within the past year than heterosexual youth.

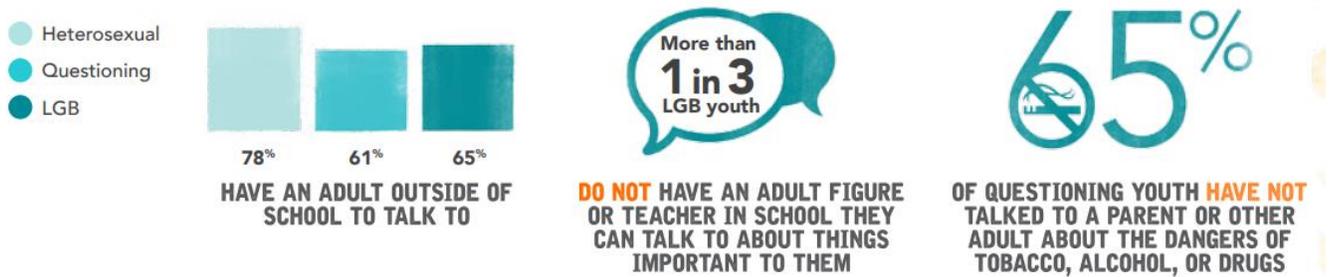


Transgender youth are 1.5 times likely to feel sad or hopeless, 3x more likely to purposely inflict harm on themselves, and 3x likely to attempt suicide or making a suicide plan than cisgender minors.

Protective Factors

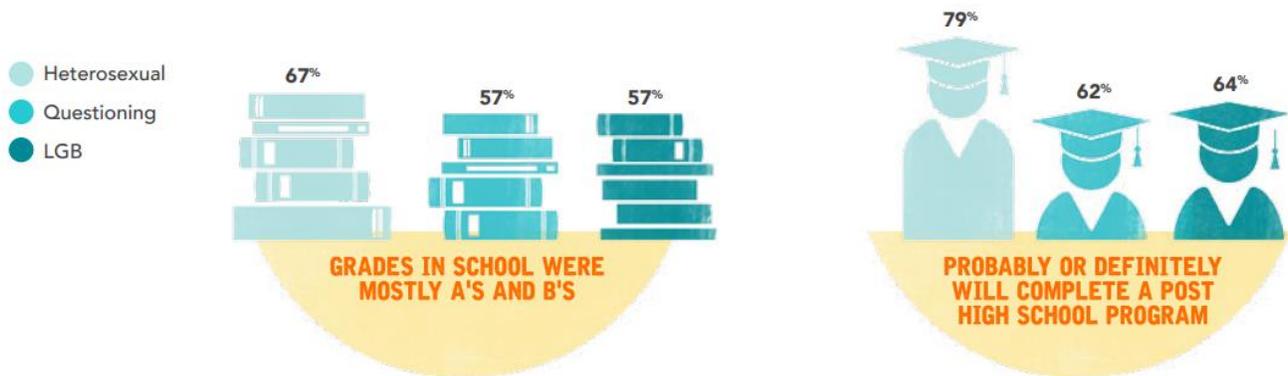
Certain factors can “protect youth from engaging in behaviors that lead to poor health outcomes” and “play an important mediating role in the development and life course of youth.” Protective factors include: family support and acceptance, the presence of caring adults, positive peer influences, strong self-esteem, and participation in school activities. Without adequate protective factors, there is a tendency for poor school adjustment, suicidal thoughts, high smoking rates, and other risk factors for poor outcomes.

About two thirds of youth in Hawaii, regardless of sexual orientation, have such supports in school; however, LGBT and questioning youth, outside of school, are significantly less likely to have an adult figure, whom they may confide in, compared to those who are heterosexual.



Academic Achievement

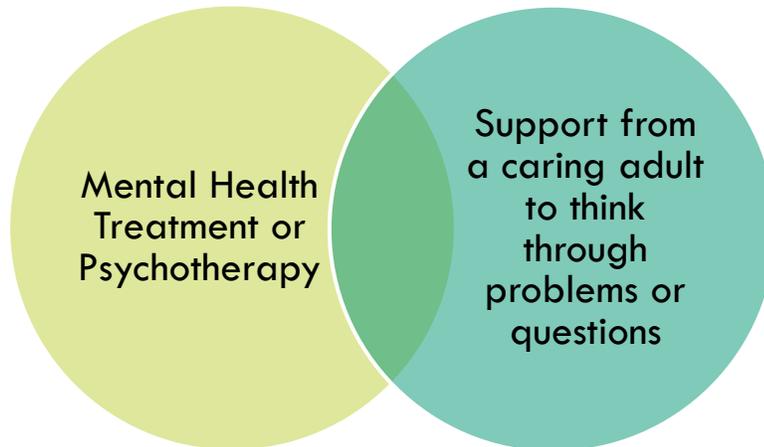
Academic achievement is related to health and earning potential. Those with higher levels of academic achievement tend to have higher incomes and are healthier with lower incidences of obesity and chronic diseases. Hawaii’s sexual and gender minority students who had adverse experiences at school tend to have lower academic outcomes and self-esteem than their heterosexual and/or cisgender counterparts.



Mental health problems and related disorders are associated with lower academic achievement, greater family distress and conflict, and poorer social functioning during childhood and into adulthood.

American Psychological Association

CURRENT COUNSELING PRACTICES FOR MINORS IN HAWAII AND NATIONWIDE INCLUDING COUNSELING ON SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION AND RELATED BEHAVIORS



Counseling for minors ranges from getting support from a caring adult to receiving mental health treatment from a mental health professional or a combination of the two as depicted in the overlap of the above diagram. Mental Health treatment or psychotherapy may additionally include administration of prescription medication and/or group therapy and is usually done on an outpatient basis. Treatment for severe mental illness may sometimes require hospitalization.

Mental health counseling for minorities is dependent on the minority group receiving treatment, and the therapists' self-awareness and knowledge of the minority. Areas of awareness and knowledge for a more LGBT affirming approach when counseling LGBT and questioning youth are:

- Awareness of minority stress, stigma, and discrimination including various types of aggression, and internalized homonegativity and trans-negativity; and
- Knowledge of identity development, dynamics and structure of families with non-conforming parents or children, religious beliefs of sexual and gender minorities, barriers to treatment, and patients' experiences of and with "coming-out" and non-conforming relationships, respectively.

Considerations when counseling youth on issues of sexual orientation, sexual expression and gender identity are:

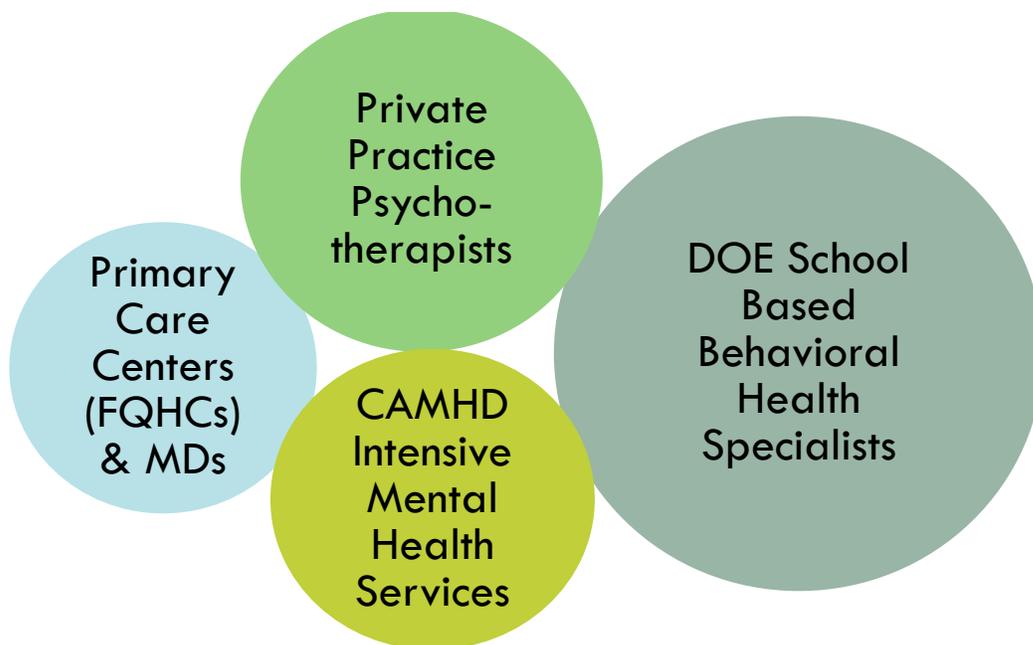
- Youth need a supportive, thoughtful adult to be a "sounding board" to talk about their struggles;
- LGBT and questioning youth may need mental health treatment from an LGBT affirming counselor for depression, anxiety, substance abuse, and/or other mental health disorders; and

- LGBT and questioning youth may be suffering from stress or trauma from the way their family, friends, classmates and others treated them in response to their sexual orientation or gender identity.

Mental Health professional counseling allows for therapeutic interactions to ameliorate mental health disorders or change problematic behavior brought on from stress and trauma the youth has experienced. Not all sexual or gender non-conforming minority and questioning youth need mental health treatment, but many may need support from a caring adult.

AVAILABILITY OF COUNSELING FOR MINORS INCLUDING MINOR INITIATED COUNSELING INCLUDING ISSUES REGARDING SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION AND RELATED BEHAVIORS

Hawaii’s youth may receive counseling from sources outside of home. Counseling within the mental health system may be from the State Department of Education (DOE) School Based Behavior Health Specialists, Private Practice insurance-funded Psychotherapists (Psychologists and Psychiatrists), general practitioners (Pediatricians or Family Practice MDs) and Primary Care Centers also known as Federally Qualified Health Centers or FQHCs, and the State Department of Health (DOH), Child & Adolescent Mental Health Division (CAMHD). See graphic below. Counseling that is considered outside of the mental health system may be from churches, religious groups, some nonprofits and community centers.



DOH-CAMHD and DOE work together to provide mental health supports and services for school aged youth who require intensive mental health services. DOH-CAMHD also collaborates with the Hawaii Judiciary Family Court systems to address juvenile mental or behavioral health needs. CAMHD treatment may include prescription medication, intensive home-based services or placement in therapeutic homes, residential treatment or psychiatric facilities.

One of the major barriers for LGBT and questioning youth accessing mental health counseling is the need for parental consent for services. This barrier has been partly alleviated by §577-29, Hawaii Revised Statutes (HRS), “Mental health services relating to minors; diagnosis counseling, and related activities”⁴ also known as the Hawaii’s Age of Consent Law of 2016. Currently, this state law allows minors 14

⁴ Link to Hawaii Age of Consent Law: <https://www.capitol.hawaii.gov/hrs/isysquery/d3e3d479-1349-4f81-867b-e7e9cfab9168/3/doc/#hit1>

years of age or older to consent to mental health treatment or counseling services provided by a licensed mental health professional if, the licensed mental health professional determines that the minor is mature enough to intelligently participate in this treatment. Parental consent however, is required for prescription medication and/or out-of-home or residential treatment program.

Other barriers to LGBT and questioning youth accessing mental health services are: lack of mental health professionals especially those who are LGBT affirming; the age of consent law is not public knowledge resulting in lack of awareness that minors may self-refer themselves for services; by law youth younger than 14 are not able to initiate counseling; youth do not have monies for mental health counseling and/or fear repercussions from parents or guardians for receiving services; and the stigma of mental illness and anti-LGBT sentiments from inside and outside of the mental health system can be prohibitive.

CAMHD conducted a literature search of the UH library database to determine the number of Hawaii therapists and agencies that treat LGBT and questioning individuals, and the therapists' treatment approaches. The search was conducted using the keywords "LGBTQ counseling" that was relevant to direct treatment services over the past five years, and inclusive of all ages.

This search resulted in only 130 of therapists in Hawaii who treat LGBT and questioning persons. Out of this total, 102 of the therapists provided Cognitive Behavioral Therapy and 33 Dialectical Behavior Therapy. However, limitations to the literature search were (1) the data is self-reported by the therapist or agency; (2) the search criteria do not always match the service described in the search; and (3) there is no transgender or gender non-conforming search filter.

According to the University of Hawaii's Annual Report to the 2016 Legislature by the Hawaii's Physician Workforce Assessment Project⁵, there are large shortages of primary and specialty care physicians, including psychiatrists, in every county of the state of Hawaii. "Insufficient Behavioral Health providers are a challenge on every island and lack of access likely influences high suicide rates and high chemical dependency rates."

Insufficient Behavioral Health providers are a challenge on every island and lack of access likely influences high suicide rates and high chemical dependency rates.

**University of Hawaii,
Hawaii's Physician Workforce Assessment Project**

⁵ University of Hawaii's Annual Report to the 2016 Legislature by the Hawaii's Physician Workforce Assessment Project: https://www.hawaii.edu/govrel/docs/reports/2017/hrs304a-1704_2017_hmec_annual-report.pdf

PROPOSED LEGISLATION AS MANDATED BY ACT 13, SLH 2018

The Act 13, SLH 2018 Task Force's proposed legislation consists of three measures. Two bills that amend Hawaii's Age of Consent Law, §577-29, Hawaii Revised Statutes (HRS) and a third "housekeeping" bill amending Act 13, SLH 2018 to add the term "gender identity change efforts" will be drafted when Act 13 is codified into the state's HRS.

The bills that amend the Age of Consent Law are:

- A bill "Relating to Adolescent Mental Health" to reduce barriers to minors seeking mental health services, this bill prevents disclosure of minor-initiated billing information to the policyholder or other insurance covered person. The minor, minor's parent or legal guardian are not responsible for out-of-pocket payment from minor-initiated treatment or counseling services.
- A bill "Relating to Mental Health" to increase access to supports of services, this measure allows a "mental health professional" supervised by a "licensed mental health professional" to provide outpatient minor-initiated mental health treatment or counseling services.

The third bill amends Act 13, SLH 2018 to add the term "gender identity change efforts." This term is defined as the practice of attempting to change a person's gender identity, including but not limited to gender expression and behaviors. Act 13 currently has "gender identity" in its preamble and in the definition of "sexual orientation change efforts" but "gender identity change efforts" is not currently defined. This bill will be drafted after Act 13 will be drafted after it is codified into state law.

Draft legislative proposals amending the Age of Consent Law were vetted by task force attendees at the October 30th task force meeting and again through email to finalize the draft measures and are attached to this report. All three draft legislative proposals are expected to be introduced for the 2019 legislative session.

ATTENDEES OF ACT 13, SLH 2018 TASK FORCE MEETINGS

ATTENDEES	AFFILIATION
Bidwell MD, Robert	Kapiolani Pediatrician
Chang, Josephine	DaMoms & LGBT Youth Safety Net Project
Ching, Jonathan	Kaiser Permanente
Fallin, Lynn	Deputy Director, BHA
Folen, Raymond	Hi Psych. Asso., Exec Director
Hawk DO, Samuel	Lavender Clinic
Herrera, Julio	Deputy AG, Family Law Division
Hui EdD, Wing Kan	DOE-SBBH, Ed Specialist
Humphrey MD, Kurt	DOH-CAMHD, Medical Director
Ige, Arlene	DCCA
Kajimura, Trisha	MHA of Hi, Exec Director
Kapua, Cathy	DOH-Hi Hlth & Harm Reduction
Kidani, Senator Michelle N.	EDU, Chair, Hawaii State Senate
Koyanagi, Chad	DHS-MedQuest
Kusunoki, Brad	Hawaii School Counselors Asso.
Learmont, Representative Lei R.	Hawaii State House
Lee Robin	DOH-CAMHD, Maui FGC Chief
Lino EdD, Timothy	DOE- Sch. Health, Administrator
Mikulanec, Jacce	HMSA
Mizuno, Representative John M.	HHS, Chair, Hawaii State House
Pham, Thaddeus K.	DOH - Harm Reduction Branch
Robertson, Ian	DCCA
Shimabukuro PhD, Scott	DOH-CAMHD, Asst. Administrator
Slavin PhD, Lesley – Task Force Chair	DOH-CAMHD, Psychologist
Thielen, Senator Laura H.	Hawaii State Senate
Williams, Heath for Senator Rosalyn Baker	CPH, Chair, Hawaii State Senate

____.B. NO.____

A BILL FOR AN ACT

RELATING TO ADOLESCENT MENTAL HEALTH SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 323B-3, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:

3 "(a) ~~[Notwithstanding]~~ Except as prohibited by section
4 577-29(f), and notwithstanding any other law to the contrary,
5 any use or disclosure of individually identifiable health
6 information by any covered entity or business associate that is
7 permitted by title 45 Code of Federal Regulations part 164,
8 subpart E, shall be deemed to comply with all state laws
9 relating to the use, disclosure, or confidentiality of such
10 information."

11 SECTION 2. Section 577-29, Hawaii Revised Statutes, is
12 amended to read as follows:

13 "**§577-29 Mental health services relating to minors;**
14 **diagnosis, counseling, and related activities.** (a)
15 Notwithstanding any other law to the contrary, a minor who is
16 fourteen years of age or older may consent to mental health

____.B. NO.____

1 treatment or counseling services provided by a licensed mental
2 health professional if, in the opinion of the licensed mental
3 health professional, the minor is mature enough to participate
4 intelligently in the mental health treatment or counseling
5 services; provided that the consent of the minor's parent or
6 legal guardian shall be required to prescribe medication to the
7 minor or to place the minor into an out-of-home or residential
8 treatment program.

9 (b) The mental health treatment or counseling services
10 provided to a minor as authorized by this section shall include
11 involvement of the minor's parent or legal guardian, unless the
12 licensed mental health professional, after consulting with the
13 minor, determines that the involvement would be inappropriate.
14 The licensed mental health professional shall state in the
15 client record whether and when the treating clinician attempted
16 to contact the minor's parent or legal guardian, and whether the
17 attempt to contact was successful or unsuccessful, or the reason
18 why, in the treating licensed mental health professional's
19 opinion, it would be inappropriate to contact the minor's parent
20 or guardian.

21 (c) A minor may not abrogate consent provided by a parent
22 or legal guardian on the minor's behalf. A parent or legal

____.B. NO.____

1 guardian may not abrogate consent given by the minor on the
2 minor's own behalf.

3 (d) If a minor consents to receive mental health
4 treatment or counseling services pursuant to this section, the
5 minor shall not be liable for payment.

6 (e) The minor, minor's parent or legal guardian [~~is~~] are
7 not liable for out-of-pocket payment for mental health treatment
8 or counseling services provided pursuant to this section unless
9 the parent or guardian participates in the mental health
10 treatment or counseling services, and then only for services
11 rendered with the participation of the parent or guardian.

12 (f) A covered entity shall not disclose to the minor's
13 parent or legal guardian who is a policyholder or other covered
14 person any billing information, including payments made by the
15 covered entity for mental health treatment or counseling
16 services provided pursuant to this section if the minor received
17 the services without the consent or participation of the minor's
18 parent or legal guardian.

19 [(f)] (g) As used in this section:

20 "Covered entity" has the same meaning as in title 45 Code
21 of Federal Regulations section 160.103.

____.B. NO.____

1 "Licensed mental health professional" means any of the
2 following:

3 (1) A person licensed as a mental health counselor
4 pursuant to chapter 453D;

5 (2) A person licensed as a marriage and family therapist
6 pursuant to chapter 451J;

7 (3) A clinical social worker licensed pursuant to chapter
8 467E;

9 (4) A person licensed as a psychologist pursuant to
10 chapter 465;

11 (5) A board certified, or board eligible, licensed
12 psychiatrist; or

13 (6) An advanced practice registered nurse licensed
14 pursuant to chapter 457 who holds an accredited national
15 certification in an advanced practice registered nurse
16 psychiatric specialization.

17 "Mental health treatment or counseling services" means the
18 provision of outpatient mental health treatment or counseling by
19 a licensed mental health professional."

20 SECTION 3. Statutory material to be repealed is bracketed
21 and stricken. New statutory material is underscored.

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____.B. NO.____

1 SECTION 4. This Act shall take effect upon approval.

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INTRODUCED BY: _____

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____.B. NO.____

Report Title:

Adolescent Mental Health Services; Payment disclosure

Description:

Prohibits health plans and providers from disclosing to a policyholder or other covered person any payment or billing information for minor-initiated. The minor, minor's parent or legal guardian are not responsible for out-of-pocket payment for minor-initiated mental health treatment or counseling services.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

A BILL FOR AN ACT

RELATING TO MENTAL HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 577-29, Hawaii Revised Statutes, is
2 amended to read as follows:

3 "**§577-29 Mental health services relating to minors;**
4 **diagnosis, counseling, and related activities.** (a)

5 Notwithstanding any other law to the contrary, a minor who is
6 fourteen years of age or older may consent to mental health
7 treatment or counseling services provided by a licensed mental
8 health professional or a mental health professional if, in the
9 opinion of the licensed mental health professional, the minor is
10 mature enough to participate intelligently in the mental health
11 treatment or counseling services; provided that the consent of
12 the minor's parent or legal guardian shall be required to
13 prescribe medication to the minor or to place the minor into an
14 out-of-home or residential treatment program.

15 (b) The mental health treatment or counseling services
16 provided to a minor as authorized by this section shall include

____.B. NO.____

1 involvement of the minor's parent or legal guardian, unless the
2 licensed mental health professional or the mental health
3 professional, after consulting with the minor, determines that
4 the involvement would be inappropriate. The licensed mental
5 health professional or the mental health professional shall
6 state in the client record whether and when the treating
7 clinician attempted to contact the minor's parent or legal
8 guardian, and whether the attempt to contact was successful or
9 unsuccessful, or the reason why, in the treating licensed mental
10 health professional's opinion or the mental health
11 professional's opinion, it would be inappropriate to contact the
12 minor's parent or guardian.

13 (c) A minor may not abrogate consent provided by a parent
14 or legal guardian on the minor's behalf. A parent or legal
15 guardian may not abrogate consent given by the minor on the
16 minor's own behalf.

17 (d) If a minor consents to receive mental health treatment
18 or counseling services pursuant to this section, the minor shall
19 not be liable for payment.

20 (e) The minor's parent or legal guardian is not liable for
21 payment for mental health treatment or counseling services
22 provided pursuant to this section unless the parent or guardian

.B. NO.

1 participates in the mental health treatment or counseling
2 services, and then only for services rendered with the
3 participation of the parent or guardian.

4 (f) For purposes of ~~[As used in]~~ this section only:

5 "Licensed mental health professional" means ~~[any of the~~
6 ~~following]~~ a person who provides counseling as part of the
7 following professions:

8 (1) A ~~[person]~~ licensed ~~[as a]~~ mental health counselor
9 pursuant to chapter 453D;

10 (2) A ~~[person]~~ licensed ~~[as a]~~ marriage and family
11 therapist pursuant to chapter 451J;

12 (3) A licensed clinical social worker ~~[licensed]~~ pursuant
13 to chapter 467E;

14 (4) A ~~[person]~~ licensed ~~[as a]~~ psychologist pursuant to
15 chapter 465;

16 (5) A ~~[board certified, or board eligible,]~~ licensed
17 ~~[psychiatrist]~~ physician pursuant to chapter 453; or

18 (6) ~~[An]~~ A licensed advanced practice registered nurse
19 ~~[licensed]~~ pursuant to chapter 457 who holds an accredited
20 national certification in an advanced practice registered nurse
21 psychiatric specialization.

____.B. NO.____

1 "Mental health professional" means a person working under
2 the supervision of a licensed mental health professional and is
3 enrolled in an accredited training program or has completed all
4 licensing requirements, except the examination for state
5 licensure, for mental health counselors in chapter 453D, for
6 licensed marriage and family therapists in chapter 451J, for
7 social workers in chapter 467E, and for advanced practice
8 registered nurses in chapter 457.

9 "Mental health treatment or counseling services" means the
10 provision of outpatient mental health treatment or counseling by
11 a licensed mental health professional or a mental health
12 professional."

13 SECTION 2. Statutory material to be repealed is bracketed
14 and stricken. New statutory material is underscored.

15 SECTION 3. This Act shall take effect upon its approval.

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INTRODUCED BY: _____

____.B. NO.____

Report Title::

Mental Health Services; Minors; Interns

Description:

Authorizes mental health professionals under the supervision of licensed mental health professionals to provide minor-initiated mental health treatment or counseling services.

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