



January 25, 2024

Senator Carson, Chairwoman
Senate Judiciary Committee
State House, Room 100
107 N. Main Street
Concord, NH 03301

RE: [SB 573](#) relative to parental consent for medical care

Dear Senator Carson and Members of the Senate Judiciary Committee:

Thank you for the opportunity to submit testimony on SB 573, which requires parental consent prior to the provision of health care services. Bi-State Primary Care Association and our members respectfully request the Committee vote SB 573 inexpedient to legislate because SB 573 will create conflicts with existing federal and state statutes; the current federal and state laws are sufficient; and, most importantly, SB 573 will create unnecessary barriers to accessing timely health care services.

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents. Bi-State's members include community health centers, federally qualified health centers (FQHCs), New Hampshire Area Health Education Center programs, clinics for the uninsured, networks, and consortia. Today, Bi-State represents 11 community health centers in New Hampshire that provide comprehensive primary care services to over 100,000 Granite Staters. These services include reproductive health care, substance use disorder treatment, oral health services, behavioral health services, and more.

Ten of New Hampshire's 11 health centers are FQHCs. Federally qualified health centers were created in the 1960s and are regulated by the Health Resources and Services Administration. These health care organizations are located in medically underserved areas throughout the country and serve all patients regardless of their ability to pay or insurance status. Federal law requires that FQHCs truly reflect the communities they serve: FQHCs are governed by a 51% patient-majority board. While no two health centers are identical, federal law established the array of services FQHCs must provide, including basic primary care services, voluntary family planning services, immunizations against vaccine-preventable diseases, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, translation services, and transportation services. Federal law also requires health centers to obtain patient consent prior to disclosing patient information.¹ The confidentiality requirement is applicable to all patients regardless of age and will conflict with state statute if SB 573 were to pass.

SB 573 could place federal funding and the services provided by that funding in jeopardy. The State of New Hampshire participates in the federal Title X Family Planning Program. Five out of six of the State's Family Planning Program Title X Clinics are FQHCs. These critical grants increase access to a

¹ 42 C.F.R. §51c.110

broad range of family planning and preventive health care services, including breast and cervical cancer screenings, sexually transmitted infection services, pregnancy prevention and birth spacing, provision of HIV pre-exposure prophylaxis, and other voluntary, confidential services. These services are provided to Granite Staters regardless of income or insurance status. Title X programs must follow all Title X guidelines, including strict confidentiality requirements. Further, the State of New Hampshire also participates in the Medicaid Program and the Medicaid family planning program. This too includes confidentiality requirements for minor patients who can bear children. If SB 573 were to pass, the State's Family Planning Program and the family planning services provided by Medicaid could be in jeopardy because federal Title X confidentiality protections take precedence over state statutes.

SB 573 creates a number of questions for our health centers:

- “Child” is not defined in the bill and is inconsistent with other statutes pertaining to the treatment of minors.
- “Blanket consent” is not defined.
- There are many situations when a minor patient is living with a family member who may not have obtained legal custody at the time the patient needs immediate care. There are no exceptions for the real-life experiences of Granite Staters in the bill, including when grandparents are caring for their minor grandchildren for a variety of reasons. What if a parent is incarcerated? Or cannot be located? What qualifies “reasonably diligent effort?”
- How will providers care for minor patients who are victims of sexual assault? The exceptions contained in SB 573 RSA 170-I:2 address imminent physical harm, not mental health. In the case of sexual assault, a physical harm has already occurred. Does the statute contemplate additional harm will occur if the minor patient must be further exposed to the parent through consent requirements?
- The language in RSA 170-I:1 is very broad. Would a school nurse be required to notify a parent before they can give a student menstrual products?

SB 573 does not allow for real-life complexities that Granite Staters experience. It also eliminates the ability of health care professionals to use their professional judgment when treating patients and creates a civil action where protections already exist.

For these reasons and more, we respectfully request the committee vote SB 573 inexpedient to legislate.

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

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