

May 4, 2023

Testimony re: LD 1410: “An Act to Hold School Employees Civilly Liable for Failure to Notify Parents Regarding Medical Issues of Students Under 18 Years of Age” and LD 1809 “An Act to Prohibit Health Care Services Without Parental Consent” – OUGHT NOT TO PASS

Senator Carney, Representative Moonen, and honorable members of the Joint Standing Committee on Judiciary:

Thank you for the opportunity to provide comment in opposition to both LD 1410 and LD 1809. My name is Chris McLaughlin, and I am a licensed clinical social worker with over 22 years of experience providing behavioral health services to children and families across a variety of treatment settings here in Maine. I am also humbled to be the Executive Director of the Maine Chapter of the National Association of Social Workers (NASW-ME). A large part of my job at NASW-ME is to represent the interests of Maine’s social workers as they endeavor to meet the behavioral health needs of Maine people across all settings and ages from Fort Kent to York and all places in between. On behalf of our over 1000 members here in Maine, I’m honored to share thoughts on these important proposed bills.

I am concerned with what the potential consequences for many young people here in Maine might be should LD 1410 pass. At NASW-ME, we believe it is crucial to ensure that young people can access the care they need when they need it from trained and professional providers without unnecessary barriers. For the purposes of this written testimony, I want to specifically focus on the aspects of the proposed legislation that focus on behavioral health services (mental health and substance use services) and those services that are directly provided by licensed social workers in Maine as these services are within the scope of our professional association. However, we stand in solidarity with our medical provider colleagues who deliver the other services that are referenced within LD 1809. In today’s fast-paced and ever-changing world, young people face numerous stressors and events that can significantly impact their mental health. Even prior to the COVID-19 global pandemic, social workers and other behavioral healthcare providers had been seeing year-after-year increases in the number of youths affirming symptoms of depression and anxiety and reporting increasing Adverse Childhood Experiences (ACES) scores (answering “yes” to 10 sorts of traumatic experiences that can happen in a young person’s life before they turn 18 years old). As we all know, the COVID-19 pandemic has only exacerbated these behavioral health needs. Even in the best of times, youth can face many challenges, including stress from school, peer pressure, family issues, and societal expectations. To provide young people with the support they need to overcome these challenges, it is essential that they have easy access to behavioral health services.

Parental involvement in a child’s mental health care can be invaluable and, in many instances, is best practice in the treatment of behavioral health disorders in youth. However, there may be instances where youth are unable or unwilling to seek their parents’ consent for various reasons, including fear of stigma, misunderstanding, or even potential abuse. In such cases, the requirement of parental consent may prevent these young people from accessing the help they need when they need it most, exacerbating their mental health issues and potentially putting them at risk of harm. It’s important to note that, as social workers, we MUST abide by our Code of Ethics as well as relevant laws in the State of Maine. Consent to treat laws for minors are complex and require significant skill, understanding, and professionalism in order for social workers to navigate some of their complexities. To assume that social workers (and other behavioral health providers) are seeking out minor consent to bypass parent/guardian permission is equal parts an absurd and dangerous notion. There have been several attempts by special interest groups this legislative session to propagate the belief that social workers are “groomers” and “pedophiles” trying to lure children away from their parents and families. Both LD 1410 and 1809 are two examples of this same false narrative. I have worked with literally hundreds of social workers, professional counselors, psychologists, alcohol and drug counselors, and child psychiatrists over my two decades long career. This issue of minor consent for services is one that all of my behavioral health professional colleagues, past and present, have wrestled with, trained on, and sought clinical supervision and consultation about year and year. This is NOT something my colleagues or I have ever taken lightly or for granted.

By continuing to allow minor youth, in some instances currently outline in state statute, to consent to behavioral health services, including substance abuse services, without parental or guardian consent, we can:

- Encourage early intervention: Early intervention is critical for addressing behavioral health concerns, and research has shown that it can lead to better outcomes. Allowing minors to access care without parental consent when clinically appropriate and legally justified can help ensure that they receive the support they need as soon as possible.
- Empower youth: When young people can make decisions about their own mental health care, they become more engaged in their treatment and recovery process. This empowerment can foster a sense of responsibility and ownership, leading to better long-term outcomes.
- Protect vulnerable populations: In situations where a minor's home environment is not supportive, or even harmful, the ability to access behavioral health services without parental consent can provide a lifeline for these young people.
- Reduce stigma: By allowing minors to consent to behavioral health services, we can help normalize mental health care and reduce the stigma surrounding it. This can encourage more young people to seek help when they need it.
- Promote overall well-being: Mental health is a critical component of overall health and ensuring that minors have access to behavioral health services can contribute to better physical, emotional, and social well-being.

I must repeat that NASW-ME believes that including parents and guardians in all aspects of the behavioral health treatment process, including consent to treat, is best-practice. With this said, we know that in some cases (the vast minority of cases, I would argue) such as youth experiencing homelessness, youth without parental support or without parental capacity to meet their child's needs, youth seeking legal emancipation, and youth at risk of abuse or harm by their parents or guardians, the ability to quickly initiate mental health or substance abuse services to that youth is critical in ensuring the best possible outcomes for that youth. Of course, there are also legal mandates that currently exist in state law which would require the behavioral health provider to report instances of abuse and/or neglect, concerns about the youth harming others, or concerns about the youth harming themselves. With these, and other, safety measures already in place, these existing laws allowing for minor consent for certain services should remain intact, and LD 1410 should be voted "ought not to pass". I urge the committee to consider the importance of allowing minors to consent to behavioral health services without parental consent when clinically appropriate and justified.

LD 1809 touches on some similar issues as LD 1410 is targeting. While I'm not fully aware of the perceived rationale behind the need for this bill, it appears to me that LD 1809 is seeking to prevent school employees, including school social workers and school counselors, from providing necessary and essential behavioral health services to students who, when clinically appropriate and where permitted by state law to happen without the consent of parents/guardians, in public schools across Maine. Given the current environment of many school board meetings across the state, it may be safe to assume that LD 1809 is also trying to push the false narrative that school staff members are pushing diverse gender identities on students. I suspect a component of the "medical information" being described in LD 1809 includes the mental health diagnosis of gender dysphoria, the medical diagnosis often required for some medical services to be initiated and covered by insurance. To clarify for the committee, school staff do not provide medical interventions to ANY youth as this is outside the scope of practice for these professionals. For the very same reasons outlined above, NASW-ME is opposed to LD 1809 and would also urge the Committee to vote "ought not to pass" on this proposed legislation as well.

I want to thank you all for your work on this issue. Please do not hesitate to reach out to NASW ME for any support we can offer, including any social work representation and participation in any future work sessions, should they be necessary, for either LD 1410 or LD 1809. Thank you for your time and consideration.

Thank you again,



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