

# HOUSE BILL REPORT

## HB 1718

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**As Reported by House Committee On:**  
Juvenile Justice & Family Law

**Title:** An act relating to the treatment of minors.

**Brief Description:** Revising provisions relating to treatment of minors.

**Sponsors:** Representatives Carrell, Delvin, Hinkle, Eickmeyer and Upthegrove.

**Brief History:**

**Committee Activity:**

Juvenile Justice & Family Law: 2/18/03, 2/27/03 [DP].

**Brief Summary of Bill**

- Requires parental consent for chemical dependency treatment of minors under the age of 16 and permits the parent-initiated alternative for treatment of minors 16 years of age and older.

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### HOUSE COMMITTEE ON JUVENILE JUSTICE & FAMILY LAW

**Majority Report:** Do pass. Signed by 7 members: Representatives Dickerson, Chair; Pettigrew, Vice Chair; Delvin, Ranking Minority Member; Carrell, Eickmeyer, Hinkle and Upthegrove.

**Staff:** Sonja Hallum (786-7092).

**Background:**

The traditional common law view of minors and consent to treatment was that a minor could not consent to medical or surgical treatment. A physician was obliged to obtain the consent of the child's parents or responsible person before providing treatment. The only acceptable exception was if there was an emergency and it was either impracticable to obtain parental consent or any delay would unduly endanger the minor's life.

The Legislature has modified this common law approach and the current law allows for treatment of minors without parental consent under certain circumstances and specific conditions. One of the legislative modifications to common law in Washington has been

to find that though parental consent is required for all chemical dependency inpatient treatment there is an exception. If the minor is over 13 years of age he or she may receive inpatient chemical dependency treatment if he or she meets the definition of a child in need of services.

The Legislature has also set out a procedure which allows a parent to bring his or her child into a mental health facility and have the child evaluated and treated without the consent of the minor. The facility must follow the statutory guidelines for the evaluation and notification of the Department of Social and Health Services (Department). Once notified the Department must conduct an independent evaluation of the minor's need for treatment. The minor also has the option of seeking a court review. The minor may be held under this option up to 30 days.

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**Summary of Bill:**

Parental consent is required for inpatient chemical dependency treatment of a minor under the age of 16. However, a minor 13 to 16 years of age may receive chemical dependency treatment without parental consent if the minor qualifies as a child in need of services.

The parent-initiated alternative for inpatient chemical dependency treatment of a minor is applicable to minors age 16 and older.

The persons listed in the liability limitation section may not be civilly or criminally liable for the decision to admit, release, or detain a person for evaluation and treatment if they acted in good faith and without gross negligence.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.

**Testimony For:** It is important to have consistency in dealing with minors. In mental health we have decided that 16 is a good age to divide parental control. This is a bit of a reduction in parental control. Kids 16 to 18 should have a little more control of their lives. This bill keeps the process uniform and fair.

**Testimony Against:** We are concerned about a lot of young people who are asking for help and if we need to ask for parental permission it would deter some kids from asking for help. At 16 to 18 there should be some responsibility, but under 16 how are we supposed to help kids. Some parents don't want to get help for their kids.

(Neutral) We may see some additional kids served, but not many. Most kids who are drug addicted are not in a position to make decisions about going into treatment. Some patients have a tendency to leave treatment and one thing this bill does is that if the 16 year old kid signs himself out he can leave. But, a parent may turn around and use the parent-initiated commitment and have the child held. This may make it a little more challenging for parents.

**Testified:** (In support) Representative Carrell, prime sponsor.

(Against) Elaine Simons, Peace for the Streets by Kids from the Streets; and JoAnna Edwards, The Shelter.

(Neutral) Ken Stark, Department of Social and Health Services.