

HOUSE BILL REPORT

SHB 1641

As Passed House:
February 27, 2017

Title: An act relating to informed consent for nonemergency, outpatient, primary health care services for unaccompanied homeless youth under the federal McKinney-Vento homeless assistance act.

Brief Description: Concerning informed consent for nonemergency, outpatient, primary health care services for unaccompanied homeless youth under the federal McKinney-Vento homeless assistance act.

Sponsors: House Committee on Judiciary (originally sponsored by Representatives McBride, Calder, Graves, Jinkins, Fey, Clibborn and Stanford).

Brief History:

Committee Activity:

Judiciary: 2/1/17, 2/9/17 [DPS].

Floor Activity:

Passed House: 2/27/17, 90-7.

Brief Summary of Substitute Bill

- Changes are made to provisions regarding consent for nonemergency outpatient primary care services for homeless students, consolidating these with other laws concerning consent for health care for minors in general.

HOUSE COMMITTEE ON JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Jinkins, Chair; Kilduff, Vice Chair; Rodne, Ranking Minority Member; Muri, Assistant Ranking Minority Member; Frame, Goodman, Graves, Hansen, Kirby and Orwall.

Minority Report: Do not pass. Signed by 3 members: Representatives Haler, Klippert and Shea.

Staff: Cece Clynch (786-7195).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background:

Consent for Medical Treatment of a Minor, Generally.

Generally, persons under the age of 18 cannot provide consent for their own medical procedures in Washington state. There are some exceptions to this general rule if the minor:

- is in need of emergency medical treatment;
- is seeking family planning services or pregnancy care;
- is aged 16 or older and the court has entered a decree of emancipation;
- is aged 15 or older and satisfies the court created "mature minor rule," meaning the minor has, based on a number of factors, demonstrated the maturity to provide consent for medical treatment;
- is aged 13 or older and seeking mental health treatment; or
- is aged 13 or older and seeking outpatient substance abuse treatment.

If a minor's consent is not sufficient to access health care services, an individual authorized by statute must furnish consent for a health care provider to treat the patient. State law provides that informed consent for health care may be obtained from a member of one of the following classes of persons in the following order of priority:

1. the court-appointed guardian or custodian of the patient, if any;
2. a person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes, if applicable;
3. parents of the minor patient;
4. the individual, if any, to whom the minor's parent has given signed authorization to make health care decisions for the minor patient; or
5. a competent adult representing himself or herself to be a relative responsible for the healthcare of such a minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor patient.

A health care provider may, but is not required to, rely on the representation of a person claiming to be a relative responsible for the care of a minor patient, as long as the health care provider does not have actual notice of the falsity of the statement. The provider or a health care facility may, in its discretion, require documentation of a person's claimed status as being a relative responsible for the health care of the minor patient, but there is no obligation to require such documentation. Providers and facilities are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, when such reliance is based on a declaration signed under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor patient.

Consent for Medical Treatment of a Homeless Minor.

The school code separately provides that a school nurse, school counselor, or homeless student liaison is authorized to provide consent for health care for a homeless student if all of the following conditions are met:

- Consent is necessary for nonemergency outpatient primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and

conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries.

- The patient meets the definition of a "homeless child or youth" under the federal McKinney-Vento Homeless Assistance Act, which is aimed at addressing the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school.
- The patient is not under the supervision or control of a parent, custodian, or legal guardian.

Under this latter provision, a person consenting to care and the person's employing school are not liable for any care or payment for care. Written notice of this exemption from liability must be given to the person providing care.

Summary of Substitute Bill:

The provision in the school code authorizing a school nurse, school counselor, or homeless student liaison to consent for health care for a homeless student under certain conditions is repealed, and the authorizing language is moved to the section which deals generally with informed consent for health care for minors and others not competent to consent.

A school nurse, school counselor, or homeless student liaison remain authorized to provide consent for health care for a homeless student under the following conditions:

- Consent is necessary for nonemergency outpatient primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries.
- The patient meets the definition of a "homeless child or youth" under the federal McKinney-Vento Homeless Assistance Act, which is aimed at addressing the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school.
- The patient is not under the supervision or control of a parent, custodian, or legal guardian and is not in the care and custody of the Department of Social and Health Services.

The person authorized to consent to care, and the person's school or school district, are not subject to administrative sanctions or civil damages resulting from the consent or nonconsent for care, any care, or payment for any care.

Upon request by a health care facility or provider, the person authorized to consent must provide a declaration signed and dated under penalty of perjury stating that he or she is a school nurse, school counselor, or homeless student liaison and that the minor patient meets the statutory requirements. The declaration must also include written notice of exemption from liability.

A health care provider may, but is not required to, rely on the representation of a school nurse, school counselor, or homeless student liaison authorized to consent to health care of the minor patient if the health care provider does not have actual notice of the falsity of the

statement. A health care provider or facility may, in its discretion, require documentation of a person's claimed status as being a school nurse, school counselor, or homeless student liaison authorized to consent, but there is no obligation to require such documentation. Civil and criminal immunity is provided to providers and facilities when reliance is based on a declaration signed under penalty of perjury stating that the adult person is a person claiming to be authorized to consent to the health care of the homeless student.

Appropriation: None.

Fiscal Note: Not requested.

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

Staff Summary of Public Testimony:

(In support) There was work done on this issue last year, and a bill was sent over to the other body. This bill is a clean up of current law, taking existing law and making it more elegant. The bill allows routine health care access for homeless youth. It also provides protections for school directors that were previously left out, and it provides the balance necessary to enable health care providers to treat these children. There are over 300 homeless children in the forty-eighth legislative district, and many are unaccompanied, with no guardian and no parent. These children struggle every day just to get to school. And yet, if they have strep throat or need to see a dentist, they cannot access the care. Work on this bill has been very collegial, and those that worked on the bill were able to work through their concerns.

(Opposed) None.

Persons Testifying: Representative McBride, prime sponsor; Representative Caldier; and Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.