

# FINAL BILL REPORT

## E2SHB 1874

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C 381 L 19  
Synopsis as Enacted

**Brief Description:** Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Frame, Eslick, Davis, Bergquist and Doglio).

**House Committee on Human Services & Early Learning**  
**House Committee on Appropriations**  
**Senate Committee on Health & Long Term Care**  
**Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care**  
**Senate Committee on Ways & Means**

### **Background:**

#### *Age of Consent for Behavioral Health Treatment.*

A minor age 13 or older may admit himself or herself to an evaluation and treatment facility for inpatient mental health treatment or an approved substance use disorder treatment program for inpatient substance use disorder treatment without parental consent. The admission may occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Parental authorization, or authorization from a person who may consent on behalf of the minor, is required for inpatient treatment of a minor under age 13.

When, in the judgment of the professional person in charge of an evaluation and treatment facility or approved substance use disorder treatment program, there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder or substance use disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the minor's home, the minor may be admitted to the facility.

Written renewal of voluntary consent must be obtained from the applicant no less than once every 12 months. The minor's need for continued inpatient treatments shall be reviewed and documented no less than every 180 days.

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*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.*

Any minor age 13 or older may request and receive outpatient treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor, is required for outpatient treatment of a minor under age 13.

*Parent-Initiated Inpatient Treatment.*

A parent may bring, or authorize the bringing of, his or her minor child to:

- an evaluation and treatment facility or a licensed inpatient facility and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or
- a secure detoxification facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the minor has a substance use disorder and is in need of inpatient treatment.

The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.

The Health Care Authority (HCA) must assure that, for any minor admitted to inpatient treatment under parent-initiated treatment, a review is conducted by a physician or other mental health professional who is employed by the HCA, or an agency under contract with the HCA, and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the facility providing the treatment. The physician or other mental health professional shall conduct the review not less than seven, but no more than 14, days following the date the minor was brought to the facility to determine whether it is a medical necessity to continue the minor's treatment on an inpatient basis. In conducting this review, the HCA must consider the opinion of the treatment provider, the safety of the minor, and the likelihood the minor's mental health will deteriorate if released from inpatient treatment. The HCA must also consult with the parent in advance of making its determination.

If the HCA determines it is no longer a medical necessity for a minor to receive inpatient treatment, the HCA must immediately notify the parents and the facility. The facility must release the minor to the parents within 24 hours of receiving notice. If the professional person in charge and the parent believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent on the second day following the HCA's determination in order to allow the parent time to file an at-risk youth petition. If the HCA determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.

Following the HCA review, a minor child may petition the superior court for his or her release from a facility. This petition may be filed five days following the review. The court must release the minor unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the minor to remain at the facility.

*Parent-Initiated Outpatient Treatment.*

A parent may bring, or authorize the bringing of, his or her minor child to:

- a provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment; or
- a provider of outpatient substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a substance use disorder and is in need of outpatient treatment.

The consent of the minor is not required for evaluation if the parent brings the minor to the provider. The professional person may evaluate whether the minor has a mental disorder or substance use disorder and is in need of outpatient treatment.

**Summary:**

The definition of "chemical dependency professional" is expanded to include a chemical dependency trainee working under the direct supervision of a certified chemical dependency professional.

The definition of "parent" is expanded for purposes of family-initiated treatment to include the following persons:

- a person to whom a parent has given a signed authorization to make health care decisions for the adolescent;
- a stepparent who is involved in caring for the adolescent;
- a kinship caregiver who is involved in caring for the adolescent; or
- another relative responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor patient.

If a dispute arises between individuals authorized to act as a parent for purposes of family-initiated treatment, the disagreement must be resolved according to the priority established in the surrogate decision-maker law.

An "adolescent" is defined as a minor age 13 or older.

The notice that an evaluation and treatment facility is required to provide to parents upon voluntary entry into or exit from inpatient treatment is limited to mental health inpatient treatment.

Inpatient treatment providers may withhold notice to a parent when a child voluntarily admits herself or himself if there is a compelling reason that such disclosure would be detrimental or if contact cannot be made. These facilities that withhold notice or cannot make contact with a parent must consult the state patrol missing persons database once every 8 hours for the first 72 hours and once every 24 hours thereafter and notify DCYF if the child is listed there.

*Parental Authorization for Outpatient Treatment.*

If a provider determines that an adolescent is in need of outpatient treatment, parents of adolescents may request and receive medically necessary outpatient mental health or substance use disorder treatment for the adolescent without the consent of the adolescent for up to 12 outpatient sessions in a three-month period of outpatient treatment. Following that treatment period, the adolescent must consent to further treatment with that specific provider.

*Parental Authorization for Less Restrictive Treatment.*

If a provider determines that an adolescent is in need of treatment in a less restrictive setting, a parent of an adolescent may request and receive treatment for his or her adolescent in a less restrictive setting, including partial hospitalization or intensive outpatient treatment without the consent of the adolescent.

Entities providing solely mental health less restrictive treatment authorized by a parent of an adolescent must convene a treatment review at least every 30 days after the treatment begins and provide notification of the adolescent's treatment to an independent reviewer at the HCA within 24 hours of the adolescent's receipt of treatment to determine whether the treatment is medically necessary. At least 45 days after the adolescent's first receipt of treatment the HCA must complete a review to determine whether the treatment is medically necessary.

Entities providing less restrictive substance use disorder treatment must convene a treatment review and provide notification of the treatment to an independent reviewer at the HCA only if the adolescent provides consent or as permitted by federal law.

*Sharing of Adolescent Mental Health Information.*

Mental health professionals are prohibited from proactively providing treatment information with a parent unless the adolescent consents or in cases involving the imminent health and safety of the youth.

In the event a mental health professional discloses mental health information and records of an adolescent to a parent under current law, the mental health professional must provide notice of this disclosure to the adolescent, and the adolescent must have an ample opportunity to express any concerns about disclosure well in advance of action to disclose that mental health treatment information.

When an adolescent receives a mental health evaluation or treatment under family-initiated treatment, the mental health professional is encouraged to exercise his or her discretion to proactively release certain information and records related to that treatment or evaluation.

Substance use disorder treatment information or evaluation information may only be disclosed to parents without consent of an adolescent if permitted by federal law.

Outpatient or inpatient mental health providers are not civilly liable for the decision to disclose or not to disclose mental health information and records to a parent so long as that decision is made in good faith and without gross negligence.

The liability of chemical dependency professionals providing inpatient or outpatient substance use disorder treatment information to a parent without an adolescent's consent is limited so long as that decision is made in good faith and without gross negligence, in the event that this disclosure is permitted by federal law.

The Department of Children, Youth, and Families (DCYF) is allowed to share mental health treatment records with a care provider to include:

- diagnosis;

- treatment plan and progress in treatment;
- recommended medication;
- psychoeducation about the child's mental health condition;
- referrals to community resources;
- coaching on parenting or behavioral management strategies; and
- crisis prevention planning and safety planning.

The Health Care Authority must provide a free online training for behavioral health providers regarding state law and best practices when providing behavioral health services to children, youth, and families.

The Health Care Authority must also conduct an annual survey of a sample group of parents, youth, and behavioral health providers to measure the impacts of implementing policies resulting from this act. The Health Care Authority must submit a final report based on these surveys on November 1, 2022 that includes recommendations for statutory changes as needed.

The act may be known and cited as the Adolescent Behavioral Health Care Access Act.

**Votes on Final Passage:**

House	89	8	
Senate	48	0	(Senate amended)
House	88	8	(House concurred)

**Effective:** July 28, 2019  
 July 1, 2026 (Sections 15 and 17)