CONSENT CALENDAR

November 6, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 406-FN,

AN ACT relative to parental access to children's medical records. Having considered the same, report the same with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Jim Kofalt

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 406-FN**
Title:	**relative to parental access to children's medical records.**
Date:	**November 6, 2023**
Consent Calendar:	**CONSENT**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This bill aims to increase parental access to their children's medical records. In fact, parents already have access to those records under HIPAA. The problem lies in the availability of such access via patient portals. When a patient reaches the age of 12, health care organizations are required under both state and federal law to protect certain confidential information, even from parents. Using the software currently available, access to information via patient portals is only available on an "all or nothing" basis. To remedy this, electronic medical records (EMR) vendors would first need to make changes to their software to enable a distinction between various medical procedures and treatments that are confidential for minors at various ages, versus those that are not. Given the absence of such capabilities, it is simply not practical for New Hampshire's health care providers to comply with the provisions in this bill at this time.

Vote 20-0.

Rep. Jim Kofalt
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 406-FN, relative to parental access to children's medical records. **INEXPEDIENT TO LEGISLATE.**

Rep. Jim Kofalt for Health, Human Services and Elderly Affairs. This bill aims to increase parental access to their children's medical records. In fact, parents already have access to those records under HIPAA. The problem lies in the availability of such access via patient portals. When a patient reaches the age of 12, health care organizations are required under both state and federal law to protect certain confidential information, even from parents. Using the software currently available, access to information via patient portals is only available on an "all or nothing" basis. To remedy this, electronic medical records (EMR) vendors would first need to make changes to their software to enable a distinction between various medical procedures and treatments that are confidential for minors at various ages, versus those that are not. Given the absence of such capabilities, it is simply not practical for New Hampshire's health care providers to comply with the provisions in this bill at this time. **Vote 20-0.**

Original: House Clerk
Cc: Committee Bill File

HOUSE COMMITTEE ON Health, Human Services and Elderly Affairs

BILL NUMBER: **HB 406-FN**

BILL TITLE: **relative to parental access to children's medical records.**

DATE: **March 13, 2023**

THE COMMITEE HAS VOTED TO RETAIN THIS BILL.

Rep. W. MacDonald, Chair

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 406-FN

BILL TITLE: relative to parental access to children's medical records.

DATE: November 6, 2023

LOB ROOM: 205-207

MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Kofalt Seconded by Rep. Weber Vote: 20-0

☐ **WITHOUT RECOMMENDATION**

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Bill King, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 406-FN

BILL TITLE: relative to parental access to children's medical records.

DATE: March 13, 2023

LOB ROOM: 206-208

MOTIONS: RETAINED

Moved by Rep. Kofalt Seconded by Rep. McLean Vote: 20-0

Respectfully submitted,

Rep Bill King, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/6/2023 12:36:33 PM
Roll Call Committee Registers Report

2023 SESSION

Health, Human Services and Elderly Affairs

Bill #: ~~HB 406~~ Motion: ITL AM #: _____ Exec Session Date: 11/6/23

Members	YEAS	Nays	NV
MacDonald, Wayne D. Chairman	20		
Layon, Erica J. Vice Chairman	1		
Cushman, Leah P.	2		
King, Bill C. Clerk	3		
Kofalt, Jim	4		
McLean, Mark	5		
King, Seth	6		
Mazur, Lisa R	7		
Nagel, David J	8		
Polozov, Yury	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Freitas, Mary C.	12		
Cannon, Gerri D.	13		
Nutter-Upham, Frances E.	14		
Schapiro, Joe	15		
Merchant, Gary	16		
Murphy, James Michael	17		
~~Palmer, William S~~ SEIBERT, CHRISTINE	18		
~~Tellez, Trinidad~~ MURRAY, KATE	19		
TOTAL VOTE:	20	0	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/6/2023 12:36:33 PM
Roll Call Committee Registers Report

2023 SESSION

Health, Human Services and Elderly Affairs

Bill #: 406 Motion: RETAIN AM #: _____ Exec Session Date: 3/13/23

Members	YEAS	Nays	NV
MacDonald, Wayne D. Chairman	20		
Layon, Erica J. Vice Chairman	1		
Cushman, Leah P.	2		
King, Bill C. Clerk	3		
Kofalt, Jim	4		
McLean, Mark	5		
King, Seth	6		
Mazur, Lisa R	7		
~~Nagel, David J~~ REID, KAREN	8		
Polozov, Yury	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Freitas, Mary C.	12		
Cannon, Gerri D.	13		
Nutter-Upham, Frances E.	14		
Schapiro, Joe	15		
~~Merchant, Gary~~ PREEZE, DAVID	16		
Murphy, James Michael	17		
Palmer, William S	18		
~~Tellez, Trinidad~~ HOWARD, MOLLY	19		
TOTAL VOTE:	20	0	

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 406-FN

BILL TITLE: relative to parental access to children's medical records.

DATE: October 11, 2023

Subcommittee Members: Reps. Cushman, Kofalt, Weber, Freitas, Schapiro and W. MacDonald

Comments and Recommendations: Technical limitations make implementation impossible. Committee members agree on the need for parental access, balanced with privacy and complians with existing law. Several members recommend bringing back similar legislation in the future.

MOTIONS: **INEXPEDIENT TO LEGISLATE**

Moved by Rep. Freitas Seconded by Rep. Schapiro Vote: 4-0

Respectfully submitted,

Rep. Jim Kofalt
Subcommittee Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 406-FN

BILL TITLE: **relative to parental access to children's medical records.**

DATE: **February 16, 2023**

LOB ROOM: **201-203** **Time Public Hearing Called to Order:** **9:01 AM**

Time Adjourned: **9:57 AM**

Committee Members: Reps. W. MacDonald, Layon, B. King, Cushman, Kofalt, McLean, S. King, Mazur, Nagel, Polozov, Weber, MacKay, Freitas, Cannon, Nutter-Upham, Schapiro, Merchant and Palmer

Bill Sponsors:

Rep. Kofalt	**Rep. McMahon**	**Rep. Stapleton**
Rep. Simon	**Rep. M. Pearson**	**Rep. Notter**
Rep. Testerman	**Rep. Plett**	**Rep. Moffett**
Rep. Potucek	**Rep. Terry**	**Sen. Avard**
Sen. Gannon		

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

***Rep. Jim Kofalt - Hillsborough #32 - Prime sponsor**

- Needed because nothing currently exists in law
- Providers are withholding medical records

Q: Rep. Bill King - Line 8 and 9 "reasonably believes" - don't doctors need to report said cases?
A: Yes
Q: Rep. Weber - Release copies of The Elliot letter to committee members?
A: Yes, I will send copies
Q: Rep. McClean - why do "carve outs" exist?
A: Nothing in state statute giving parents consent
Q: Rep. Palmer - Will we be eliminating the ability for a pediatrician?
A: III agrees to confidential communication
Rep. Weber - Thank you to Christina Dyer for the research done on this bill
Q: Rep. Seth King - Do we have any real evidence where a child has been?
A: My concern is parents rights to medical records access - need a foundation of trust
Q: Rep. Does this preclude a court order?
A: I need to research - I'm sure a court can have records sealed
Q: Rep. Cushman - Do you see a blanket policy would prevent parents to bring their child to the doctor?
A: There are some exceptions
Q: Rep. Nagel - How do we standardize - never answered
Q: Rep. Schapiro - Line 10 - Is this language endanger the child too open ended?
A: Tightening too much does not protect the doctors
Q: Rep. MacKay - Would you believe there are many complicated situations associated?
A: Yes - Bird vs. Bird
Q: Rep. McClean - If cancer was diagnosed and surgery was needed, would information be released? A: Yes - informed consent and not an emergency

***Paula Minnehan - NH Hospitaliation Association - Opposed**

Q: Rep. Layon - Is this a current HIPPA cases Elliot Hospital?
A: I will research - not aware of any
Q: Rep. Schapiro - What problems might exist?
A: Let me get you a comprehensive
Q: Rep. McClean - Complications with HIPPA law?
A: Federal trumps State law
Q: Rep. Weber - Isn't the need for or instead "and" covered elsewhere?
A: Not sure
Q: Rep. Merchant - Should we include more clarity to HIPPA at the state level?
A: Line 6 may cover this
Q: Rep. Seth King - What was it like 100 years ago?
A: Not aware of how healthcare operated then
Q: Rep. Cushman - Do hospitals have guidance from DHHS?
A: HIPPA guides them

***Sam Hawkins - NAMI NH - Opposed**

Q: Rep. Layon - If a child has suicide idealotion - should a parent know?
A: I believe there is a duty to act
Q: Rep. McClean - Can HIPPA laws give doctors discretion
A: Not a HIPPA expert
Q: Rep. Seth King - Is there any age limit?
A: Cannot speak to that

***Emma Sevigny - New Futures - Opposed**

Q: Rep. Weber - Do you have an opinion concerning court order?
A: I can get this for you
Q: Rep. Nagel - Refer to handout
A: This bill narrows the scope
Q: Rep. Polozov - What percentage of kids will cover mental?
A: Not in my expertise - I will find out
Q: Rep. McClean - Any examples where this will impede care?
A: Medical records are protected until the child agrees to release

Respectfully submitted,

Rep. Bill King, Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill #: HB406-FN Date: 2/16/23

Committee: HHS & EA

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Carol Bodie	So. Hampton	603-944-2388	Self	X	
Cinda Lloyd	E. Kingston	603-479-9662	Self	X	
Sally Hamel	E. Kingston	508-317-0334	Self	X	
JOSEPH MIRZOEFF	KEENE	603 354 3380	SELF	X	
Emma Sevigny	Concord		New Futures		X
Melissa Blasek	Merrimack	603-401-2542	Rebild NH	X	
Walter Kinsch	6037486391			X	
Rep Alvin See		Merrimack -26		✓	
REP EMILY PHILLIPS		ROCHINGHAM 7		✓	
REP JOHN POTUCEK		ROCK 13		⊗	
Nancy Biedgerman		603-487-5277	Self	X	
Jennifer Smith MD					X
Larisa Trexler	Stoddard	6035301200	Health Freedom NH Self	✓	
KEVIN CHAPMAN	MARLBORO		SELF	✓	
Melissa White	Peterborough		self	✓	
Rick Rodd	Franklin NH		self	✓	
Jaima Wilder	Hollis		self	✓	
Susan Romito	Hollis	6172409996	self	✓	
			self	✓	
Teresa Grinnell	Loudon	6037171477	self	✓	
Dorcas Kinch	Hopkinton		self	✓	
Sue Allan	Hollis		self	X	
Laura Condon	Bedford		self	X	
Ann Marie Banfield	North Hampton		Self	X	
Mary Roy	Effingham, NH		self	X	

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB406 Date _____

Committee _____

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Rep Glenn Cordelli			Carroll 7	✓	
REP. POTENZA		STRAFFORD 19		X	
Rep Suky Aron		Sullivan 4	self	X	
Rep Katy Peternel			Carroll 6	X	

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB406 on 2023-02-16

Support: 235 Oppose: 13 Neutral: 0 Total to Testify: 0

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Smith, Jennifer	Pembroke, NH jaycmd7699@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/8/2023 9:18 PM
Terry, Paul	Alton, NH paul.terry@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/9/2023 4:57 PM
Smith, Julie	Nashua, NH cantdog@comcast.net	A Member of the Public	Myself	Support	No	No	2/9/2023 10:30 PM
Caton, Mark	Merrimack, NH markcaton55@outlook.com	A Member of the Public	Myself	Support	No	No	2/10/2023 11:44 AM
Morin, Eric	Hollis, NH Ewmorin@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2023 3:52 PM
Hagen, Tina	Hampstead, NH tina.hagen@verani.com	A Member of the Public	Myself	Support	No	No	2/10/2023 5:50 PM
A MARVIN, KURT	Franklin, NH INFO@BURLINGTONFOUNDRYINC.COM	A Member of the Public	Myself	Support	No	No	2/10/2023 6:07 PM
Corrente, Stephanie	Sanbornton, NH stephanie.parathyras@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 6:11 PM
Hohler, Beth	Hampton, NH bethina.web@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 6:29 PM
Tyszka, Matthew	Newport, NH mattcol@aol.com	A Member of the Public	Myself	Support	No	No	2/10/2023 6:33 PM
Goodhue, Susan	Barrington, NH Sgoodhue94@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2023 6:47 PM
Andrade, Jennifer	Plaistow, NH Jenandrade@comcast.net	A Member of the Public	Myself	Support	No	No	2/10/2023 6:48 PM
Pouliot, Cheryl	West Lebanon, NH pouliotcheryl@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 6:50 PM

Hodge, Christine	Goffstown, NH Hodgelodge515@msn.com	A Member of the Public	Myself	Support	No	No	2/10/2023 7:10 PM
Allen, Sue	Hollis, NH sueallen12@outlook.com	A Member of the Public	Myself	Support	No	No	2/10/2023 7:18 PM
graustein, alan	sanbornton, NH alangraustein@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 7:32 PM
keane, karen	LYME, NH karenwkeane@me.com	A Member of the Public	Myself	Support	No	No	2/10/2023 7:41 PM
Mazur, Brian	Goffstown, NH bmazur1776@protonmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 7:54 PM
M Potucek, Representative John	Derry-Rockingham Dist. 13, NH potucek1@comcast.net	An Elected Official	Myself	Support	No	No	2/10/2023 8:05 PM
Campbell, Nanette	MERRIMACK, NH nan.campbell@comcast.net	A Member of the Public	Myself	Support	No	No	2/10/2023 8:06 PM
Trudel, Karen	Penacook, NH tktrudel1@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/10/2023 8:13 PM
Slack, Michelle	Hudson, NH Khrisma888@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 8:16 PM
Brown, Kathleen	Acworth, NH brown57kat@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 8:29 PM
Early, Robert	Amherst, NH b_early@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/10/2023 8:32 PM
Kenda, Stephen	Bedford, NH steve.kenda@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2023 8:51 PM
Houle, Normand	New Castle, NH nhouleccp@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/10/2023 9:06 PM
Mathews, Janice	Weare, NH janicemathews18@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2023 9:11 PM
Gardiner, Renee	Nashua, NH gardinerj1@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/10/2023 9:33 PM
Mathews, Jessica	Kingston, NH jazzmorin@icloud.com	A Member of the Public	Myself	Support	No	No	2/10/2023 9:53 PM
Brown, David	Sunapee, NH davidbrown0123@localnet.com	A Member of the Public	Myself	Support	No	No	2/11/2023 5:47 AM
Marvin, Kurt Harold	Windham, NH kurticus@tutamail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 6:01 AM

Meszynski, Edwin	Mason, NH Mezzyski@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2023 6:29 AM
sellers, john	bristol, NH johnyochanan@protonmail.com	An Elected Official	Myself	Support	No	No	2/11/2023 6:41 AM
Jordan, Celine	Nashua, NH cjordan1853@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/11/2023 6:54 AM
Naftali, April	bedford, NH aprilnaftali@me.com	A Member of the Public	Myself	Support	No	No	2/11/2023 7:32 AM
Hersey, Nancy	Wolfeboro, NH nancyric@metrocast.net	A Member of the Public	Myself	Support	No	No	2/11/2023 7:59 AM
Johnson, Debra	Grantham, NH debjohnsondjj@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 8:16 AM
McCarthy, Judith	Hudson, NH jesuslovesjudy1@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 8:20 AM
Berling, Mark	Auburn, NH mb58197@proton.me	A Member of the Public	Myself	Support	No	No	2/11/2023 8:34 AM
York, Jennifer	Farmington, NH Mom4ever81@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 8:42 AM
Kelly, Jim and Nina	Auburn, NH jnkelly154@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2023 9:10 AM
Mark, Lynn	Goffstown, NH lynnmark@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2023 9:12 AM
Maillet, Brenda	Ashland, NH brendamaillet7@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 11:12 AM
peterson, stephen	Gilford, NH cspeter8@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 11:59 AM
Terry, Priscilla	Alton, NH prist610@verizon.net	A Member of the Public	Myself	Support	No	No	2/11/2023 12:58 PM
Sims, Roy	Newport, NH jpmom39@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 1:05 PM
Sims, Julie	Newport, NH jpmom39@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 1:06 PM
Brooks, Richard	Somersworth, NH Richbrooks333@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 1:18 PM
Ward, Ruth	STODDARD, NH, NH ruthward@myfairpoint.net	An Elected Official	Myself	Support	No	No	2/11/2023 1:18 PM

Richardson, Daniel	Nashua, NH daniel6_22@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2023 3:08 PM
Roy, Mary	Goffstown, NH Royz7777us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2023 4:23 PM
Leone, John	Danbury, NH FreeLion2@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2023 4:58 PM
Gaudette, Sheryl	Hudson, NH sgaudette1@outlook.com	A Member of the Public	Myself	Support	No	No	2/11/2023 7:53 PM
Guven, Taci	Windham, NH taci.guven@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2023 8:49 PM
McClellan, JoAnn	Mont Vernon, NH joannmcclellan@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 9:23 PM
Bridgham, Erin	Manchester, NH ecrossley810@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2023 9:49 PM
Levell, Michelle	Auburn, NH mlevell@hotmail.com	A Member of the Public	Myself	Support	No	No	2/12/2023 5:08 AM
Salamanca, David	Salem, NH pzzboy1@comcast.net	A Member of the Public	Myself	Support	No	No	2/12/2023 5:29 AM
Safford, Loriann	Pelham, NH lorisafford@comcast.net	A Member of the Public	Myself	Support	No	No	2/12/2023 6:28 AM
Meyer, Heidi	Derry, NH Floweroflife369@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2023 6:59 AM
Fournier, Brenda	Fitzwilliam, NH brendan1@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/12/2023 8:17 AM
McQueen, Laurianne	Goffstown, NH heartofacowgirl06@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2023 9:18 AM
Arendarczyk, JoAnna	Nottingham, NH arendarczyk.joanna@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/12/2023 9:19 AM
McQueen, Stephen	Goffstown, NH bruinsfanatic@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2023 9:22 AM
Hollo, Esther	AltonBay, NH ehollo25@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2023 3:16 PM
Harrigan, Louise	Littleton, NH weezeelulu@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2023 5:13 PM
Paine, Anne	Bristol, NH annepaine@metrocast.net	A Member of the Public	Myself	Support	No	No	2/12/2023 5:22 PM

Howland, Curtis	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	No	2/12/2023 5:34 PM
House, Nancy	Hooksett, NH nhousenh@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2023 5:40 PM
Jellison, Catherine	AMHERST, NH CATHYJELLO@COMCAST.NET	A Member of the Public	Myself	Support	No	No	2/12/2023 7:02 PM
Symanowicz, Maryann	Portsmouth, NH maryannsymanowicz@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2023 7:07 PM
Derr, Patricia	Londonderry, NH trishderr@comcast.net	A Member of the Public	Myself	Support	No	No	2/12/2023 8:04 PM
Owens, Kimberly	Nashua, NH tiptoeskst@protonmail.com	A Member of the Public	Myself	Support	No	No	2/12/2023 8:22 PM
Owens, Brady	Nashua, NH brady@fastglass.net	A Member of the Public	Myself	Oppose	No	No	2/12/2023 8:26 PM
Kudlik, Cindy	Grafton, NH CindyKudlik@protonmail.com	An Elected Official	Myself	Support	No	No	2/12/2023 10:19 PM
Delano, Janie	Hudson, NH tadandpole4@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2023 12:55 AM
Kriese, Clay	Concord, NH claykriese@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 5:47 AM
Bailey, Cheryl	Franconia, NH Cheryl_bailey11@ail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2023 7:07 AM
Sommese, Cheryl	Londonderry, NH dsommese@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:29 AM
PRUITT, ANGELA	New Durham, NH admin@pznh.net	A Member of the Public	Myself	Support	No	No	2/13/2023 8:54 AM
Sylvain, Barbara	TILTON, NH brbsalem@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:43 AM
Mack, Donald	Candia, NH 12dm34@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 10:30 AM
Mack, Barbara	Candia, NH sunhunter@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 10:30 AM
Johnson, Vivian	Hollis, NH vmj33@outlook.com	A Member of the Public	Myself	Support	No	No	2/13/2023 10:54 AM
Hollo, Samuel	AltonBay, NH samuel.hollo@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 11:00 AM

Young, Tim	Pembroke, NH tim.young11@outlook.com	A Member of the Public	Myself	Support	No	No	2/13/2023 11:19 AM
Wherett, Judith	Epsom, NH onegoodline@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 12:12 PM
Peter, Bryan	Dover, NH tutqiun@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 1:48 PM
Cartier, Darlene	Derry, NH msdarlene@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 2:29 PM
Smith, Winnie	Deerfield, NH allysonbodell@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 2:31 PM
Hardy, Maureen	Londonderry, NH meaux61@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 2:36 PM
Bodell, Allyson	Hooksett, NH allysonbodell@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 2:36 PM
DiMasi, Alisha	Lyndeborough, NH alisha.dimasi@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 4:07 PM
Etlinger, Alan	Brookline,NH, NH aetlinger@charter.net	A Member of the Public	Myself	Support	No	No	2/13/2023 4:46 PM
Van Arsdale, Linda	Wolfeboro, NH Lynjenks@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 4:53 PM
Van Arsdale, Joel	North Hampton, NH Lynjenks@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 4:57 PM
Cedrone, Alec	New Ipswich, NH computer.everything@gmail.com	A Member of the Public	Myself & My Family	Support	No	No	2/13/2023 6:35 PM
Cook, Patricia	Springfield, NH cookpatricia407@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:01 PM
Lessard, Martha	Salem, NH Jlessardfamily@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 8:20 PM
Lessard, Joseph	Salem, NH Jlessard@mrigov.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:21 PM
Bemis, Amanda	Litchfield, NH apells88@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:22 PM
Bemis, Matt	Litchfield, NH xmattbemisx@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:25 PM
Cushman, Leah	Weare, NH leah.cushman@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/13/2023 8:32 PM

Cushman, Stephen	Weare, NH cstephen521@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:34 PM
LaLone, Edward	Epping, NH lalone.edward@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 8:35 PM
Tenczar, Jeffrey	Pelham, NH rclemenz21@aol.com	An Elected Official	Myself	Support	No	No	2/13/2023 8:36 PM
Panek, Charles	Pelham, NH fullmet460@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:36 PM
Panek, Taylour	Windham, NH taylourpanek@criptext.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:38 PM
Panek, Thomas	Windham, NH yzspanek@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:39 PM
McCartney, Michelle	Concord, NH michelleredmond2000@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:40 PM
McCartney, Evan	Concord, NH bebop0505@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:41 PM
Bowers, Danielle	Concord, NH bktime777@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:42 PM
Bowers, Steven	Concord, NH cpcliberty70@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:43 PM
Merner, Kelly	Wilton, NH kellyamerner@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:45 PM
Minehart, Will	Wilton, NH sylvandream@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:46 PM
McKinney, Carolyn	Amherst, NH carolyn.mckinney@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:47 PM
O'Donnell, Kristy	Dublin, NH theodonnellzoo@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:48 PM
O'Donnell, Brian	Dublin, NH bod1976@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:49 PM
Trexler, Larisa	Stoddard, NH trexlah@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:50 PM
Trexler, Ryan	Stoddard, NH trexlers@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:52 PM
McLeod, Thomas	Mont Vernon, NH chair@ldfnh.org	A Member of the Public	Myself	Support	No	No	2/13/2023 8:53 PM

McLeod, Ferngold	Mont Vernon, NH fern@mcleodsoft.net	A Member of the Public	Myself	Support	No	No	2/13/2023 8:54 PM
McLeod, Raphaella	Mont Vernon, NH chantokangaeru@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:55 PM
Moore, Kristen	Milford, NH kristen_cotsifas@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:56 PM
Comstock, Nancy	Litchfield, NH njcomstock@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:57 PM
Rojas, Emily	Manchester, NH emilyrojas27@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 8:59 PM
Rojas, Cali	Manchester, NH calianne321@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:00 PM
Cedolin, Alexandra	Epping, NH ahwhyte@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:01 PM
Cedolin, Bradley	Epping, NH bbcedolin@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:02 PM
Wilson, Audra	Alstead, NH h3islife@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:03 PM
Wilson, Rock	Alstead, NH fullermachine@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 9:04 PM
Bogue, Michael	Concord, NH bogue27th@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:05 PM
Mason-Bogue, Angela	Concord, NH acmbogue@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:06 PM
White, Melissa	Peterborough, NH marino_melissa@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:08 PM
Seigars, Kathleen	Greenfield, NH kseigars5@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:09 PM
Seigars, Linette	Greenfield, NH earthandstones8@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:09 PM
Davison, Ruth Ellen	Keene, NH livemoveinyou@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:10 PM
Dudak, Breanna	Marlow, NH bdudak8820@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:11 PM
Dudak, Coleman	Marlow, NH dudak93@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:12 PM

Porter, Jandee	Alstead, NH jandeeporter@live.com	A Member of the Public	Myself	Support	No	No	2/13/2023 9:13 PM
Alberu, Mimi	Candia, NH malberu@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2023 11:00 PM
Richardson, Bryan	Alexandria, NH marks-dad@ipatriots.us	A Member of the Public	Myself	Support	No	No	2/14/2023 2:06 AM
Takekoshi, Christy	Rochester, NH cetakekoshi@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 3:16 AM
miller, reed	Litchfield, NH reed03052@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2023 7:12 AM
Medeiros, Jesse	Plainfield, NH bgtrck458@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 7:50 AM
Barton, Marjorie	Laconia, NH mbarton@metrocast.net	A Member of the Public	Myself	Support	No	No	2/14/2023 8:25 AM
Gould, Rep. Linda	Bedford, NH lgouldr@myfairpoint.net	An Elected Official	Myself	Support	No	No	2/14/2023 9:29 AM
Concordia, Nicole	Temple, NH nconcordia@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2023 9:32 AM
Ketteler, Claire	Newbury, NH cketteler@tds.net	A Member of the Public	Myself	Support	No	No	2/14/2023 9:59 AM
Schmitt, Megan	CONCORD, NH 88mmas368@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 10:01 AM
luther, tom	claremont, NH cwrdaamkyqgg@opayq.com	A Member of the Public	Myself	Support	No	No	2/14/2023 10:45 AM
Vanhoogen, Meagan	Portsmouth, NH meagan.vanhoogen@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 11:42 AM
Pierce, Valerie	Salem, NH kittysitter2021@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 12:58 PM
Parrish, Meaghan	Stratham, NH Meaghan.parrish@outlook.com	A Member of the Public	Myself	Support	No	No	2/14/2023 2:14 PM
Diggins, Margie	Fremont, NH montanamargie1@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2023 2:19 PM
ANGELIS, CHERYL	SALEM, NH cangelis_alt@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2023 2:51 PM
Peter, Jill	Dover, NH Jzpeter@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2023 2:58 PM

Schwab, Rebecca	Penacook, NH rebecca.schwab@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 3:31 PM
Martin, Jeanne	Merrimack, NH Jeanne-martin@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 5:51 PM
Sims, Bronwyn	Nelson, NH bronwynsims@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2023 6:31 PM
Brown, Joanna	Manchester, NH jberardi2@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2023 7:50 PM
Manseau, Joline	Hollis, NH joline.manseau@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2023 11:09 PM
Moulton, Sue	Hampton, NH suevaliq@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 5:42 AM
Maillet, Ivan	Ashland, NH im45us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2023 6:39 AM
Haefner, Aly	Alstead, NH haefnermc@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 6:56 AM
Haefner, Mark	Alstead, NH haefnermc@tutamail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 7:01 AM
Haefner, Christopher	Alstead, NH Chrismusic1325@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 7:04 AM
Haefner, Sean	Alstead, NH haefnersp@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 7:08 AM
Haefner, Benjamin	Alstead, NH haefnerbd@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 7:09 AM
Haefner, Mary Catherine	Alstead, NH mhaefner@magdalen.edu	A Member of the Public	Myself	Support	No	No	2/15/2023 7:12 AM
Hogan, Brigid	Alstead, NH brigidhaefner@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 7:14 AM
Hand, Cathy	Hudson, NH Cathyhand@comcast.net	A Member of the Public	Myself	Support	No	No	2/15/2023 9:27 AM
Petruzziello, Rhonda	Wolfeboro, NH rpetruzziello91@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:31 AM
Petruzziello, Michael	Wolfeboro, NH mpetruzziello91@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:31 AM
Fournier, James	Fitzwilliam, NH brendan1@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/15/2023 9:36 AM

Hull, Rebecca	Hancock, NH rebhu7@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:38 AM
Lloyd, E.A.	East Kingston, NH house@onepinewoods.us	A Member of the Public	Myself	Support	No	No	2/15/2023 10:14 AM
Stephens-Nordlund, Nicole	Madison, NH karlnic3@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2023 2:05 PM
Barr, Lisa	Danville, NH scottbarr107@comcast.net	A Member of the Public	Myself	Support	No	No	2/15/2023 6:52 PM
Tuthill, Jennifer	Somersworth, NH psychokatz@comcast.net	A Member of the Public	Myself	Support	No	No	2/15/2023 7:59 PM
Johnson, Jennifer	Derry, NH Jenpetro23@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2023 8:18 PM
Plante, Elaine	Dover, NH kpep@comcast.net	A Member of the Public	Myself	Support	No	No	2/15/2023 8:21 PM
Condon, Laura	Bedford, NH vaxchoicenh@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 8:24 PM
Libby, Heather	New Ipswich, NH hmwilson04@aol.com	A Member of the Public	Myself	Support	No	No	2/15/2023 8:24 PM
Grant, Susan	Rochester, NH Gnrlgrnt001@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2023 8:33 PM
Heald, Ginger	Merrimack, NH gheald@sbcglobal.net	A Member of the Public	Myself	Support	No	No	2/15/2023 8:45 PM
Coopet, Misty	Rochester, NH Calmdesignsbymisty@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 8:55 PM
Pauer, Rep. Diane	Brookline, NH staterep@dianepauer.com	An Elected Official	Myself	Support	No	No	2/15/2023 9:09 PM
Pray, Danielle	Amherst, NH dapsrp@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:28 PM
Laughner, Julie	Raymond, NH julielaughner@comcast.net	A Member of the Public	Myself	Support	No	No	2/15/2023 9:32 PM
Barnhart, Cheryl	Northwood, NH Cheryl68@aol.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:39 PM
Camarota, Hon. Linda Rea	Bedford, NH repcamarota@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:49 PM
Gardner, James	Keene, NH yourgardner@protonmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 9:54 PM

Beame, Julia	Hancock, NH juliabeame@hotmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 10:02 PM
Cope, David	Hancock, NH davidcope2000@hotmail.com	A Member of the Public	Myself	Support	No	No	2/15/2023 10:03 PM
chapman, kevin	marlborough, NH denoct103@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2023 11:37 PM
Beyersdorfer, Audrey L	Keene, NH albeyersdorfer@verizon.net	A Member of the Public	Myself	Support	No	No	2/16/2023 12:00 AM
Mayo, Kathy	Nottingham, NH kathymayo2013@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 6:05 AM
glidden, deborah	Alexandria, NH moosepathfarmstainedglass@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 6:17 AM
Greene, Vicki	Nottingham, NH myfatherslegacy@comcast.net	A Member of the Public	Myself	Support	No	No	2/16/2023 6:45 AM
Romito, Christopher	Hollis, NH Romito714@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 7:01 AM
kirsch, walter	Warner, NH kirschwalterf@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 7:17 AM
Richmond, Tyler	Chester, NH trichmond@ymail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 7:50 AM
Richardson, Wendy	Conway, NH butterfly91011@yahoo.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:17 AM
Richardson, Jason	Conway, NH jasonrichardson7@hotmail.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:17 AM
Kauffman, Jeri	Laconia, NH jmkauffman37@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:18 AM
Hunt, Ella	Conway, NH artist678@yahoo.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:18 AM
Hunt, Gavin	Conway, NH gavinhunt7@gmail.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:19 AM
Richardson, Joan	Conway, NH grandviewfarm@gmail.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:19 AM
Richardson, Paul	Conway, NH grandviewfarm@gmail.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:19 AM
Richardson, Evelyn	Conway, NH grandviewfarm@gmail.com	A Member of the Public	Myself my children	Support	No	No	2/16/2023 8:19 AM

Thompson, Katie	Greenfield, NH Brakath30@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:37 AM
Mayville, Mary	Merrimack, NH mj4ok@aol.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:42 AM
Smith, Amanda	Nashua, NH rustyamanda96@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:46 AM
Romito, Susan	Hollis, NH Susanromito@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:46 AM
Berkeley, Jenn	Merrimack, NH momx3jae@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:54 AM
Tomlinson, Allen and Ann	Merrimack, NH allenann76@outlook.com	A Member of the Public	Myself and my wife (by her request)	Support	No	No	2/16/2023 9:00 AM
Hawkins, Carolyn	Milford, NH craunvt96@att.net	A Member of the Public	Myself	Support	No	No	2/16/2023 9:01 AM
Wilson, Sarah	Conway, NH Sarah.star.wilson@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:23 AM
Wilder, Jaima	Hollis, NH Jwilder15@msn.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:24 AM
Brown, Joyce	Merrimack, NH jpbrown@cfaith.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:25 AM
Brown, Roger	MERRIMACK, NH rpbrown@cfaith.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:26 AM
Daniels, Timothy	MANCHESTER, NH timd03062@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:26 AM
Cozzens, Mary	Loudon, NH Akacozz@aol.com	A Member of the Public	Myself	Support	No	No	2/16/2023 10:02 AM
Kuenning, Keith	Concord, NH KuenningK@waypointnh.org	A Lobbyist	Waypoint	Oppose	No	No	2/16/2023 10:23 AM
Hodgdon, Catherine	Windham, NH jeffhodgdon@hotmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 10:24 AM
Mercer, Jennifer	Loudon, NH jenannmercer@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 10:40 AM
Jaquith, Martha	Kingston, NH majaquith@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 10:48 AM
Mason, Angela	CONCORD, NH acmbogue@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:15 AM

Kelley, Chau	Hooksett, NH chaukelley@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:25 AM
Trinh, Them	Manchester, NH ThemTrinh@protonmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:33 AM
McGrath, Linda	Hampton, NH linda@seacoastrising.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:33 AM
Kishinevsky, Rebecca	Wilton, NH rp.kishinevsky@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:34 AM
Le, Tuyet	Manchester, NH tuyetle2021@protonmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:36 AM
Sanchez, Alison	Wilton, NH alison.faye@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 11:55 AM
Torosian, Mary Beth	Atkinson, NH mbt1717@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 12:48 PM
Gulla, Victoria	Chesterfield, NH gullav@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 12:54 PM
Belanger, Paula	Salisbury, NH pbtoxicfree@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 1:31 PM
Courchaine, Sarah	Sanbornton, NH simplybalanced@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 2:18 PM
Courchaine, Nicholas	Sanbornton, NH n_courchaine@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 2:22 PM
Clifford, Angela	Gilford, NH AngelaTDube@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 2:41 PM
Paschell, Susan	Bow, NH spaschell@dupontgroup.com	A Lobbyist	NH Community Behavioral Health Association	Oppose	No	No	2/16/2023 3:10 PM
Kelley, Edward	Hooksett, NH eddykelley4@yahoo.com	A Member of the Public	Myself	Support	No	No	2/16/2023 3:50 PM
McKinney, Dawn	Concord, NH dmckinney@nhla.org	A Lobbyist	NH Legal Assistance	Oppose	No	No	2/16/2023 4:01 PM
Sweeney, Margaret	Campton, NH MS975@protonmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 4:09 PM
Waker, Birgit	Wolfeboro, NH walkerbirgit@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/16/2023 8:49 PM
Jorgensen, Patricia	NORTHFIELD, NH yellaboat@aol.com	A Member of the Public	Myself	Support	No	No	2/16/2023 8:49 PM

Saba, Robin	Candia, NH rbrooks230@hotmail.com	A Member of the Public	Myself	Support	No	No	2/16/2023 9:23 PM

Bill introduction for HB406 (relative to parental access to children's medical records)

Jim Kofalt (prime sponsor)
HHS&EA - 2/16/2023

WHAT DOES THE BILL DO? A parent or guardian has the right to access their minor children's medical records, with some exceptions; namely, where there are specific provisions in state or federal law that allow for records to be kept confidential, or where there is suspected abuse, or where the parent agrees to waive the right to access certain records.

WHY IS IT NECESSARY? Some healthcare providers in New Hampshire have taken a broad approach to restricting parental access to medical records. Elliot Healthcare, for example, lists a range of categories that parents do not have access to when their children reach the age of 12.

EXCEPTIONS. There are some reasons why we arguably might want to allow for the confidentiality of a minor child's medical records and exclude parents from accessing certain information. For example:

- **STDs**. RSA 141-C:18 "Any minor 14 years of age or older may voluntarily submit himself to medical diagnosis and treatment for a sexually transmitted disease and a licensed physician may diagnose, treat or prescribe for the treatment of a sexually transmitted disease in a minor 14 years of age or older, without the knowledge or consent of the parent or legal guardian of such minor."
- **HIV Testing** is likewise protected under RSA 141-F:5
- **Drug Treatment** RSA 318-B:12-a stipulates that a minor age 12 or older may consent to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian.

These and other categories are addressed in both federal and state law. They are therefore not subject to disclosure under the provisions of this bill.

Everything else, – that is, any medical records relating to treatments that require consent, would be made available to parents if this bill were to become law. Why? Because in order to do their jobs effectively, parents need to be informed about what is happening in the lives of their children.

In *Parham v. J.R.*, the U.S. Supreme Court affirmed the principle of parental rights in constitutional law, stating that "the natural bonds of affection lead parents to act in the best interests of their children." This bill acknowledges the critical role that parents play in the lives of their children and assures that they have access to medical records.

New Hampshire Hospital Association

(2)

HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS COMMITTEE

Thursday, February 16, 2023

HB 406-FN –Relative to Parental Access to Children's Medical Records

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior Vice President with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is opposed to HB 406-FN, relative to the release of a teenager's medical records to a parent or guardian. This bill is almost identical to a bill that was introduced in 2022, HB 1345. HB 406-FN was amended to address some of the concerns that the healthcare community raised last year. However, we continue to believe that this bill is unnecessary as the Health Insurance Portability and Accountability Act (HIPAA) already covers when a minor's medical records can be released. However, if this bill does move forward, there is another major concern with the bill before you. On line 9 the word "and" after "neglect" needs to be changed to "or".

Thank you and I would be happy to answer any questions you may have.

Does the HIPAA Privacy Rule allow parents the right to see their children's medical records?

Answer:

Yes, the Privacy Rule generally allows a parent to have access to the medical records about his or her child, as his or her minor child's personal representative when such access is not inconsistent with State or other law.

There are three situations when the parent would not be the minor's personal representative under the Privacy Rule. These exceptions are:

1. When the minor is the one who consents to care and the consent of the parent is not required under State or other applicable law;

2. When the minor obtains care at the direction of a court or a person appointed by the court; and

3. When, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship.

However, even in these exceptional situations, the parent may have access to the medical records of the minor related to this treatment when State or other applicable law requires or permits such parental access. Parental access would be denied when State or other law prohibits such access. If State or other applicable law is silent on a parent's right of access in these cases, the licensed health care provider may exercise his or her professional judgment to the extent allowed by law to grant or deny parental access to the minor's medical information.

Finally, as is the case with respect to all personal representatives under the Privacy Rule, a provider may choose not to treat a parent as a personal representative when the provider reasonably believes, in his or her professional judgment, that the child has been or may be subjected to domestic violence, abuse or neglect, or that treating the parent as the child's personal representative could endanger the child.

https://www.hhs.gov/hipaa/for-professionals/faq/227/can-i-access-medical-record-if-i-have-power-of-attorney/index.html

NAMI New Hampshire

National Alliance on Mental Illness

(3)

February 16th, 2023

Honorable Chair Wayne MacDonald
House Health, Human Services and Elderly Affairs Committee
Legislative Office Building 201-203
33 N State St., Concord, NH 03301

RE: NAMI NH Opposition for HB 406

Dear Chair and Committee Members:

Thank you for the opportunity to testify today. My name is Sam Hawkins, and I am the Public Policy Assistant at NAMI NH, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education, and advocacy. On behalf of NAMI NH, I am here today to speak in opposition to HB 406, relative to parental access to children's medical records.

NAMI New Hampshire recognizes the importance of familial support throughout our system of care for children's mental health. In our experience, counselors and therapists who are proficient in their practice will involve the family, including parents and guardians, in the treatment of an adolescent patient when it is in the best interest of the child.

However, we also acknowledge that many adverse childhood experiences happen at the hands of a parent or guardian, and that there are some situations where a child may be endangered by the disclosure of mental health records. For these children, we believe that access to a private therapeutic relationship is essential.

HB 406 sets prohibitively strict requirements for situations where a provider could withhold access to a child's records, creating situations where children may be harmed. According to this bill, a provider believing that the release of records may endanger a child is not enough to justify confidentiality. Instead, this belief must exist alongside knowledge of actual or potential domestic violence or abuse or neglect, which the provider may not have.

If this bill's language were changed to allow confidentiality in situations of believed endangerment, NAMI NH's position would be neutral. This would require a change on line 9 of the bill so that it reads, "...the child has been or may be subjected to domestic violence, abuse or neglect, ***or*** that the release of the..."As introduced, however, NAMI NH urges the committee to recommend Inexpedient to Legislate for HB 406.

Sincerely,

Samuel C. Hawkins

Samuel C. Hawkins

newfutures
advocate • educate • collaborate
to improve the health and wellness of all Granite Staters

February 16, 2023

The Honorable Wayne MacDonald, Chair
House Health, Human Services and Elderly Affairs Committee
Legislative Office Building, Room 206
33 North State Street
Concord, NH 03301

Re: New Futures' opposition to HB 406, relative to parental access to children's medical records

Dear Chairman MacDonald, and Honorable Members of the Committee:

New Futures appreciates the opportunity to provide testimony in opposition to HB 406, relative to parental access to children's medical records.

New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all Granite Staters. We are dedicated to supporting and strengthening a comprehensive and integrated System of Care for children and youth who experience behavioral health challenges in New Hampshire.

New Futures opposes HB 406 as written because it would undermine a minor's ability to seek confidential mental health treatment.

Confidentiality protects health of minors by promoting healthy behaviors and creating a youth-guided environment for minors to receive care. Privacy concerns affect whether minors seek care, and if they do, when and where they seek care.[1] Privacy is the cornerstone to creating an effective provider-client relationship and directly affects how openly young people talk with healthcare providers. Giving parents unfettered access to a teen's records would compromise the privacy that is essential to an effective provider-client relationship.

New Hampshire has already recognized the importance of confidentiality of a minor's mental health records in a Supreme Court decision, *Berg v. Berg*.[2] In this decision, the Supreme Court of New Hampshire recognized the importance of putting an emphasis on the preservation of a minor's ability to engage in open and productive therapeutic treatment.[3] The Court noted that allowing a parent unfettered access to a child's therapy records may deny the child the right to

[1] English A. Adolescent & Young Adults Health Care in New Hampshire: A Guide to Understanding Consent & Confidentiality Laws. San Francisco, CA: Adolescent & Young Adult Health National Resource Center; and Chapel Hill, NC: Center for Adolescent Health & the Law, 2019. http://nahic.ucsf.edu/resource_center/confidentiality-guides/.
[2] *Berg v. Berg*, 152 N.H. 658, 666 (2005).
[3] Id.

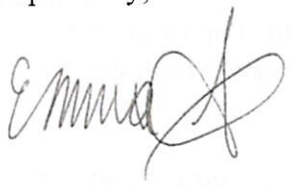
effective medical care by destroying the atmosphere of confidence and trust that is fundamental for effective therapeutic counseling.[4]

New Hampshire does not have explicit laws allowing minors to consent to most healthcare treatments, and therefore it defers to the mature minor test to determine if a minor is sufficiently mature to assert or waive his or her privilege over mental health records.[5] As written, HB 406 would override this doctrine, except in the narrow instance that a provider reasonably believes a child has been or may be subjected to domestic violence, abuse or neglect, *and* that release of the medical records to the parent or guardian could endanger the child.

Having such a narrow exception to client-provider confidentiality would create a chilling effect on healthcare for minors. Ideally, the mature minor doctrine would remain in place to ensure continued effective mental health treatment for minors. However, amending the bill to give providers broader discretion to assert privilege over records would be closer to the mature minor doctrine already in place and would be more conducive to the mental health treatment of minors.

For the reasons presented above, New Futures strongly urges the committee to vote HB 406 inexpedient to legislate.

Respectfully,



Emma Sevigny, Esq.
Children's Behavioral Health Policy Coordinator
New Futures, Inc.

[4] Id. at 665.

[5] *Berg v. Berg*, 152 N.H. 658, 666 (2005).

HCS

New Hampshire House of Representatives
House Committee Services

Memorandum

Christina.Dyer@leg.state.nh.us
603-271-3385

TO: **Rep. Wayne MacDonald**
Chair, Health, Human Services and Elderly Affairs Committee

FROM: **Christina Dyer,**
Committee Researcher

DATE: **February 13, 2023**

SUBJ: **HB 406-FN: relative to parental access to children's medical records.**

SUMMARY

This bill would expand parental access to medical records for children aged 13 to 18-years-old without requiring a signed release. If the child can consent to medical care or treatment without parental permission as specified by state or federal law, a release would still be required. If a healthcare provider reasonably believes disclosure of such records would be result in danger to the child, disclosure to the parent is not required. A similar bill was proposed in 2022 (HB 1345), however it died in the House.

Though state laws on minor consent and confidentiality laws vary, federal laws offer broader protection. Medicaid, 42 CFR, Part 2 (Part 2)[1] , Health Information Portability and Accountability Act (HIPAA), Federal Education Rights and Privacy Act (FERPA), and Title X Family Planning (Title X) all provide protections for protected health information (PHI). These laws generally safeguard patient' privacy and confidentiality of health information, which in some cases, does include minors, depending on the health need and the supporting state law. The "mature minor" doctrine[2] plays a role in minor treatment, a common law that has evolved through court decisions and generally holds providers harmless if parental consent it not obtained.

NH law does not explicitly affirm or deny parental access to a minor's medical records, with the exception of child abuse or neglect statutes which require protection of the minor if disclosure may cause harm to the child. Overwhelmingly, NH law allows, but does not require, the sharing of protected health information (PHI) and relies on the professional judgement of the provider and federal guidelines as to the extent of minor's right to privacy. This is often related to consent laws (but not always) at the state and federal levels.

A summary of each of these provisions is provided in the attached report.[3]

[1] Refers to substance use disorder programs
[2] See Smith v. Seibly, 72 Wn.2d 16 (1967)
[3] See attached report: English A. Adolescent & Young Adults Health Care in New Hampshire: A Guide to Understanding Consent & Confidentiality Laws. San Francisco, CA: Adolescent & Young Adult Health National Resource Center; and Chapel Hill, NC: Center for Adolescent Health & the Law, 2019. http://nahic.ucsf.edu/resource_center/confidentiality-guides/

Prior Legislation

1989, HB 511, relative to medical records.

Referred to Health, Human Services and Elderly Affairs Committee, Vote 12-1
Majority: Ought to Pass

Final Disposition: Signed by the Governor

2008, SB 389, relative to privileged communications between health care providers and minor children.

Referred to the Children and Family Law committee, Vote 15-0
Majority: Inexpedient to Legislate

Rep. Jayne E Spaulding for Children and Family Law: This bill would allow a minor child of any age to have a confidential relationship with his or her physician, therapist, or attorney. The unintended consequences of this bill are broad. For example, parents of a toddler could be excluded from discussing the child's medical condition with the pediatrician. The committee unanimously felt that NH case law should deal with such cases on an individual basis and not through legislation.

Final Disposition: Died in the House

2022, HB 1345, relative to the release of a teenager's medical records to a parent or guardian.

Referred to Health, Human Services and Elderly Affairs Committee, Vote 21-0
Majority: Ought to Pass with Amendment

Rep. Betty Gay for Health, Human Services and Elderly Affairs. Current law allows medical providers to deny parents with teenagers over the age of thirteen access to their medical records without a release from that minor child. There are already RSAs that specifically require a teen's release for the records of treatment where the medical practitioner fears for the safety of the child, so this sweeping requirement for release of all records is an unnecessary burden for the parents as well as the providers. Federal HIPAA laws that specify releases for teen medical records also have to be considered in any bill. This resulting amended bill provides parents unencumbered access to all of their teens' medical records except for those directed by Federal or specific state statute to require a release by the teen child.

Final Disposition: Died in the House

HCS

New Hampshire House of Representatives
House Committee Services

HB 406-FN: relative to parental access to children's medical records

Christina.Dyer@leg.state.nh.us
603-271-3385

Status	Minor Consent	Scope/Limitation	Citation	Minor Confidentiality	Citation
Emergency Services	Yes, with limitations	Emergency medical care provider or a health professional may render emergency medical services to any person, regardless of age, where person is unable to give consent for any reason, including minority status, no other person is reasonably available who is legally authorized to consent for the care, & the provider has acted in good faith	N.H. Rev. Stat. Ann. § 153- A:18		
Contraceptive/ Family Planning	Maybe	Minors may consent to family planning services funded by Title X or Medicaid; may be able to do so in other settings based on the mature minor rule or the constitutional right of privacy (Note: See Table 2 re Title X Family Planning & Medicaid)		Mature Minor Doctrine Title X Family Planning: Information about family planning services received at Title X funded sites is confidential and may only be disclosed with the minor's permission or if required by law Medicaid: Adolescent minors who are eligible for Medicaid may receive confidential family planning services funded by Medicaid	42 C.F.R. § 59.11 42 U.S.C. §§ 1396a(a)(7), 1396d(a)(4)(C)
Pregnancy Care	Maybe	Minor who is capable of giving informed consent minor may be able to consent		Mature Minor Doctrine	

Status	Minor Consent	Scope/Limitation	Citation	Minor Confidentiality	Citation
Abortion	No, with exceptions	Notification of one parent or a legal guardian is required; the law includes a judicial bypass and an emergency exception	N.H. Rev. Stat. §§ RSA 132:32 – 132:36		
STD Diagnosis/ Treatment	Yes	Minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian. (Note: See Table 2 re Title X Family Planning)	N.H. Rev. Stat. Ann. § 141- C:18	NH Law Physician may diagnose, treat or prescribe for treatment of sexually transmitted diseases in a minor age 14 or older without knowledge or consent of parent or guardian HIPPA: A minor who consents, or whose parent accedes to confidentiality, is an "individual" with control over their own protected health information (PHI) HIPPA Privacy Rule: Parents are not necessarily the personal representative when minors have consented to their own care; parent may not be personal representative if minor subject to domestic violence, abuse, neglect, or endangerment	N.H. Rev. Stat. Ann. § 141-C:18 45 C.F.R. § 164.502(g)(3)
HIV Testing	Yes	Consent of person tested for HIV is required except in specified circumstances	N.H. Rev. Stat. Ann. § 141-F:5	HIV test results shall be disclosed to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification; if person with HIV positive test result is under age 18, the physician or person authorized by physician may disclose test results to a parent or legal guardian	N.H. Rev. Stat. Ann. § 141-F:7

Status	Minor Consent	Scope/Limitation	Citation	Minor Confidentiality	Citation
Mental Health Services-outpatient	Yes, with limitations	Any person" may apply to approved community mental health program to receive services from the state mental health services system; application also may be made by a minor's parent or guardian	N.H. Rev. Stat. Ann. § 135- C:12	Treatment information regarding seriously or chronically mentally ill person receiving services from community mental health program or state facility may be disclosed to a family member who lives with the person or provides direct care after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom Mature Minor Doctrine FERPA: Information about health services provided by a school may be included in a students' "education records" and subject to FERPA, not HIPAA; parents have access to minors' education records Medicaid: Suppression of explanation of benefits	N.H. Rev. Stat. Ann. § 135-C:19-a 20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103 42 C.F.R. § 455.20.
Drug use/substance abuse treatment	Yes	Minor age 12 or older may consent to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian	N.H. Rev. Stat. Ann. § 318- B:12-a	Consent for disclosure must be obtained from an individual who seeks treatment from a substance use disorder provider or program; disclosure without the patient's consent may occur only in very limited circumstances such as bona fide medical emergencies or with a court order	42 C.F.R. Part 2

Source: English A. Adolescent & Young Adults Health Care in New Hampshire: A Guide to Understanding Consent & Confidentiality Laws. San Francisco, CA: Adolescent & Young Adult Health National Resource Center; and Chapel Hill, NC: Center for Adolescent Health & the Law, 2019. http://nahic.ucsf.edu/resource_center/confidentiality-guides/

Adolescent & Young Adult Health Care in New Hampshire

A Guide to Understanding Consent & Confidentiality Laws

Abigail English, JD, Center for Adolescent Health & the Law

March 2019

Center for
Adolescent Health
& the Law

Adolescent
& Young Adult
Health
National Resource Center

Contributors

This publication was created for the Adolescent & Young Adult Health National Resource Center by Abigail English, JD, of the Center for Adolescent Health & the Law, in collaboration with the Association of Maternal & Child Health Programs (AMCHP); the National Adolescent & Young Adult Health Information Center (NAHIC) at the University of California, San Francisco (UCSF); the State Adolescent Health Resource Center (SAHRC) at the University of Minnesota; and the University of Vermont National Improvement Partnership Network (NIPN).

Adolescent & Young Adult Health National Resource Center

The National Adolescent and Young Adult Health National Resource Center (AYAH-NRC) – supported by the Maternal and Child Health Bureau – was established in September 2014 to help states improve receipt and quality of preventive services among adolescents and young adults. The AYAH-NRC is housed at the National Adolescent and Young Adult Information Center at the University of California, San Francisco, in close partnership with: the Association of Maternal & Child Health Programs; the University of Minnesota State Adolescent Health Resource Center; and the University of Vermont National Improvement Partnership Network. The Center aims to promote adolescent and young adult health by strengthening the abilities of State Title V MCH Programs, as well as public health and clinical health professionals, to better serve these populations (ages 10-25).

Center for Adolescent Health & the Law
PO Box 3795 | Chapel Hill, NC 27515-3795
ph. 919.968.8850 |e-mail: info@cahl.org
http://www.cahl.org

The Center for Adolescent Health & the Law supports laws and policies that promote the health of adolescents and young adults and their access to comprehensive health care. Working nationally, the Center clarifies the complex legal and policy issues that affect access to health care for the most vulnerable youth in the United States. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers, and advocates who are working to protect the health of adolescents and young adults.

Suggested Citation

English A. Adolescent & Young Adults Health Care in New Hampshire: A Guide to Understanding Consent & Confidentiality Laws. San Francisco, CA: Adolescent & Young Adult Health National Resource Center; and Chapel Hill, NC: Center for Adolescent Health & the Law, 2019. http://nahic.ucsf.edu/resource_center/confidentiality-guides/.

Disclaimer

This document provides information. It does not constitute legal advice or representation. For legal advice, readers should consult their own counsel. When seeking legal advice, a practicing attorney who has knowledge of all relevant federal, state, and local laws and who has been informed of all relevant details of the situation should be consulted. The legal information in this publication is current through March 2019. Laws may change, so updated information must be sought to address specific situations.

Acknowledgements
The author and the AYAH National Resource Center gratefully acknowledge the careful review of this document and comments provided by several individuals in New Hampshire with expertise in adolescent and young adult health. The author extends special thanks to Charles Irwin, Claire Brindis, and Jane Park of NAHIC, University of California, San Francisco; Kristin Teipel of SAHRC, University of Minnesota; and Iliana White and Caroline Stampfel of AMCHP for their advice and support.

Support

This publication was supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), (cooperative agreement, U45MC27709), as part of an award totaling $1,350,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

Table of Contents

Introduction 1

Importance of Protecting Confidentiality 1
- Rationale for confidentiality 2
- Research findings about privacy concerns 2
- Health care professional organizations 2
- Confidentiality is not absolute 3

Emerging Confidentiality Challenges 3

New Hampshire Health Care Consent Laws 3
- Linkage of consent & confidentiality 3

Minor Consent Laws in New Hampshire 3

Minors in Special Situations 4

New Hampshire Confidentiality Laws 4

Confidentiality Laws for Minors in New Hampshire 4

Federal Confidentiality Laws 5

HIPAA Privacy Rule 5

FERPA 6

Title X Family Planning 7

Medicaid 7

Drug and Alcohol Programs 7

Ryan White HIV/AIDS Program 8

Federally Qualified Health Centers 8

Confidentiality and Preventive Services 8
- Recommended preventive services for adolescents & young adults 8

Conclusion 9

Table 1: New Hampshire Health Care Consent Laws for Minors 10

Table 2: New Hampshire & Federal Confidentiality Laws for Minors 11

Table 3: New Hampshire & Federal Confidentiality Laws for Young Adults 12

Appendix A: New Hampshire Health Care Consent & Confidentiality Laws for Minors 13

Appendix B: Federal Confidentiality Laws 16

Appendix C: Key Questions for Confidentiality Protection 20

Appendix D: Legal Resources for Adolescent & Young Adult Health & the Law in New Hampshire 21

Appendix E: Resources on Confidentiality, Health Insurance, and Electronic Health Records 22

Appendix F: Consent for Contraception & Pregnancy Care 23

Appendix G: 25 Years of AYAH Confidentiality Studies—A Bibliography 24

Adolescent and Young Adult Perspectives 24

Health Care Provider Perspectives and Availability of Confidential Services 26

Parent Perspectives 27

References 29

Adolescent & Young Adult Health Care in New Hampshire
A Guide to Understanding Consent & Confidentiality Laws

Abigail English, JD
Center for Adolescent Health & the Law

This guide provides a summary of legal consent requirements and confidentiality protections for adolescents and young adults in New Hampshire to inform health care providers and promote access to essential health care including preventive health services.

Introduction

Confidentiality protections encourage adolescents and young adults to seek the health care they need and safeguard their privacy when they receive services. The relationship between confidentiality of health information and consent for health care is important. The specific ways the law protects confidentiality depend on whether a patient is a minor or an adult and whether the patient can legally consent to their own care. Some adolescents are minors—under age 18—and some are young adults—age 18 or older.

Young adults almost always may consent to their own care; minors may consent sometimes, but not always. Young adults are entitled to the same confidentiality protections under state and federal laws as other adults.

"Minor consent laws" allow minors to consent for their own care in specific situations and for specific services. Laws authorizing minors to consent and laws protecting confidentiality are closely linked but they do not always match each other. Adolescent minors who consent for their own care are entitled to many confidentiality protections; but these may be qualified or limited in ways that allow for disclosure of some information to parents or others.

Numerous federal and state laws contain confidentiality protections for health information. The interplay of law and ethics also is important in understanding confidentiality in the health care of adolescents and young adults. Careful analysis of the relevant state and federal laws, informed by sound ethical principles, can clarify these issues in New Hampshire as in other states.

Importance of Protecting Confidentiality

There are numerous reasons to protect confidentiality for the health care communications and health information of adolescents and young adults. The most compelling is to encourage young people to seek necessary care on a timely basis and to provide a candid and complete health history when they do so. Additional reasons include supporting their developing sense of privacy and autonomy as well as protecting them from the humiliation and discrimination that can result from disclosure of confidential information. Offering confidential care can also help young people develop their capacity to engage independently with the health care system. Decades of research findings have documented the importance of privacy concerns for young people in the adolescent age group; additional research has found similar concerns among young adults. (See Appendix G) Overarching goals of confidentiality protection include promoting both the health of individual young people and the public health. One key element of reaching these goals is ensuring that young people receive the health care services they need.

Privacy concerns influence use of health care in many ways. Many adolescents are concerned about disclosure to their parents of information related to sexual behaviors, substance use, and mental health. This is true even though many adolescents voluntarily share a lot of health information with their parents and other trusted adults. Voluntary communication can be very helpful in supporting adolescents' and young adults' health; mandated communication and disclosure can be counterproductive unless they are necessary to protect the health of a young person. Specifically, concerns about confidentiality and disclosure can affect whether adolescents seek care,[1,2,3] where they seek care,[4,5] and how openly they talk with health care professionals.[6] Some young adults also hesitate to use certain services unless privacy can be maintained.[7] Concerns that confidentiality will not be protected can lead adolescents and young adults to forego or delay care or to be less than candid when they do see a health care provider. (See Appendix G)

Rationale for confidentiality
- Protect health of adolescents & young adults
- Protect public health
- Promote positive health behaviors & outcomes
- Avoid negative health outcomes
- Encourage adolescents & young adults to seek needed care
- Increase open communication with health care providers

Research findings about privacy concerns
Privacy concerns affect behavior and influence:
- Whether young people seek care
- When young people seek care
- Where young people seek care
- How openly young people talk with health care providers

The effect of privacy concerns has been especially well documented with respect to adolescents' use of sexual health services, including care related to contraception, pregnancy, and sexually transmitted diseases (STDs). For example, one study found that almost all adolescents would consent to STD testing if their parents would not know, but only about one third would agree if their parents would or might know.[8] According to another study, nearly one half of adolescents would stop using family planning clinic services if parental notification were mandatory.[9] Yet, a national survey found that only a very small minority of adolescents would stop having sex if parental notification were mandatory for contraceptives, and a significant percentage would have riskier sex.[10]

Health care professional organizations recognize the importance of confidentiality protections in health care. These organizations have adopted codes of ethics and issued policies that address privacy and confidentiality protections for patients generally, including young adults and adolescents.[11] They also have adopted policies related to adolescent health care that address confidentiality for particular health care settings, special populations, and specific services—preventive health care, testing & treatment for STDs & HIV, contraception, pregnancy-related care, and other reproductive health services. These policies often speak to the importance of informing patients, including adolescents and their parents, about confidentiality and its limits.

Health care professional organizations
Codes of ethics and policies support:
- Rationale for confidentiality
- Scope of confidentiality and its limits
- Confidentiality in particular health care settings
- Confidentiality for specific populations of adolescents
- Confidential access to specific health services

Confidentiality is not absolute. To understand the scope and limits of legal and ethical confidentiality protections, it is important to clarify: what *may not* be disclosed because it is confidential and none of the exceptions to confidentiality apply; what *may* be disclosed based on the discretion of the health care professional; and what *must* be disclosed because there is another requirement, such as a reporting requirement, that overrides confidentiality.

Confidentiality is not absolute
Confidential information must be disclosed:
- To comply with reporting mandates
  - Child abuse
  - Communicable disease
  - Assaults such as knife or gunshot wounds
  - Domestic violence
- When a patient is dangerous to self or others

Emerging Confidentiality Challenges

Two sets of issues represent increasing challenges for protecting confidentiality in adolescent and young adult health care. The first set comprises the issues associated with billing and health insurance claims, particularly the use of explanations of benefits (EOBs) to communicate with health insurance policyholders.[12,13] Although the use of EOBs is used virtually universally by commercial health care insurers and health plans, Medicaid agencies generally do not send EOBs. The second evolving issue relates to the complex questions associated with use of and access to electronic health records (EHRs) and web portals.[14,15,16,17] Significant variation exists among provider sites in their implementation of EHRs and their handling of confidentiality for adolescents in the EHR context. In these arenas, laws and policies as well as best practices are evolving rapidly. Thorough discussion of these issues is beyond the scope of this guide, but considering them is essential in any effort to protect confidentiality for adolescents and young adults. (See Appendix E)

New Hampshire Health Care Consent Laws

The age of majority in New Hampshire is 18;[18] anyone younger than age 18 is legally a minor. Young adults age 18 or older are allowed to consent for their own health care; their right to consent may be limited if they are cognitively impaired and unable to give informed consent. For adolescents who are minors, the consent of a parent or another authorized adult is generally required. There are exceptions to this requirement contained in New Hampshire's "minor consent laws." (See Table 1 and Appendix A)

Minor Consent Laws in New Hampshire

Linkage of consent & confidentiality
"Consent" & "confidentiality" are not perfectly matched but are closely linked in:
- Clinical practice
- Ethical standards
- Professional policies
- State & federal laws

New Hampshire has several laws either allowing minors to receive certain services without prior parental consent or authorizing them to consent for specific health care services, including some preventive services. In particular, these laws cover emergency care,[19] STD care,[20] HIV testing,[21] treatment for drug dependency or problems related to drug use,[22] and community mental health services.[23] (See Table 1 and Appendix A) New Hampshire law also provides for "expedited partner therapy" or EPT that allows STD prescription to a patient's partner.[24]

Although New Hampshire does not have an explicit law authorizing minors to consent for contraception, it also does not have a law prohibiting them from doing so or explicitly requiring parental consent for contraception.

Minors may consent for confidential family planning services funded by Title X or Medicaid; they also should be able to do so in other settings based on the constitutional right of privacy or the mature minor doctrine. (See Tables 1 & 2, Appendix A, and Appendix F). Minors may also access emergency contraception without parental consent.[25] New Hampshire law contains detailed requirements for minors to receive abortion services that require notification of a parent or guardian but include a judicial bypass and an emergency exception.[26] (See Table 1 and Appendix A)

Minors in Special Situations

Some adolescent minors are in special situations or have health care needs that are not clearly addressed by the New Hampshire minor consent laws. These include, for example, adolescents who are victims of sexual assault or human trafficking, or LGBTQ youth. Even though the state's minor consent laws do not explicitly provide for these adolescents to consent for specific services such as care for sexual assault or transgender services, they are able to consent—on the same basis as any other minor—for other services that are covered by the minor consent laws or other laws, such as care for STDs and HIV, contraception, treatment for drug use, and community mental health services. Often these services are relevant to their special situations.

When adolescents are in foster care, special rules may determine who can give consent for their health care—their parents, their social worker, or the court. In New Hampshire, the social service agency has provided guidance to foster parents on the procedures for obtaining authorization for a foster child to receive health care.[27] However, foster children should be able to consent for their own health care on the same basis as other youth.

New Hampshire Confidentiality Laws

New Hampshire laws include protections for the health care information of individuals of all ages, including minor adolescents and young adults.[28,29] New Hampshire laws generally provide confidentiality protection for medical records and patients' health information and usually require consent for release of the records or disclosure of the information subject to certain exceptions. New Hampshire law includes some provisions that parallel the federal HIPAA Privacy Rule for disclosure of protected health information. New Hampshire has specific legal protections for mental health and substance abuse treatment information and records.[30] New Hampshire laws also contain provisions that are specific to the confidentiality of minors' health information. (See Tables 2 & 3 and Appendix A)

Confidentiality Laws for Minors in New Hampshire

Confidentiality protections and consent requirements for minors are closely linked but not perfectly matched. Generally, when minors may consent for their own health care they can expect confidentiality protection, but there are exceptions. The New Hampshire laws that allow minors to consent for STD diagnosis and treatment also specify that they may do so without parental knowledge. New Hampshire also allows but does not require health care providers to share information about a positive HIV test result and mental health services with a minor's parent in specific circumstances. (See Table 2 and Appendix A) Also, confidentiality may be compromised via billing and health insurance claims as well as through access to electronic health records via web portals. (See Appendix E)

One of the main exceptions to confidentiality is the requirement to report child abuse. In New Hampshire, health care professionals, other professionals, and all other individuals who have reason to suspect that a child has been abused are required to report. The New Hampshire definition of reportable abuse includes physical and emotional abuse by a parent or person responsible for the child and sexual abuse by any person.[31,32]

A question that often arises for health care professionals is whether voluntary sexual activity of minor adolescents must be reported as child abuse. This complex question has been carefully addressed elsewhere and is beyond the scope of this guide, but careful attention to the requirements of state reporting laws is always essential.[33] A related concern of health care professionals is the age at which minors can participate in sexual activity without risk of criminal prosecution—sometimes referred to as "age of consent." This issue is legally separate from the requirement to report child abuse and a detailed discussion also is beyond the scope of this guide.[34]

These New Hampshire laws must be interpreted and applied in the context of the full range of federal laws that protect confidentiality and sometimes supersede state laws. (See Tables 2 & 3 and Appendix B) Important federal confidentiality laws include the HIPAA Privacy Rule, as well as legal requirements for numerous federally funded health programs. Because the HIPAA Privacy Rule defers to state laws and other applicable laws on the question of when parents have access to their adolescent minor children's health information, understanding the relationship between state and federal laws is essential.

Federal Confidentiality Laws

Numerous federal laws contain confidentiality protections. These laws protect patients' privacy in the health care system and the confidentiality of their health information. Federal confidentiality laws that are of particular importance for adolescent and young adult health care include the HIPAA Privacy Rule and FERPA, as well as statutes and regulations for the Title X Family Planning Program and Medicaid, and the rules for drug and alcohol programs. Confidentiality protections can also be found in requirements for other programs such as the Ryan White HIV/AIDS Program and federally qualified health centers (FQHCs). (See Tables 2 & 3 and Appendix B)

Legal sources of confidentiality protection

- Constitutional right of privacy
- HIPAA Privacy Rule
- Federal education privacy laws
- Federal & state funded health program requirements
- State minor consent laws
- State medical confidentiality & medical records laws
- Evidentiary privileges
- Professional licensing laws

HIPAA Privacy Rule

The HIPAA Privacy Rule—the federal medical confidentiality regulations issued in 2002 under the Health Insurance Portability and Accountability Act—protects the health care information of adolescents and young adults.[35] The HIPAA privacy protections for young adults are the same as for other adults: they are entitled to access their protected health information and to control the disclosure of that information in some circumstances. Additional specific requirements apply to the information of adolescents who are minors.

When minors are authorized to consent for their own health care and do so, the HIPAA Privacy Rule treats them as "individuals" who are able to exercise rights over their own protected health information (PHI).[36] Also, when parents have acceded to a confidentiality agreement between a minor and a health professional, the minor is considered an "individual" under the Rule.[37]

Generally, the HIPAA Privacy Rule treats parents as the "authorized representative" and gives them access to the health information of their unemancipated minor children, including adolescents. Parents' access is limited in situations that involve abuse or endangerment or when it would not be in the minor's best interest.[38] However, when minors are considered "individuals," their parents are not necessarily their authorized representative. On the issue of when parents may have access to protected health information for minors who are considered "individuals" and who have consented to their own care, the Rule defers to other laws. Parents' access to their adolescent minor child's information in these circumstances depends on "state or other law."[39]

Thus, a health care provider must look to state laws or other laws to determine whether they specifically address the confidentiality or disclosure of a minor's health information. State or other laws that explicitly require, permit, or prohibit disclosure of information to a parent are controlling.[40] If state or other laws are silent on the question of parents' access, a health care professional exercising professional judgment has discretion to determine whether or not to grant access.[41] The relevant sources of state or other law that a health care provider must consider include all of the state and federal laws that contain confidentiality protections.

Additional provisions of the HIPAA Privacy Rule that are important for both adolescents and young adults are those that allow individuals to request restrictions on the disclosure of their PHI and to request that communications regarding their PHI occur in a confidential manner.[42] Other protections address situations in which disclosure may be restricted to protect individuals who may be at risk for domestic violence or child abuse.[43]

FERPA

When health care services are provided in a school setting, the legal framework for consent to treatment for adolescents remains generally the same as in other settings; however, different confidentiality rules may apply. In a school setting, the HIPAA Privacy Rule requirements must be understood in relation to the requirements of the Family Educational Rights and Privacy Act (FERPA), a federal statute that, with its implementing regulations, controls the disclosure of the educational records of students at most primary, secondary, and post-secondary schools.[44] Health care professionals who provide services in schools often are uncertain whether they must follow the HIPAA Privacy Rule or FERPA. Two federal agencies—the Department of Health & Human Services and the Department of Education—have issued joint guidance that provides some clarification.[45]

While the HIPAA Privacy Rule typically controls release of health information created by health care professionals, the HIPAA Privacy rule explicitly *excludes* from its purview health records that are part of an "education record" as that is defined under FERPA.[46] FERPA defines "education record" in a way that sometimes can include health records created by a health care provider—such as a school nurse—employed by or acting on behalf of a school or university.

Thus, health records created by medical professionals employed by a school or university may be part of an "education record" and subject to FERPA rather than HIPAA. The most important implication of this is that

parents have access to the education records of their minor children. Young adults, beginning at age 18, control access to their own education records under FERPA, including any health information. Health records created by medical professionals working in a school setting such as a school-based health center but employed by a health entity would usually be covered by HIPAA, not FERPA.[47]

Title X Family Planning

The confidentiality regulations for the federal Title X Family Planning Program[48] are exceptionally strong and have protected adolescents as well as adults for nearly five decades. Federal Title X confidentiality protections take precedence over state requirements for parental consent or notification, allowing minors to receive family planning services at Title X sites without parental involvement.[49] The regulations require that all information about individuals receiving services must be confidential and must not be disclosed without the individual's documented consent, except as necessary to provide services to the patient or as required by law—and, even then, only with appropriate safeguards for confidentiality.[50] When information is shared by Title X providers with other health care providers, care must be taken to understand the extent to which those other providers are bound by similar confidentiality requirements. Examples of disclosures that are often required by law include mandatory reporting of child abuse to child welfare or law enforcement,[51] intimate partner violence to law enforcement,[52] and STDs to public health authorities.[53] In each of these situations, other specific confidentiality rules may apply.

On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, "Compliance with Statutory Program Integrity Requirements," that would significantly alter the federal regulations for the Title X Program. [54] This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere.[55] The new rule has been challenged in numerous lawsuits.[56]

Medicaid

Federal Medicaid law contains safeguards against disclosure of confidential information.[57] It also requires that Medicaid cover family planning "services and supplies" for all Medicaid enrollees of childbearing age, including "minors who can be considered to be sexually active.[58] These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.[59] State laws and policies also contain varied provisions that help to protect the privacy of Medicaid beneficiaries and their confidential health information. These provisions include both general confidentiality requirements and specific confidentiality protections for information related to family planning services, such as through states' Medicaid family planning expansions that include coverage for minors as well as young adults.[60]

Drug and Alcohol Programs

Federal regulations—contained in 42 CFR Part 2 and often referred to as "Part 2" establish special confidentiality protections for substance use records;[61,62] they apply to "substance use disorder programs" that meet certain very broad criteria of being "federally assisted."[63] The regulations protect both adolescent minors and young adults. When minors are allowed to consent for treatment under state law, they have independent rights under the federal regulations.[64] For those providers and programs that must comply with the federal rules, the regulations impose strict confidentiality requirements that do not allow disclosure without the consent of the

patient except in specific circumstances that pose a substantial threat to the life or physical wellbeing of the patient or another person.[65] To the extent that these federal regulations are more protective of confidentiality, they take precedence over state law; if they are less protective, state law controls.[66]

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (Ryan White) supports some medical services for patients with HIV.[67] Ryan White generally is a payer of last resort and fills the gaps for individuals with HIV who have no other source of coverage or face coverage limits. Ryan White service providers and patients have significant concerns about confidentiality, but like other federal funding programs such as Title X, the Ryan White law includes strong and explicit confidentiality protections.[68]

Federally Qualified Health Centers

Federally qualified health centers (FQHCs) funded under Section 330 of the Public Health Service Act,[69] also frequently referred to as "community health centers," often provide services for adolescents and young adults. For example, some FQHCs operate school-based health centers. FQHCs also are required to provide preventive health services, including voluntary family planning services and many of the preventive services recommended for adolescents and young adults;[70] and some FQHCs receive Title X funds to help provide family planning services. FQHCs are required to maintain the confidentiality of patient records[71] and, if they receive Title X Family Planning funds, to comply with Title X confidentiality regulations. The confidentiality regulation for FQHCs[72] contains language almost identical to the Title X confidentiality regulations.[73]

Confidentiality and Preventive Services

Recommended preventive services for adolescents & young adults
The U.S. Preventive Services Task Force (USPSTF) and Bright Futures have recommended clinical preventive services for adolescents and young adults in each of these categories:

- substance use
- sexual and reproductive health
- mental health
- nutrition and exercise
- immunizations
- safety and violence

In each category, the specific services recommended by the USPSTF vary for adolescents and for young adults; in Bright Futures the recommendations are for ages 11-21. The AYAH National Resource Center has issued a fact sheet on "Evidence-Based Clinical Preventive Services for Adolescents and Young Adults" that sets out the specific services recommended for the different age groups in each category.[74]

Many of the preventive services recommended for adolescents and young adults fall into categories about which young people have privacy concerns. These include at least some services in all recommended areas of prevention. Sometimes the privacy concerns are associated with a visit for a specific purpose, such as family planning; on other occasions concerns about confidentiality arise when sensitive issues, such as STDs, HIV, or substance use, are addressed during a well visit.

Not all preventive services raise heightened privacy concerns for adolescents and young adults; but when they do, it is important to understand when confidentiality can—and when it cannot—be assured. For young adults, who are able to consent to their own care and are entitled to the same confidentiality protections as other adults, any preventive health service they receive should be treated as confidential, meaning that information usually should not be disclosed to parents or others without their permission. For minor adolescents, if they are allowed to consent for their own care under the New Hampshire minor consent laws, they can usually expect confidentiality, subject to any disclosures that are specifically permitted or required by law. For both adolescents and young adults, other legal and ethical disclosure obligations, such as when a patient is dangerous to self or others, must be considered. There are no specific confidentiality requirements for preventive services; the extent of confidentiality protection depends on the service as well as the age and other characteristics of the young person.

Conclusion

Confidentiality in adolescent and young adult health care is an important element in protecting the health of individual young people and the public health. Decades of research have found that privacy protection encourages young people to seek essential health care and speak openly with their health care providers. Many state and federal laws as well as ethical guidelines require confidentiality protection and support the rights of adolescents and young adults to receive confidential health care including many preventive health services.

TABLE 1: NEW HAMPSHIRE HEALTH CARE CONSENT LAWS FOR MINORS*

New Hampshire Minor Consent Laws Based on Status			
Status	**Minor Consent**	**Scope/Limitations**	**Citations**
Age of majority†	< 18 – No, with exceptions ≥ 18 – Yes	Age of majority is 18	N.H. Rev. Stat. Ann. § 21:44
New Hampshire Minor Consent Laws Based on Services			
Service	**Minor Consent**	**Scope/Limitations**	**Citations**
Emergency services	Yes, with limitations	Emergency medical care provider or a health professional may render emergency medical services to any person, regardless of age, where person is unable to give consent for any reason, including minority status, no other person is reasonably available who is legally authorized to consent for the care, & the provider has acted in good faith	N.H. Rev. Stat. Ann. § 153-A:18
Contraceptives/ family planning	Maybe	Minors may consent to family planning services funded by Title X or Medicaid; may be able to do so in other settings based on the mature minor rule or the constitutional right of privacy (Note: See Table 2 re Title X Family Planning & Medicaid)	See Appendix F
Pregnancy care	Maybe	Minor who is capable of giving informed consent minor may be able to consent	See Appendix F
Abortion	No, with exceptions	Notification of one parent or a legal guardian is required; the law includes a judicial bypass and an emergency exception	N.H. Rev. Stat. §§ RSA 132:32 – 132:36
STD diagnosis & treatment	Yes	Minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian. (Note: See Table 2 re Title X Family Planning)	N.H. Rev. Stat. Ann. § 141-C:18
HIV testing	Yes	Consent of person tested for HIV is required except in specified circumstances	N.H. Rev. Stat. Ann. § 141-F:5
Mental health - outpatient	Yes, with limitations	"Any person" may apply to approved community mental health program to receive services from the state mental health services system; application also may be made by a minor's parent or guardian	N.H. Rev. Stat. Ann. § 135-C:12
Drug use or dependency	Yes	Minor age 12 or older may consent to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian	N.H. Rev. Stat. Ann. § 318-B:12-a

* This table contains only brief summary information about the laws; more detailed information and selected excerpts of the laws are contained in Appendix A.

† Parent consent is generally required for minors under age 18 unless one of the exceptions in the minor consent laws apply; young adults age 18 or older generally may consent for themselves.

TABLE 2: NEW HAMPSHIRE & FEDERAL CONFIDENTIALITY LAWS FOR MINORS*

New Hampshire Confidentiality Laws for Minors†		
	Scope of Protection/Limitations	**Citations**
STD diagnosis & treatment	Physician may diagnose, treat or prescribe for treatment of sexually transmitted diseases in a minor age 14 or older without knowledge or consent of parent or guardian	N.H. Rev. Stat. Ann. § 141-C:18
HIV test results	HIV test results shall be disclosed to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification; if person with HIV positive test result is under age 18, the physician or person authorized by physician may disclose test results to a parent or legal guardian	N.H. Rev. Stat. Ann. § 141-F:7
Mental health information – disclosure to family member	Treatment information regarding seriously or chronically mentally ill person receiving services from community mental health program or state facility may be disclosed to a family member who lives with the person or provides direct care after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom	N.H. Rev. Stat. Ann. § 135-C:19-a
Child abuse reporting	Health care providers, other professionals, & other persons who have reason to believe that a child has been abused or neglected must report; the definition of reportable abuse includes physical injury, psychological injury, & sexual abuse	N.H. Rev. Stat. Ann § 169-C:3; N.H. Rev. Stat. Ann. § 169-C:29
Federal Confidentiality Laws for Minors		
	Scope of Protection/Limitations	**Citations**
HIPAA Privacy Rule – minor as individual	A minor who consents, or whose parent accedes to confidentiality, is an "individual" with control over their own protected health information (PHI)	45 C.F.R. § 164.502(g)(3)
HIPAA Privacy Rule – parent as personal representative	Parents are not necessarily the personal representative when minors have consented to their own care; parent may not be personal representative if minor subject to domestic violence, abuse, neglect, or endangerment	45 C.F.R. § 164.502(g)(3) and (5)
HIPAA Privacy Rule – parents' access	Parents' access to PHI when minor is the "individual" depends on other state and federal laws; parents' access may be denied if health care professional determines it would cause substantial harm to minor or another individual	45 C.F.R. §§ 164.502(g)(3), 164.524(a)(3)(iii)
FERPA	Information about health services provided by a school may be included in a students' "education records" and subject to FERPA, not HIPAA; parents have access to minors' education records	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential and may only be disclosed with the minor's permission or if required by law	42 C.F.R. § 59.11
Medicaid	Adolescent minors who are eligible for Medicaid may receive confidential family planning services funded by Medicaid	42 U.S.C. §§ 1396a(a)(7), 1396d(a)(4)(C)
Drug & alcohol—"substance use disorder"—programs	In federally assisted programs, consent for disclosure must be obtained from minor who is authorized under state law to consent for alcohol or drug abuse treatment; disclosure to parents may occur only if minor lacks capacity for rational choice due to extreme youth, physical incapacity, or substantial threat to minor or another	42 C.F.R. § 2.14

* This table includes information about selected state and federal confidentiality laws that pertain to minors' health information. It contains only brief summary information about the laws; more detailed information about some of the laws is included in Appendix A and Appendix B.

† For additional confidentiality laws related to both minors and young adults, see Table 3.

TABLE 3: NEW HAMPSHIRE & FEDERAL CONFIDENTIALITY LAWS FOR YOUNG ADULTS*

New Hampshire Confidentiality Laws for Young Adults†		
	Scope of Protection/Limitations	**Citations**
Medical records - access	All medical information in records of health care provider are property of patient; patients have a right to access their medical records	N.H. Rev. Stat. Ann. §332-I:1
Medical information - disclosure	Health care provider shall not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest	N.H. Rev. Stat. Ann. §332-I:2
Mental health information – disclosure to family member	Treatment information regarding seriously or chronically mentally ill person receiving services from a community mental health program or state facility may be disclosed to family member who lives with person or provides direct care with written consent of patient or, if consent cannot be obtained, notice to patient in writing as to what is being disclosed, reason for disclosure, & to whom	N.H. Rev. Stat. Ann. § 135-C:19-a
Duty to warn	Physicians, mental health professionals, substance use professionals, & nurses have a duty to warn or take reasonable precautions to provide protection when client has communicated serious threat of physical violence against clearly identified or reasonably identifiable victim or victims or serious threat of substantial damage to real property	N.H. Rev. Stat. Ann. § 329:31 N.H. Rev. Stat. Ann. § 329-B:29 N.H. Rev. Stat. Ann. § 330-A:35 N.H. Rev. Stat. Ann. § 330-C:25
Substance abuse records - disclosure	Substance abuse treatment records & information may only be disclosed with consent of patient subject to certain exceptions	N.H. Rev. Stat. Ann. § 172:8-a
HIV	Identity & records of person tested for HIV are confidential and shall not be disclosed subject to certain exceptions	N.H. Rev. Stat. Ann. §§ 141-F:7, 141-F:8
Federal Confidentiality Laws for Young Adults		
	Scope of Protection/Limitations	**Citations**
HIPAA Privacy Rule - generally	Individuals have access to and some control over disclosure of their own protected health information (PHI)	45 C.F.R. §§ 502, 524, 528
HIPAA Privacy Rule – special confidentiality protections	Individuals may request restrictions on the disclosure of their PHI and that communications regarding their PHI occur in a confidential manner	45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1)
FERPA	Information about health services provided by a school may be included in a students' "education records" and subject to FERPA, not HIPAA; parents do not have access to education records of young adults age 18 and older	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential & may only be disclosed with the patient's permission or if required by law	42 C.F.R. § 59.11
Medicaid	State Medicaid plans are required to include protections for confidentiality of applicants' & enrollees' information	42 U.S.C. § 1396a(a)(7)
Drug & alcohol—"substance use disorder"—programs	Consent for disclosure must be obtained from an individual who seeks treatment from a substance use disorder provider or program; disclosure without the patient's consent may occur only in very limited circumstances such as bona fide medical emergencies or with a court order	42 C.F.R. Part 2

* This table includes information about selected state and federal confidentiality laws that pertain to young adults' health information. It contains only brief summary information about the laws; more detailed information about some of the federal laws is included in Appendix B.
† The laws in this section are relevant to both minors and young adults.

Appendix A: New Hampshire Health Care Consent & Confidentiality Laws for Minors

This appendix contains brief summaries of New Hampshire consent and confidentiality laws that apply to health care services received by minors.

Minor Consent Based on Status

Age of Majority

N.H. Rev. Stat. Ann. § 21:44
The age of majority is 18.

Minor Consent Based on Services

Emergency Services

N.H. Rev. Stat. Ann. § 153-A:18
A licensed emergency medical care provider or any health professional is not subject to civil liability for failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority status, and there is no other person reasonably available who is legally authorized to consent for the care, and the provider has acted in good faith knowledge of facts negating consent.

Contraception/Family Planning

Note: Although New Hampshire does not have an explicit statute authorizing minors to consent for contraception or family planning services, they may do so for services funded by Title X or Medicaid. (See Appendix B) Minors also may be able to do so based on the mature minor doctrine or the constitutional right of privacy. (See Appendix F)

Note: Under FDA rules for emergency contraception, Plan B and its generic equivalents are available "over the counter" without a prescription for individuals of any age; Ella is available with a prescription.[75]

Pregnancy Related Care

Note: Although New Hampshire does not have an explicit statute authorizing minors to consent for pregnancy-related care—such as prenatal care, delivery, and postnatal care—they may be able to do so if they are able to give informed consent. (See Appendix F)

Abortion

N.H. Rev. Stat. §§ RSA 132:32 – 132:36
This statute provides that an abortion shall not be performed upon an unemancipated minor until after written notice has been delivered to a parent or legal guardian of the minor. The law includes a judicial bypass and an emergency exception. Note: A prior law, *N.H. Rev. Stat. Ann. §§ 132:24-:28*, was declared unconstitutional in *Planned Parenthood of N. New Eng. v. Heed*, 269 F. Supp. 2d 59 (D.N.H. 2003), affirmed *390 F.3d 53* (2004), *vacated and remanded in Ayotte v. Planned Parenthood, 546 US 320 (2006).* The Act was repealed in 2007. The current law was enacted in 2010 and took effect in 2012.

STD Care

N.H. Rev. Stat. Ann. § 141-C:18
Any minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian.

HIV/AIDS Care

N.H. Rev. Stat. Ann. § 141-F:5
No health care provider may test for HIV unless the person being tested consents after being informed about the medical interpretations of test findings, or the test is to verify the safety of donated body fluids or organs, the test is for research, the subject is confined to a correctional facility, or the subject is incapable of informed consent and the test is necessary to protect the person's health. No specific legal provision was found expressly authorizing minors to consent for treatment for HIV or AIDS.

Drug/Alcohol Care

N.H. Rev. Stat. Ann. § 318-B:12
Any minor age 12 or older may voluntarily submit himself or herself to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian. A minor who is of sufficient maturity to understand the nature of the treatment shall not be considered legally incapable of consenting for medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof. A parent or legal guardian is not liable for payment for services under this section.

Mental Health Services

N.H. Rev. Stat. Ann. § 135-C:12
"Any person" may apply to an approved community mental health program to receive services from the state mental health services system; the application also may be made by a minor's parent or guardian.

Confidentiality & Disclosure

Disclosure to Parents

N.H. Rev. Stat. Ann. § 141-C:18
Any minor age 14 or older may receive voluntary treatment for sexually transmitted diseases without the knowledge of the parent or guardian.

N.H. Rev. Stat. Ann. § 141-F:7
HIV test results shall be disclosed by the physician or the person authorized by the physician to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification. If the person with an HIV positive test result is under age 18, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling.

N.H. Rev. Stat. Ann. § 135-C:19
Treatment information regarding a seriously or chronically mentally ill person receiving services from a community mental health program or state facility, may be disclosed to a family member who lives with the person or provides direct care, after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom.

Child Abuse Reporting

Definitions

N.H. Rev. Stat. Ann. § 169-C:29(II)
"Abused child" means any child who has been sexually abused, intentionally physically injured, psychologically injured so that the child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect, or physically injured by other than accidental means.

N.H. Rev. Stat. Ann. § 169-C:29(XXVII-b)
"Sexual abuse" means the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. With respect to the definition of sexual abuse, the term "child" or "children" means any individual who is under the age of 18 years.

Mandated Reporting

N.H. Rev. Stat. Ann. § 169-C:29
Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected is required to report.

APPENDIX B: FEDERAL CONFIDENTIALITY LAWS

This appendix contains brief summaries and excerpts of the text of selected federal statutes and regulations that provide confidentiality protection for health information and services provided to adolescent minors and young adults.

HIPAA Privacy Rule

The HIPAA Privacy Rule contains protections for both minors and young adults. In 45 C.F.R. § 160.502(g)(3) the rule specifies when a minor is considered an individual who has rights with respect to their own protected health information PHI and whose parent is not necessarily their personal representative with access to their PHI. In 45 C.F.R. § 160.502(g)(5) the rule specifies when a parent is not necessarily the personal representative of a minor due to abuse, neglect, domestic violence, or endangerment, or if it would not be in the minor's best interest. In 45 C.F.R. §§ 160.502(h) and 160.522 the rule specifies special confidentiality protections for individuals: the right to request restrictions on disclosure of PHI; and the right to request confidential communications.

45 C.F. R. § 160.502. Uses and disclosures of protected health information: general rules.

". . . (g)(1) Standard: Personal representatives. As specified in this paragraph, a covered entity must, except as provided in paragraphs (g)(3) and (g)(5) of this section, treat a personal representative as the individual for purposes of this subchapter.

(2) Implementation specification: adults and emancipated minors. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.

(3)(i) Implementation specification: unemancipated minors. If under applicable law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:

(A) The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative;

(B) The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting in loco parentis, and the minor, a court, or another person authorized by law consents to such health care service; or

(C) A parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.

(ii) Notwithstanding the provisions of paragraph (g)(3)(i) of this section:

(A) If, and to the extent, permitted or required by an applicable provision of State or other law, including applicable case law, a covered entity may disclose, or provide access in accordance with ß 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis;

(B) If, and to the extent, prohibited by an applicable provision of State or other law, including applicable case law, a covered entity may not disclose, or provide access in accordance with ß 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis; and

(C) Where the parent, guardian, or other person acting in loco parentis, is not the personal representative under paragraphs (g)(3)(i)(A), (B), or (C) of this section and where there is no applicable access provision under State or other law, including case law, a covered entity may provide or deny access under ß 164.524 to a parent, guardian, or other person acting in loco parentis, if such action is consistent with State or other applicable law, provided that such decision must be made by a licensed health care professional, in the exercise of professional judgment.

. . .

(5) Implementation specification: Abuse, neglect, endangerment situations. Notwithstanding a State law or any requirement of this paragraph to the contrary, a covered entity may elect not to treat a person as the personal representative of an individual if:

(i) The covered entity has a reasonable belief that:

(A) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or

(B) Treating such person as the personal representative could endanger the individual; and

(ii) The covered entity, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

(h) Standard: Confidential communications. A covered health care provider or health plan must comply with the applicable requirements of ß 164.522(b) in communicating protected health information.

. . ."

45 C.F.R. § 164.522 Rights to request privacy protection for protected health information

"(a)(1) Standard: Right of an individual to request restriction of uses and disclosures. (i) A covered entity must permit an individual to request that the covered entity restrict:

(A) Uses or disclosures of protected health information about the individual to carry out treatment, payment, or health care operations; and

(B) Disclosures permitted under § 164.510(b).

(ii) Except as provided in paragraph (a)(1)(vi) of this section, a covered entity is not required to agree to a restriction.

(iii) A covered entity that agrees to a restriction under paragraph (a)(1)(i) of this section may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual.

(iv) If restricted protected health information is disclosed to a health care provider for emergency treatment under paragraph (a)(1)(iii) of this section, the covered entity must request that such health care provider not further use or disclose the information.

(v) A restriction agreed to by a covered entity under paragraph (a) of this section, is not effective under this subpart to prevent uses or disclosures permitted or required under §§ 164.502(a)(2)(ii), 164.510(a) or 164.512.

(vi) A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if:

(A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and

(B) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

(2) Implementation specifications: Terminating a restriction. A covered entity may terminate a restriction, if:

(i) The individual agrees to or requests the termination in writing;

(ii) The individual orally agrees to the termination and the oral agreement is documented; or

(iii) The covered entity informs the individual that it is terminating its agreement to a restriction, except that such termination is:

(A) Not effective for protected health information restricted under paragraph (a)(1)(vi) of this section; and

(B) Only effective with respect to protected health information created or received after it has so informed the individual.

(3) Implementation specification: Documentation. A covered entity must document a restriction in accordance with § 160.530(j) of this subchapter.

(b)(1) Standard: Confidential communications requirements. (i) A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations.

(ii) A health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

(2) Implementation specifications: Conditions on providing confidential communications.

(i) A covered entity may require the individual to make a request for a confidential communication described in paragraph (b)(1) of this section in writing.

(ii) A covered entity may condition the provision of a reasonable accommodation on:

(A) When appropriate, information as to how payment, if any, will be handled; and

(B) Specification of an alternative address or other method of contact.

(iii) A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

(iv) A health plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual."

Title X Family Planning Services

42 C.F.R. § 59.11 – Confidentiality

"All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals."*

* On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, "Compliance with Statutory Program Integrity Requirements," that would significantly alter the federal regulations for the Title X Program.* This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere. The new rule has been challenged in numerous lawsuits.

Medicaid

42 U.S.C. § 1396a(a)(7)
State Medicaid plans are required to provide "safeguards for confidentiality for information concerning applicants and recipients." [Note: The section contains additional specific requirements and exceptions.]

42 U.S.C. § 1396d(a)(4)(C)
For purposes of the Medicaid program, this title [42 USCS §§ 1396 et seq.]--
"(a) Medical assistance. The term "medical assistance" means payment of part or all of the cost of the following care and services . . .(4) . . . (C) family planning services and supplies furnished (directly or under arrangements with others) to individuals of childbearing age (including minors who can be considered to be sexually active) who are eligible under the State plan and who desire such services and supplies[.]"

Drug & Alcohol Programs

42 C.F.R. § 2.14. Minor patients
"(a) State law not requiring parental consent to treatment. If a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain substance use disorder treatment, any written consent for disclosure authorized under subpart C of this part may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement. These regulations do not prohibit a part 2 program from refusing to provide treatment until the minor patient consents to the disclosure necessary to obtain reimbursement, but refusal to provide treatment may be prohibited under a state or local law requiring the program to furnish the service irrespective of ability to pay.
(b) State law requiring parental consent to treatment.
(1) Where state law requires consent of a parent, guardian, or other individual for a minor to obtain treatment for a substance use disorder, any written consent for disclosure authorized under subpart C of this part must be given by both the minor and their parent, guardian, or other individual authorized under state law to act in the minor's behalf.
(2) Where state law requires parental consent to treatment, the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf only if:
(i) The minor has given written consent to the disclosure in accordance with subpart C of this part; or
(ii) The minor lacks the capacity to make a rational choice regarding such consent as judged by the part 2 program director under paragraph (c) of this section.
(c) Minor applicant for services lacks capacity for rational choice. Facts relevant to reducing a substantial threat to the life or physical well-being of the minor applicant or any other individual may be disclosed to the parent, guardian, or other individual authorized under state law to act in the minor's behalf if the part 2 program director judges that:
(1) A minor applicant for services lacks capacity because of extreme youthor mental or physical condition to make a rational decision on whether to consent to a disclosure under subpart C of this part to their parent, guardian, or other individual authorized under state law to act in the minor's behalf; and
(2) The minor applicant's situation poses a substantial threat to the life or physical well-being of the minor applicant or any other individual which may be reduced by communicating relevant facts to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf."

Appendix C: Key Questions for Confidentiality Protection

This appendix contains questions that are important to consider in order to determine whether an individual young person in New Hampshire can obtain a particular service confidentially. These questions are based on the New Hampshire and federal laws that establish consent requirements and confidentiality protections for adolescent and young adult health services. Depending on the specific situation additional considerations, and laws not discussed in this guide, may affect whether the young person may receive confidential services.

- Is the youth an adult or a minor?
  - Young adults are generally able to consent for their own care and are entitled to the same confidentiality protections as other adults.
  - Minor adolescents may be able to consent for their own care based their status or the services they are seeking; confidentiality protection may depend on whether they can consent for their own care, the specific service they receive, where they receive the service, and the source of the payment.

- If the young person is a minor, what service is the young person seeking?
  - Emergency services
  - Contraception
  - Pregnancy care
  - STD services
  - HIV/AIDS services
  - Mental health services
  - Substance use/abuse services
  - Immunizations

- Where is the service being provided?
  - General medical office, health center, or hospital outpatient clinic
  - Title X family planning health center
  - Substance use disorder treatment program

- What is the source of the payment?
  - Private/commercial health insurance
  - Self-pay
  - Parent payment
  - Medicaid
  - Title X Family Planning Program
  - New Hampshire state funding
  - Other

Appendix D: Legal Resources for Adolescent & Young Adult Health & the Law in New Hampshire

English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. Persp on Sexual Reprod Health 2004; 36(2):80-86. https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.

George Washington University, Hirsh Health Law and Policy Program. Health Information and the Law: Privacy & Confidentiality in New Hampshire. http://www.healthinfolaw.org/state-topics/30,63/f_states.

Hodder LC et al. Substance Use Disorder Treatment: Confidentiality Boot Camp. UNH School of Law Institute for Health Policy & Practice, 2017. https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.

Legal Action Center. Substance Use: Confidentiality Resources. https://lac.org/resources/substance-use-resources/confidentiality-resources/.

Morreale MC, Stinnett AJ, Dowling EC, eds. Policy Compendium on Confidential Health Services for Adolescents, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005. http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf.

New Hampshire Privacy Laws Relating to Behavioral Health Care & Treatment of Minors. Jan. 1, 2016. https://www.citizenshealthinitiative.org/sites/default/files/media/Summary%20of%20NH%20Behavioral%20Health%20Privacy%20and%20Minor%20Consent%20Laws%2009122016%20.pdf.

New Hampshire Statutes Related to Health Information Privacy. 2010. https://www.dhhs.nh.gov/hie/documents/laws.pdf.

U.S. Dep't of Health & Human Services, Admin. for Children & Families. Child Welfare Information Gateway. State Statutes Search: New Hampshire. https://www.childwelfare.gov/topics/systemwide/laws-policies/state/.

U.S. Dep't of Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

APPENDIX E: RESOURCES ON CONFIDENTIALITY, HEALTH INSURANCE, AND ELECTRONIC HEALTH RECORDS

Confidentiality & Insurance

Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three-year research project, Confidential & Covered. These resources are available on the project's website at https://www.confidentialandcovered.com/. The following publications on that website specifically address legal and policy issues related to confidentiality and insurance:

English A, Summers R, Lewis J, Coleman C. Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (2015)

English A, Mulligan A, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: An Illinois Profile (2017) [Note: Similar profiles were published for 5 other states studied as part of the Confidential & Covered project: Maryland and Oregon in 2017; California, Colorado, and Washington in 2016]

Lewis J, Summers R, English A, Coleman C. Proactive Policies to Protect Patients in the Health Insurance Claims Process (2015)

English A, Lewis J. Privacy Protection in Billing and Health Insurance Communications. AMA J Ethics 2016; Vol 18(3): 279-87

Burstein G et al. Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process: Position Paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. J Adolesc Health 2016;58:374-377.

Confidentiality & Electronic Health Records

AAP Committee on Adolescence. Policy Statement for Health Information Technology to Ensure Adolescent Privacy. Pediatrics 2012;130(5): 987-990.

Anoshiravani A et al. Special Requirements for Electronic Medical Records in Adolescent Medicine. J Adolesc Health 2012;51:409-41

Gray S et al. Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care: Position Paper of the Society for Adolescent Health and Medicine. J Adolesc Health 2014;54:487-490.

Appendix F: Consent for Contraception & Pregnancy Care

New Hampshire does not have an explicit law authorizing minors to consent for contraception or pregnancy related care such as prenatal care, delivery, and postnatal care. However, no New Hampshire statute, regulation, or court decision specifically prohibits a minor from consenting to these services or explicitly requires parental consent when minors receive these services. In the absence of such a law, it would be reasonable to conclude that minors who have the capacity to give informed consent may receive contraceptive services and pregnancy related care based on their own consent. New Hampshire law does require notification of one parent for a minor to receive an abortion, but the law includes a waiver allowing for a judicial bypass and an emergency exception.[76]

The federal Title X Family Planning Program requires that family planning services, including contraceptive services, be offered to adolescents; family participation must be encouraged but is not required.[77] Title X funded services, including services for adolescents, must be confidential.[78]

Federal Medicaid law contains safeguards against disclosure of confidential information.[79] It also requires that Medicaid cover family planning "services and supplies" for all Medicaid enrollees of childbearing age, including "minors who can be considered to be sexually active.[80] These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.[81]

An additional source of possible support for allowing minors to consent for contraceptive services and pregnancy related care is the "mature minor" doctrine. The mature minor doctrine was developed in court decisions and is part of the common law. Under the mature minor doctrine, courts in some states have determined that a medical practitioner should not be held liable solely on the basis of failure to obtain parental consent when non-negligent care that is not high risk, is within the mainstream of established medical opinion, and is for the minor's benefit, is provided to a mature minor.[82] A mature minor is generally considered to be an older adolescent who is capable of giving informed consent (i.e., the patient is able to understand the risks and benefits of any proposed treatment or procedure and its alternatives and is able to make a voluntary choice among the alternatives). In New Hampshire, a state law that authorizes minors to consent for treatment related to drug use or dependency also contains the following language: "Nothing contained herein shall be construed to mean that any minor of sound mind is legally incapable of consenting to medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof."[83] Lawyers, psychologists, and physicians do not always agree about the validity and application of the mature minor doctrine. Nevertheless, a strong rationale has been articulated that recognition of a mature minor's capacity to make medical decisions is consistent with research on adolescent development.[84]

The constitutional right of privacy also supports minors' access to contraceptive services. The right of privacy protects the decision to use contraceptives by both married and unmarried individuals;[85] and the right of privacy with respect to decisions about procreation has been extended to minors as well as adults.[86] In Carey v. Population Services International, the U.S. Supreme Court recognized that minors' constitutional right of privacy encompasses access to contraceptives.[87] In other cases, federal courts have held that minors have constitutional privacy interests[88] and that providing contraception information and services to minor children does not violate the rights of their parents.[89]

APPENDIX G: 25 YEARS OF AYAH CONFIDENTIALITY STUDIES—A BIBLIOGRAPHY

This appendix lists selected articles from the past 25 years that form an important part of the evidence base of research findings supporting confidentiality in adolescent and young adult health care.*

Adolescent and Young Adult Perspectives

Britto MT, Tivorsak TL, Slap GB. Adolescents' needs for health care privacy. *Pediatrics*. 2010;126(6):e1469-e1476. doi:10.1542/peds.2010-0389

Cheng TL, Savageau JA, Sattler AL, DeWitt TG. Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *JAMA*. 1993;269(11):1404-1407. doi:10.1001/jama.1993.03500110072038

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:10.1016/j.jadohealth.2010.01.005

Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15-25. *NCHS Data Brief.* 2016(266):1-8. https://www.cdc.gov/nchs/data/databriefs/db266.pdf

English A, Ford CA. Adolescent health, confidentiality in healthcare, and communication with parents. *J Pediatr*. 2018;199:11-13. doi:10.1016/j.jpeds.2018.04.029

Fisher CB, Fried AL, Desmond M, Macapagal K, Mustanski B. Perceived barriers to HIV prevention services for transgender youth. *LGBT Health*. 2018;5(6):350-358. doi:10.1089/lgbt.2017.0098

Fisher CB, Fried AL, Puri LI, Macapagal K, Mustanski B. "Free testing and PrEP without outing myself to parents:" Motivation to participate in oral and injectable PrEP clinical trials among adolescent men who have sex with men. *PLOS ONE*. 2018;13(7):e0200560. doi:10.1371/journal.pone.0200560

Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999;282(23):2227-2234. doi:10.1001/jama.282.23.2227

Ford CA, Best D, Miller WC. Confidentiality and adolescents' willingness to consent to sexually transmitted disease testing. *Arch Pediatr Adolesc Med*. 2001;155(9):1072-1073. doi:10.1001/archpedi.155.9.1072

Ford CA, Jaccard J, Millstein SG, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," J Adolesc Health 2004; 34: 266-269. doi: 10.1016/j.jadohealth.2003.07.013

* Special thanks are extended to Carol A. Ford, MD, of Children's Hospital of Philadelphia and to Justine Po of USCF for their assistance in developing this appendix.

Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: A randomized controlled trial. *JAMA*. 1997;278(12):1029-1034. doi:10.1001/jama.1997.03550120089044

Fuentes L, Ingerick M, Jones R, Lindberg L. Adolescents' and young adults' reports of barriers to confidential health care and receipt of contraceptive services. *J Adolesc Health*. 2018;62(1):36-43. doi:10.1016/j.jadohealth.2017.10.011

Gilbert AL, McCord AL, Ouyang F, et al. Characteristics associated with confidential consultation for adolescents in primary care. *J Pediatr*. 2018;199:79-84.e1. doi:10.1016/j.jpeds.2018.02.044

Gilbert AL, Rickert VI, Aalsma MC. Clinical conversations about health: The impact of confidentiality in preventive adolescent care. *J Adolesc Health*. 2014;55(5):672-677. doi:10.1016/j.jadohealth.2014.05.016

Grilo SA, Catallozzi M, Santelli JS, et al. Confidentiality discussions and private time with a health-care provider for youth, United States, 2016. *J Adolesc Health*. January 2019. doi:10.1016/j.jadohealth.2018.10.301

Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA*. 2005;293(3):340-348. doi:10.1001/jama.293.3.340

Klostermann BK, Slap GB, Nebrig DM, Tivorsak TL, Britto MT. Earning trust and losing it: adolescents' views on trusting physicians. *J Fam Pract*. 2005;54(8):679-687. https://www.ncbi.nlm.nih.gov/pubmed/16061053

Lane MA, McCright J, Garrett K, Millstein SG, Bolan G, Ellen JM. Features of sexually transmitted disease services important to african american adolescents. *Arch Pediatr Adolesc Med*. 1999;153(8):829-833. doi:10.1001/archpedi.153.8.829

Lim SW, Chhabra R, Rosen A, Racine AD, Alderman EM. Adolescents' views on barriers to health care: A pilot study. *J Prim Care Community Health*. 2012;3(2):99-103. doi:10.1177/2150131911422533

Lyren A, Kodish E, Lazebnik R, O'Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:10.1016/j.jadohealth.2005.12.002

Moore KL, Dell S, Oliva MK, Hsieh Y-H, Rothman RE, Arrington-Sanders R. Do confidentiality concerns impact pre-exposure prophylaxis willingness in emergency department adolescents and young adults? *Am J Emerg Med*. 2018 Nov 9. doi:10.1016/j.ajem.2018.11.015

Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*. 2002;288(6):710-714. doi:10.1001/jama.288.6.710

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: a qualitative research study on the implications of the affordable care act. *J Adolesc Health*. 2018;63(6):773-778. doi:10.1016/j.jadohealth.2018.06.020

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:10.1016/j.jadohealth.2018.08.015

Sugerman S, Halfon N, Fink A, Anderson M, Valle L, Brook RH. Family planning clinic patients: their usual health care providers, insurance status, and implications for managed care. *J Adolesc Health*. 2000;27(1):25-33. https://doi.org/10.1016/S1054-139X(99)00126-3

Thompson LA, Martinko T, Budd P, Mercado R, Schentrup AM. meaningful use of a confidential adolescent patient portal. *J Adolesc Health*. 2016;58(2):134-140. doi:10.1016/j.jadohealth.2015.10.015

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatr Adolesc Gyn*. 2018;31(5):516-521. doi:10.1016/j.jpag.2018.03.006

Health Care Provider Perspectives and Availability of Confidential Services

Akinbami LJ, Gandhi H, Cheng TL. Availability of adolescent health services and confidentiality in primary care practices. *Pediatrics*. 2003;111(2):394-401. doi:10.1542/peds.111.2.394

Alderman EM. Confidentiality in Pediatric and Adolescent Gynecology: When we can, when we can't, and when we're challenged. *J Pediatr Adolesc Gyn*.2017;30(2):176-183. doi:10.1016/j.jpag.2016.10.003

Alexander SC, Fortenberry JD, Pollak KI, et al. Sexuality talk during adolescent health maintenance visits. *JAMA Pediatr*. 2014;168(2):163-169. doi:10.1001/jamapediatrics.2013.4338

Baldridge S, Symes L. Just between Us: An integrative review of confidential care for adolescents. *J Pediatr Health Care*. 2018;32(2):e45-e58. doi:10.1016/j.pedhc.2017.09.009

Beeson T, Mead KH, Wood S, Goldberg DG, Shin P, Rosenbaum S. Privacy and confidentiality practices in adolescent family planning care at federally qualified health centers. *Perspect Sex Reprod Health*. 2016;48(1):17-24. doi:10.1363/48e7216

Edman JC, Adams SH, Park MJ, Irwin CE. Who gets confidential care? Disparities in a national sample of adolescents. *J Adolesc Health* 2010;46(4):393-395. doi:10.1016/j.jadohealth.2009.09.003

Fairbrother G, Scheinmann R, Osthimer B, et al. Factors that influence adolescent reports of counseling by physicians on risky behavior *J Adolesc Health*. 2005;37(6):467-476. doi:10.1016/j.jadohealth.2004.11.001

Ford CA, Millstein SG. Delivery of confidentiality assurances to adolescents by primary care physicians. *Arch Pediatr Adolesc Med*. 1997;151(5):505-509. doi:10.1001/archpedi.1997.02170420075013

Ford CA, Skiles MP, English A, et al. Minor consent and delivery of adolescent vaccines. *J Adolesc Health*. 2014;54(2):183-189. doi:10.1016/j.jadohealth.2013.07.028

McKee MD, Rubin SE, Campos G, O'Sullivan LF. Challenges of providing confidential care to adolescents in urban primary care: Clinician perspectives. *Ann Fam Med*. 2011;9(1):37-43. doi:10.1370/afm.1186

O'Sullivan LF, Diane McKee M, Rubin SE, Campos G. Primary care providers' reports of time alone and the provision of sexual health services to urban adolescent patients: Results of a prospective card study. *J Adolesc Health*. 2010;47(1):110-112. doi:10.1016/j.jadohealth.2009.12.029

Ringheim K. Ethical and human rights perspectives on providers' obligation to ensure adolescents' rights to privacy. *Stud Fam Planning*. 2007;38(4):245-252. doi:10.1111/j.1728-4465.2007.00137.x

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: A qualitative research study on the implications of the Affordable Care Act. *J Adolesc Health*. 2018;63(6):773-778. doi:10.1016/j.jadohealth.2018.06.020

Stablein T, Loud KJ, DiCapua C, Anthony DL. The catch to confidentiality: The use of electronic health records in adolescent health care. *J Adolesc Health*. 2018;62(5):577-582. doi:10.1016/j.jadohealth.2017.11.296

Talib HJ, Silver EJ, Alderman EM. Challenges to adolescent confidentiality in a children's hospital. *Hospital Pediatrics*. 2016;6(8):490-495. doi:10.1542/hpeds.2016-0011

Tebb K. Forging partnerships with parents while delivering adolescent confidential health services: A clinical paradox. *J Adolesc Health*. 2011;49(4):335-336. doi:10.1016/j.jadohealth.2011.08.005

Parent Perspectives

Ancker JS, Sharko M, Hong M, Mitchell H, Wilcox L. Should parents see their teen's medical record? Asking about the effect on adolescent–doctor communication changes attitudes. *J Am Med Inform Assoc*. 2018;25(12):1593-1599. doi:10.1093/jamia/ocy120

Butler PW, Middleman AB. Protecting adolescent confidentiality: A response to one state's "Parents' Bill of Rights". *J Adolesc Health*. 2018;63(3):357-359. doi:10.1016/j.jadohealth.2018.03.015

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:10.1016/j.jadohealth.2010.01.005

Duncan RE, Vandeleur M, Derks A, Sawyer S. Confidentiality with adolescents in the medical setting: What do parents think? *J Adolesc Health*. 2011;49(4):428-430. doi:10.1016/j.jadohealth.2011.02.006

Eisenberg ME, Swain C, Bearinger LH, Sieving RE, Resnick MD. Parental notification laws for minors' access to contraception: What do parents say? *Arch Pediatr Adolesc Med*. 2005;159(2):120-125. doi:10.1001/archpedi.159.2.120

Ford CA, Davenport AF, Meier A, McRee A-L. Partnerships between parents and health care professionals to improve adolescent health. *J Adolesc Health*. 2011;49(1):53-57. doi:10.1016/j.jadohealth.2010.10.004

Irwin CE. Time alone for adolescents with their providers during clinical encounters: It is not that simple! *J Adolesc Health*. 2018;63(3):265-266. doi:10.1016/j.jadohealth.2018.06.014

Lyren A, Kodish E, Lazebnik R, O'Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:10.1016/j.jadohealth.2005.12.002

Miller VA, Friedrich E, García-España JF, Mirman JH, Ford CA. Adolescents spending time alone with pediatricians during routine visits: Perspectives of parents in a primary care clinic. *J Adolesc Health*. 2018;63(3):280-285. doi:10.1016/j.jadohealth.2018.01.014

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:10.1016/j.jadohealth.2018.08.015

Tebb KP, Pollack LM, Millstein S, Otero-Sabogal R, Wibbelsman CJ. Mothers' attitudes toward adolescent confidential services: Development and validation of scales for use in English- and Spanish-speaking populations. *J Adolesc Health*. 2014;55(3):341-346. doi:10.1016/j.jadohealth.2014.03.010

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatric Adolesc Gyn*. 2018;31(5):516-521. doi:10.1016/j.jpag.2018.03.006

REFERENCES

[1] Cheng T, Savageau J, Sattler A, DeWitt T. Confidentiality in health care (A survey of knowledge, perceptions, and attitudes among high school students). JAMA. 1993; 269: 1404–1407.

[2] Klein J, Wilson K, McNulty M, et al. Access to medical care for adolescents (Results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls). J Adolesc Health. 1999; 25: 120–130.

[3] Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. JAMA. 1999; 282: 2227–2234.

[4] Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. Arch Pediatr Adolesc Med. 2001; 155: 1072–1073.

[5] Sugerman S, Halfon N, Fink A, et al. Family planning clinic clients (Their usual health care providers, insurance status, and implications for managed care). J Adolesc Health. 2000; 27: 25–33

[6] Ford CA, Millstein SG Halpern-Felsher BL, Irwin CE Jr. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. JAMA 1997 Sep 24;278(12):1029-34.

[7] Ford CA, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," J Adolesc Health 2004; 34: 266-269.

[8] Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. Arch Pediatr Adolesc Med. 2001; 155: 1072–1073.

[9] Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. JAMA. 2002; 288: 710–714.

[10] Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. JAMA. 2005 Jan 19;293(3):340-8.

[11] Morreale MC, Stinnett AJ, Dowling EC, eds. Policy Compendium on Confidential Health Services for Adolescents, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005. http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf.

[12] Burstein G et al. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process: Position paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. J Adolesc Health 2016;58:374-377.

[13] Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three year research project, Confidential & Covered. These resources are available at https://www.confidentialandcovered.com/.

[14] AAP Committee on Adolescence. Policy statement for health information technology to ensure adolescent privacy. Pediatrics 2012;130(5): 987-990.

[15] Anoshiravani A et al. Special requirements for electronic medical records in adolescent medicine. J Adolesc Health 2012;51:409-414.

[16] Gray S et al. Recommendations for electronic health record use for delivery of adolescent health care: Position paper of the Society for Adolescent Health and Medicine. J Adolesc Health 2014;54:487-490.

[17] Stablein T, Loud KJ, DiCapua C, Anthony DL. The catch to confidentiality: The use of electronic health records in adolescent health care. *J Adolesc Health*. 2018;62(5):577-582.

[18] N.H. Rev. Stat. Ann. § 21:44.

[19] N.H. Rev. Stat. Ann. § 153-A:18.

[20] N.H. Rev. Stat. Ann. § 141-C:18.

[21] N.H. Rev. Stat. Ann. § 141-F:5.

[22] N.H. Rev. Stat. Ann. § 318-B:12-a.

[23] N.H. Rev. Stat. Ann. § 135-C:12.

[24] CDC, Legal Status of EPT in New Hampshire, https://www.cdc.gov/std/ept/legal/newhampshire.htm.

[25] Kaiser Family Foundation. Emergency Contraception. August 2016. http://files.kff.org/attachment/emergency-contraception-fact-sheet.

[26] N.H. Rev. Stat. §§ RSA 132:32 – 132:36.

[27] Foster Care/Adoption Program Division for Children, An Incredible Journey: A Resource Guide to Assist Families with Foster Care Adoption and Permanency Supports, N.H. Dep't of Health and Hum. Servs. 36-37, www.dhhs.nh.gov/dcyf/adoption/documents/foster-adopt-resource-guide.pdf.

[28] E.g., N.H. Rev. Stat. Ann. § 126; N.H. Rev. Stat. Ann. §§141-A, 141-B, 141-C; 141-F, 141-H, 141-J; N.H. Rev. Stat. Ann. § 172; N.H. Rev. Stat. Ann. §§ 330-A, 330-C; N.H. Rev. Stat. Ann. § 332-I; N.H. Rev. Stat. Ann. §135:19-a.

[29] Health Information and the Law. Privacy & Confidentiality in New Hampshire. http://www.healthinfolaw.org/state-topics/30,63/f_states.
[30] Hodder LC et al. Substance Use Disorder Treatment: Confidentiality Boot Camp. UNH School of Law Institute for Health Policy & Practice, 2017. https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.
[31] N.H. Rev. Sat. Ann. §§ 169-C:29 – 169-C:39.
[32] For a database of New Hampshire child abuse and neglect statutes, see Child Welfare Information Gateway. State Statutes Search: New Hampshire. https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults.
33 Bissonnette G, ACLU of New Hampshire. Mandatory Reporting Under New Hampshire's Child Protection Act of All Suspected Voluntary Sexual Penetration Involving 13-to-15-Year-Old Minors, Including When Minors are Close in Age, Regardless of the Circumstances, June 22, 2016.
[34] See, e.g., Glosser A, Gardner K, Fishman M. Statutory Rape: A Guide to State Laws and Reporting Requirements. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2004. https://aspe.hhs.gov/report/statutory-rape-guide-state-laws-and-reporting-requirements.
[35] English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. Persp on Sexual Reprod Health 2004; 36(2):80-86. https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges.
[36] 45 C.F.R. § 164.502(g)(3)(i)(A).
[37] 45 C.F.R. § 164.502(g)(3)(i)(C).
[38] 45 C.F.R. § 164.502(g)(5).
[39] 45 C.F.R. § 164.502(g)(3)(ii).
[40] 45 C.F.R. § 164.502(g)(3)(ii)(A) and (B).
[41] 45 C.F.R. § 164.502(g)(3)(ii)(C).
[42] 45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1).
[43] 45 C.F.R. § 164.512(c).
[44] 20 U.S.C. § 1232g; 34 C.F.R. Part 99.
[45] U.S. Dep't Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.
[46] 45 C.F.R. § 160.103 (definition of "protected health information").
[47] U.S. Dep't of Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.
[48] 42 C.F.R. § 59.11.
[49] English A, Center for Adolescent Health & the Law, and National Family Planning & Reproductive Health Association, Adolescent Confidentiality Protections in Title X, June 5, 2014. http://www.nationalfamilyplanning.org/document.doc?id=1559.
[50] 42 C.F.R. § 59.11.
[51] Child Welfare Information Gateway, State Statutes Search, https://www.childwelfare.gov/systemwide/laws_policies/state.
[52] Futures Without Violence, Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers: A Guide for Advocates Working to Respond to or Amend Reporting Laws Related to Domestic Violence, http://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf.
[53] Public Health Law Research, Temple University, State Statutes Explicitly Related to Sexually Transmitted Diseases in the United States, 2013, June 5, 2014, http://www.cdc.gov/std/program/final-std-statutesall-states-5june-2014.pdf.
[54] "Compliance With Statutory Program Integrity Requirements," 84 *Federal Register* 7714, 7725, March 4, 2019, https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf.
[55] National Family Planning & Reproductive Health Association, Analysis of 2019 Final Rule on Title X Family Planning Program, Mar. 4, 2019. https://www.nationalfamilyplanning.org/file/2019-Title-X-Final-Rule----Detailed-Analysis---3.4.2019-FINAL.pdf}milyplanning.org/pages/issues/title-x-cases#2019.
[56] E.g., National Family Planning & Reproductive Health Association, Title X Cases, https://www.nationalfamilyplanning.org/pages/issues/title-x-cases#2019.
[57] 42 U.S.C. § 1396a(a)(7).
[58] 42 U.S.C. § 1396d(a)(4)(C).

[59] E.g., Doe v. Pickett, 480 F. Supp. 1218 (S.D.W.Va. 1979); Planned Parenthood Association v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983); County of St. Charles v. Missouri Family Health Council, 107 F.3d 682 (8th Cir. 1997), rehearing denied (8th Cir. 1997), cert. denied 522 U.S. 859 (1997).

[60] Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, December 2018. https://www.guttmacher.org/print/state-policy/explore/medicaid-family-planning-eligibility-expansions.

[61] 42 U.S.C. § 290dd-2; 42 C.F.R. Part 2.

[62] Legal Action Center. Substance Use: Confidentiality Resources. https://lac.org/resources/substance-use-resources/confidentiality-resources/.

[63] 42 C.F.R. §§ 2.11, 2.12.

[64] 42 C.F.R. § 2.14.

[65] 42 C.F.R. § 2.13.

[66] 42 C.F.R. § 2.20.

[67] 42 U.S.C. §§ 300ff et seq.

[68] 42 U.S.C. §§ 300ff-61, 300ff-62.

[69] 42 U.S.C. §§ 254b et seq.

[70] 42 U.S.C. § 254b(a)(1)(A) and (b)(1)(A)(i)(III).

[71] 42 U.S.C. § 254b(k)(3)(C).

[72] 42 C.F.R. § 51c.110.

[73] 42 C.F.R. § 59.11.

[74] AYAH Resource Center. Evidence-Based Clinical Preventive Services for Adolescents & Young Adults. http://nahic.ucsf.edu/wp-content/uploads/2016/03/March-2016_AYAHNRC_evidence.V3.pdf.

[75] Kaiser Family Foundation. Emergency Contraception. August 2016. http://files.kff.org/attachment/emergency-contraception-fact-sheet.

[76] N.H. Rev. Stat. §§ RSA 132:32 – 132:36.

[77] 42 U.S.C. § 300(a) (as amended); Planned Parenthood Federation of America v. Heckler, 712 F.2d 650 (D.C. Cir. 1983).

[78] 42 C.F.R § 59.5(a)(1). see also 42 C.F.R. § 59.2 ("unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources").

[79] 42 U.S.C. § 1396a(a)(7).

[80] 42 U.S.C. § 1396d(a)(4)(C).

[81] E.g., Doe v. Pickett, 480 F. Supp. 1218 (S.D.W.Va. 1979); Planned Parenthood Association v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983); County of St. Charles v. Missouri Family Health Council, 107 F.3d 682 (8th Cir. 1997), rehearing denied (8th Cir. 1997), cert. denied 522 U.S. 859 (1997).

[82] E.g., Cardwell v. Bechtol, 724 S.W.2d 739 (Tenn., 1987); Younts v. St. Francis Hospital, 469 P.2d 330 (Kan., 1970).

[83] N.H. Rev. Stat. Ann. § 318-B:12-a.

[84] Steinberg L. Does recent research on adolescent brain development inform the mature minor doctrine? J Med Philos. 2013 Jun;38(3):256-67. doi: 10.1093/jmp/jht017. Epub 2013 Apr 21.

[85] E.g., Griswold v. Connecticut, 381 U.S. 479 (1965); Eisenstadt v. Baird, 405 U.S. 438 (1972).

[86] Planned Parenthood of Missouri v. Danforth, 423 U.S. 1071 (1976); Bellotti v. Baird, 443 U.S. 622 (1979).

[87] Carey v. Population Services International, 431 U.S. 678 (1977).

[88] Aid for Women v. Foulston, 441 F.3d 1101 (10th Cir. 2006).

[89] Doe v. Irwin, 615 F.2d 1162 (6th Cir. 1980).

Matthew Tyszka

Parents MUST have access to their children's medical records until age 18. As long as parents are responsible for their children's health and safety, they must have access to records to make intelligent decisions.

Susan Goodhue

As a parent it is my right to have full access to my child’s medical records!

Sue Allen

Having raised four children to adulthood, I can attest from experience that teenagers need their parents to make well-considered, medical decisions informed by family history, maturity, and experience.

karen keane

Parents have rights. This bill requires that parents have access to their children's medical records until 18 years old. Pls support this bill.

thank you!

Representative John M Potucek

I support this Bill because I believe it is a good Bill for the residents/citizens of New Hampshire who need it.

Robert Early

Please consider my Support of HB406. This is a Common sense Bill that confirms parents have every right to supervise their children to age 18.

Renee Gardiner

Twelve year olds are in no way mature or knowledgeable enough to be in charge of their own medical records. Kids this age still need to be reminded to brush their teeth and pick up their clothing off the floor! They are not ready for such a responsibility. Even 18 is highly questionable. This adult stuff is not on their radar screen…..School, sports, friends, homework, social media…..this is what they pay attention to, not keeping tabs on their medical records. Should definitely be no younger than 18.

April Naftali

Parents need to have 100% access to their children medical records and decisions through age 18. It is in the best interest of the children to have parental input until they are legal adults. Children are not independent at the age of 12.

Roy Sims

Please support this bill

Thank you.

Julie Sims

Please support this bill

And bring back freedom in NH

Thank you.

Richard Brooks

Parents should have full access to ALL medical records concerning their children! Parents should also be the only one allowed to make medical decisions concerning minors!

Daniel Richardson

Fix this: "The health care provider reasonably believes, in his or her professional judgment, ..."
Health care provider reasonable belief MUST BE BASED ON EVIDENCE.
As presently worded, liberal MDs will abuse this exception to cut out parents from record access and impugne parents by way of circumvention.

JoAnn McClellan

As far as I know, Children in this country are not wards of the state. They are the responsibility of their parents. There is NO justification for opposing HB 406.

If there is a valid, lawful reason why a parent should not be permitted to see their child's medical records....it should be pursued in court FOR THAT PARTICULAR CHILD vs. a blanket law disallowing ALL parents from seeing children's medical records.

Hoping for BALANCE & sanity to return soon.

Loriann Safford

Parents should have access to their children's medical records until they are 18 years old. Thank you.

Louise Harrigan

I ask you to please support Bill HB406.

Anne Paine

I support and ask you to support Bill HB406

Barbara Sylvain

As a parent, our kids rely on their parents even until after age 18. There is no reason parents should not have access to a Childs medical records. Especially because we are the ones who are supporting them, paying for their insurance, driving them to the doctors, choosing the doctor for them. we are paying the medical bills. Children cannot make any educated decisions until they are much older. And even at 18 they still don't know anything.

I am in favor of parents having full access to our kids medical bills up until at least 18 years old

Judith Wherett

Hello, I am a parent and I feel very strongly that parents should have access to their children's medical records and information until the child reaches 18. As a parent, I am responsible for all sorts of other decisions and actions for my children until they're 18 and it is my job to look out for my children's best interest. Proper medical care and information is important especially in the teenage years and parents should be included in determining the best care for their children. this is a parental duty and right. Thank you.

Bryan Peter

It should never be the policy of the government to prevent parents from knowing the health issues and records of the minors under their care. The state has no role in this process.

Darlene Cartier

There is currently a push for medical facilities to cut off parental access to their child's medical records at 12 years old. This is crazy! Children's brains aren't fully developed until the age of 25! I think it's a parent's responsibility to change practices due to this policy. This bill requires that parents have access to their children's medical records until 18 years old. Please SUPPORT this bill!!

Alec Cedrone

We support our rights to our children's health records as our children belong to us and not the state or any institution.

Patricia Cook

I support parental access to their children's medical records until the age of 18.

Bryan Richardson

Please support this HB 406

reed miller

I believe this is too young an age to cut parents out. It should be the age of majority, 18.

Marjorie Barton

Please vote for the preservation of the family, the mainstay of our country. Thank you.

Nicole Concordia

As the person responsible for my children's well-being, it is critical that I have access to all of their medical information before making decisions about the type of care they should receive. I will be the one responsible for continuing care of my children, regardless of outcomes from those decisions. Therefore it makes no sense to withhold possibly relevant information that can sway my decision-making process.

Claire Ketteler

Parents or legal guardians must be guaranteed access to their minor child's medical records until they reach adult decision making age of 18.

tom luther

Greetings from Sullivan County:

As long as parents are supporting kids, they get access to all records, health care and otherwise.

The only exception might be an emancipated minor.

Otherwise, the rational default of parental responsibility implies access until adulthood.

tom luther
claremont

Meagan Vanhoogen

I support a parents right to have access to their children's medical records. This is a free country to raise your children as you would like and this includes access to your child's medical records without exception.

Jennifer Tuthill

As long as the child is a dependent, parents should absolutely have access to any/all of their child’s medical records, to include dental, mental health, and school nurse records. They are responsible for their child and can not make informed decisions if information is being hidden from them. It is absurd to think that this right could be taken away from the parent.

Elaine Plante

It is a parents right to raise their own child. At 12 years old a child is a minor. Parents anxiously await the birth of their child and building their family. They nurture, love and provide for all that Childs needs. It is absolute insanity to think any medical records or decisions should be kept from the parents. Protect parents rights without hesitation!

Laura Condon

It is essential that parents have access to their child's medical records in order to properly care for their child and carry out their responsibilities as a parent.

Hon. Linda Rea Camarota

Please support HB 406. Parents are the primary protector and advisor of their children. Parents cannot be kept in a vacuum relative to the welfare of the child. Access to the minor’s medical record is important to parenting effectively. By supporting parental involvement, the state in effect aids the child in developing to their greatest potential.
Thank you for your service.
Hon. Linda Rea Camarota
Bedford

Vicki Greene

Family is the cornerstone of society. Parents have the rights, obligation & privilege of raising & guiding their children to become responsible adults. An individual's brain is not fully developed until the age of 25-26 years of age. Medical issues of a child are of major concern & responsibility of parents/guardians. To circumvent & deny parental rights to their children's medical records is reckless & insidious in trying to circumvent our innate rights & freedoms, by superimposing governmental tyranny & suggesting that faceless bureaucracy & unknown medical personnel have better judgment for our children.

walter kirsch

Shall not be infringed !

Mary Mayville

It is a fundamental right of parents to direct the upbringing, education, and care of their children. This bill is not about consent for care, merely about a parent maintaining responsibility and accountability for their children. Children are not, and never will be, objects of the state; in my opinion, that remains the purview of countries like China and Russia.

My quick search shows California, Iowa, Ohio and New York with varying laws on parental access to their children's medical records. This is supposedly due to a fear that these young children will not have a conversation about health care with their pediatrician if their parent knows about it. While we want the conversations to continue, we need to consider health outcomes if parental access to their children's health care is removed.

Here in New Hampshire, we are statistically far better than every other state in the nation when considering some of the most concerning factors related to teen health: infant mortality and preterm birth, sexually transmitted infection rates, and drug overdose deaths.
(From the National Center for Health Statistics):
U.S. Infant Mortality Rate (which is deaths/1000 live births): this number demonstrates a consistent year-to-year decline. It is currently at an all-time low with a measurable 3.5% decline from 2020 to 2023 despite the fact that the birth rate has actually increased by .09% each and every year. Here in New Hampshire, we are LOWER than the national average.
Teen Birth Rate: NH is the LOWEST-ranked state for teen births.
The Preterm Birth Rate in NH is ranked at #48 (50 is lowest)
Overdose deaths (under the age of 15; nationally there is no change across 10 years)
Sexually Transmitted Infection rates: New Hampshire's chlamydia rate is #47 out of 50 (this is the MOST common reportable STI in the country. New Hampshire's gonorrhea rate is #48 out of 50 and the syphilis rate is the 11th-lowest in the country.

The statistics speak for themselves. Clearly, here in New Hampshire, parents are working with their medical providers and caring for and directing the care of their children and should continue to do so.
I am in support of this Bill so we never change that.

Sincerely,
Mary L. Mayville, RN, Doctor of Nursing Practice, Certified Nurse Educator

Carolyn Hawkins

As a mother of 4, I wish to support this bill. Children are still developing and are in need of wise counsel from their parents regarding their medical care. 12-year-old adolescents are not mature enough to make decisions on their care without their mother, father, or caregiver present.
My children have said they would not want to be alone in a room with a nurse or doctor making decisions without either me or my husband present. Knowing which questions to ask, and how to effectively communicate with medical providers is crucial to advocate for one's self.
For example: My youngest was at her PCP for her well-check. I called in advance to verify which vaccine she was to receive at this appointment, and the nurse assured me only 1. When we arrived at the appointment, I requested the insert to the vaccine to be informed on possible side effects from the single vaccine dosage and realized it was a quadrivalent vaccine, and not a single vaccination in one dose. The nurse didn't seem to be concerned about it being a 4-in-1 vaccine, as I was told it was only for protection against one infection and not 4. Imagine if my child had gone without an adult, had the vaccine resulting in a severe reaction. I'd have no idea how to help my child without knowing what she was given. It is crucial that parents and caregivers have access to their child's medical care until they are at least 18 years old!

Timothy Daniels

I believe that all medical decisions for children under the age of 18 shall be approved by their parents, which means those parents must have access to all medical records and information for their children. Unless a court judge has deemed a parent unfit to have custody of their children, and has appointed a legal guardian over the child, the parents should still have a final decision over all medical procedures and decisions.

Mary Cozzens

I support parents rights to their children’s medical records.

Martha Jaquith

There is currently a push for medical facilities to cut off parental access to their child's medical records at 12 years old. I've personally heard several reports of parents changing practices due to this policy. This bill requires that parents have access to their children's medical records until 18 years old.
Thank you for supporting this bill.
-Mrs. Martha Jaquith

Victoria Gulla

As a parent of young children, it is horrifying that I wouldn't have access to my child's medical records starting at age 12, in just 2 years for my son. I discovered this a year or 2 ago when adding my son to my EPIC records in the Dartmouth Hitchcock system. My son has Tourette's Syndrome and access is vital to me and also for relaying information to school and camps. I also found inaccuracies in his record that needed fixing. When I discovered this age limit, I mentioned it to a few Reps and my mom. My mom, in turn, also told her Friday group of northern Hillsborough Cty Reps and activists and they were alarmed and almost didn't believe her. I had to screen shot the message in the portal and email it to her and she sent it on to Sen Ward, Jim Creighton and a few others. I urge passage of this bill so parents have their rightful position back as guardians of their children.

Margaret Sweeney

This should be a given.

HB 406-FN - AS INTRODUCED

2023 SESSION

23-0629
06/10

HOUSE BILL ***406-FN***

AN ACT relative to parental access to children's medical records.

SPONSORS: Rep. Kofalt, Hills. 32; Rep. McMahon, Rock. 17; Rep. Stapleton, Sull. 6; Rep. Simon, Graf. 1; Rep. M. Pearson, Rock. 34; Rep. Notter, Hills. 12; Rep. Testerman, Merr. 3; Rep. Plett, Hills. 29; Rep. Moffett, Merr. 4; Rep. Potucek, Rock. 13; Rep. Terry, Belk. 7; Sen. Avard, Dist 12; Sen. Gannon, Dist 23

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill expands parents access to their 13 to 18-year-old children's medical records without their children providing a release to each medical provider.

- -

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 406-FN - AS INTRODUCED

23-0629
06/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to parental access to children's medical records.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Section; Release of a Minor's Medical Records to a Parent or Guardian. Amend RSA 332-I by inserting after section 4 the following new section:

332-I:4-a Release of a Minor's Medical Records to a Parent or Guardian. A minor's parent or legal guardian shall have access to a minor's medical record unless:

I. Consent from the parent or legal guardian is not required for the minor to receive the medical care or treatment, as directed by federal or specific state law. In such cases, the minor may provide specific, written consent for release of the medical records to the parent or legal guardian.

II. The health care provider reasonably believes, in his or her professional judgment, that the child has been or may be subjected to domestic violence, abuse or neglect, and that release of the medical records to the parent or guardian could endanger the child.

III. The parent or legal guardian agrees to a confidential communication between the minor and a health care provider, as described by HIPAA, 45 C.F.R. 164.502(g)(3).

2 Effective Date. This act shall take effect 60 days after its passage.

LBA
23-0629
12/22/22

HB 406-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to parental access to children's medical records.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[X] General	[ ] Education	[ ] Highway	[ ] Other

METHODOLOGY:

This bill expands parents access to their children's medical records unless certain exceptions apply. The Judicial Branch states there may be an indeterminable impact on General fund expenditures to the extent additional ligation arises to enforce the provisions of this bill. The Judicial Branch is unable to determine how many additional cases may be filed, if any.

It is assumed any fiscal impact would occur after FY 2023.

AGENCIES CONTACTED:

Judicial Branch