



From the IMA Public Health Committee

SB 1329 Bill: Parental Rights in Medical Decision-Making

What does SB 1329 want to do?

It has two objectives: 1) Prohibit individuals from providing or soliciting to provide healthcare services to anyone under 18 without parental consent. These services include “a service for the diagnosis, screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, illness, injury, defect, or disease.” And 2) It would prohibit a healthcare provider or government entity from denying access to a parent to their child’s health information.

What exceptions would exist?

To the first part of this bill: If a parent has given blanket consent for services, if the healthcare provider reasonably determines that there is a medical emergency (“in order to prevent death or imminent, irreparable physical injury”), or if the parent cannot be located and the minor’s health is endangered. To the second part of this bill: If there is a court order against releasing the records, or if the parent is being investigated for a crime against the child *and* a law enforcement officer requests that the records not be shared.

What are the penalties for healthcare providers?

They may be sued by the parents.

How could this bill impact care delivery?

While parental involvement in kids’ medical decision-making is an important principle, from a medical perspective the overarching goal is to safeguard the health of our patients. The broad language in this bill could unintentionally jeopardize access to services to minors and put their physical and mental health at risk—particularly for those in vulnerable circumstances. For example, this bill could:

- Restrict a provider’s ability to provide medical services or behavioral health counseling in a situation where the child is in an abusive or neglectful home.
- Limit an adolescent’s access to STI testing, thus increasing the long-term risks to the adolescent’s health and increasing the rates of sexually transmitted infections in the community.
- Confuse providers about whether they can offer behavioral health screenings or counseling for minors in urgent situations where it is not clear that their life is in imminent danger, leading to delays in care.

Public Health Committee’s Perspective

This bill could erode trust between healthcare providers and their patients, potentially deterring them from seeking help when they need it most. Another concern is that the bill provides exceptions if the child is in imminent physical danger, but not if their mental well-being is at risk. This bill also appears to conflict with an existing statute that allows minors over 14 to give consent in the case of reportable conditions. Because of its broad definitions, this bill could lead to costly litigation for providers. Finally, we are concerned that this bill could disproportionately impact minors in parts of our state where healthcare, judicial, and law-enforcement resources are already scarce.

While we understand the spirit of this bill, we urge lawmakers to collaborate with healthcare providers, advocacy groups, and other stakeholders to develop policies that achieve a more thoughtful balance between protecting the health and well-being of minors and respecting parents’ rights.