

Testimony Supporting

H.B. 6021: An Act Concerning Homeless and Unaccompanied Minors Consent to Primary Care

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Senator Gerratana, Senator Somers, Representative Steinberg, Representative Srinivasan, and distinguished members of the Public Health Committee:

I am submitting this testimony on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. **We submit this testimony in support of House Bill 6021, “An Act Concerning Homeless and Unaccompanied Minor Consent to Primary Care.”**

Primary care is the first line of defense to identify health issues, deliver health education, address risky behaviors, and provide referrals to specialist care.

The American Academy of Pediatrics’ best practice recommendations for primary care visits include a broad array of health assessments ranging from vision tests to substance use screenings.¹ Ideally, patients see the same pediatricians throughout their childhoods, developing long-term trusting relationships in which health and other problems can be openly discussed. In the event of good health, a pediatrician visit can provide reassurance, developmental health information, and documentation of eligibility to attend school or participate in extracurricular activities. In the event of concerns, pediatricians provide support and help patients access the additional care that they need.

Youth may be unable to access medical care due to their age and an inability to obtain parental consent.

Medical providers are required to get parental consent for treatment even for routine, medical care such as vaccines and flu shots. This can bar access to health care for minors who are unable to access parental support and consent. Youth homelessness often results from severe substance abuse or mental health issues or from unstable or abusive parental relationships. These situations may leave youth unable to ask parents to sign for medical consent. Moreover, homeless and unaccompanied youth also disproportionately face health problems, sexual trauma,² and other confidential issues they may be unwilling to discuss in the presence of an estranged parent.

Homeless and unaccompanied youth have pressing health needs that must be addressed.

Of an estimated 3,000 homeless young people in Connecticut, 28% are between 15 and 17 years of age, and an additional 4% are 14 or younger. **When asked what they needed in order to improve their well-being, 15% of homeless youth indicated that they needed counseling or mental health treatment, 9% needed drug or alcohol treatment, 8% needed contraceptives, and 8% needed medical services.³ Primary care providers can help youth access all of these services.**

Connecticut's population of homeless youth, though small, faces vital health care needs. Primary care visits can help to address many of their needs. However, unstable or unsafe relationships with parents may prevent them from obtaining parental consent even for routine medical care. As a result, many homeless and unaccompanied minors cannot access the care that they need. Connecticut law should allow homeless and unaccompanied minors to access routine care without parental consent.

Thank you again for this opportunity to submit testimony regarding House Bill 6021.

I can be reached at nupdegrove@ctvoices.org or (203)498-4240.

¹ American Academy of Pediatrics. "Bright Futures Recommendations for Periodic Preventative Health Care." Updated October 2015. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

² Health Resources and Services Administration. "Understanding the Health Care Needs of Homeless Youth." January 24, 2001. <https://bphc.hrsa.gov/archive/policiesregulations/policies/pdfs/pal200110.pdf>.

³ Connecticut Coalition to End Homelessness. "Connecticut Counts: 2015 Report on Homelessness in Connecticut." May 2015. <http://cceh.org/wp-content/uploads/2015/06/CT-Counts-v2-1.pdf>.