



2025 House Bill 1450
Senate Human Services Committee
Senator Judy Lee, Chairman
March 17, 2025

Madam Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel/VP of the North Dakota Hospital Association (NDHA). I am here to testify in opposition to House Bill 1450 and ask that you give the bill a **Do Not Pass** recommendation.

Hospitals oppose the bill for several reasons. It would interfere with current best practice for health care visits with adolescents. For optimal adolescent visits, health care providers prioritize building a trusting relationship, conducting comprehensive screenings (physical, mental, and behavioral), offering age appropriate counseling, and ensuring confidentiality. This necessarily includes some private time with the provider. This practice provides the best opportunity to screen for and address the concerning health risks of adolescents who are less likely to talk about suicidal ideation, depression, anxiety, alcohol and substance use, vaping and smoking, pregnancy prevention, and sexually transmitted infections without confidentiality. Providers who care for minors are only able to help prevent these conditions or intervene early if the minor feels comfortable talking about them with the health care provider. A provider also has an ethical duty to determine whether the information shared poses a risk to the safety of the patient or others and should be disclosed to a parent or guardian, for example, an imminent risk of suicide.

Confidential time between an adolescent and health care provider encourages health care independence and builds trust with the adolescent. Allowing this one-on-one time encourages them to share health information with their provider privately on sensitive topics like sexual health or substance use. A survey of adolescents indicates that time alone with the physician improves sharing of personal concerns.¹ Adolescents who are not given these confidential opportunities discuss fewer health care topics overall and fewer sensitive topics. It prevents adolescents from bringing up uncomfortable or embarrassing topics in front of a parent and risks leaving things unsaid and concerns unaddressed. Encouraging open communication this way

1. [Rubin SE, McKee MD, Campos G, O'Sullivan LF, Delivery of Confidential Care to Adolescent Males. J Am Board Fam Med. 2010;23\(6\):728-735](#)

creates a safe and non-judgmental environment for adolescents to ask questions and express concerns. Preventing opportunities for prevention and intervention increases the chance of kids dying by suicide, not getting treatment for mental health conditions, alcohol and substance use, teen pregnancy, and sexually transmitted infections.

We are also concerned that this bill will overturn longstanding laws passed by the North Dakota legislative assembly that govern when minors may consent to their own health care or when consent is implied, such as when there is an emergency involving a minor and the parent is not there to give consent immediately. The legislature determined that, in certain circumstances, it may be more important for a young person to have access to confidential medical services than it is to require that parents be informed of the situation. For example, current North Dakota law gives minors the right to consent to treatment in a few specific situations:

1. N.D.C.C. § 14-10-17 provides that any person 14 years or older may receive examination, care, or treatment for sexually transmitted disease, alcoholism, or drug abuse without permission, authority, or consent of a parent or guardian.
2. N.D.C.C. § 14-10-17.1 provides that a minor may contract for and receive emergency examination, care, or treatment in a life-threatening situation without the consent of the minor's parent or guardian. If a minor has an emergency medical condition or the potential for an emergency medical condition, consent to emergency examination, care, or treatment of the minor is implied if reasonable steps to contact the minor's parent or guardian are unsuccessful. A health care provider may also provide emergency medical care or forensic services to a minor who is a victim of sexual assault without the consent of the minor's parent or guardian. Reasonable steps must be taken to notify the minor's parent or guardian of the care provided.
3. N.D.C.C. § 14-10-18.1 provides that an individual who is at least 16 years of age may donate blood on a voluntary and non-compensatory basis without obtaining the consent of the individual's parent or guardian.
4. N.D.C.C. § 14-10-19 provides limited prenatal care, pregnancy testing, and pain management related to pregnancy for a minor without a parent's consent. A health care provider may provide prenatal care beyond the first trimester or in addition to the single prenatal care visit in the second or third trimester if, after a good-faith effort, the health care provider is unable to contact the minor's parent or guardian. If a minor requests confidential services, the health care provider shall encourage the minor to involve her

parents or guardian. The health care provider may inform the parent or guardian of any pregnancy care services in certain circumstances.

5. N.D.C.C. § 14-10-20, allows an unaccompanied homeless minor to consent to health care other than an abortion.

If this bill passes, a parent "...has full and complete access to an examination room in which the minor is receiving medical care." This requirement would override these longstanding laws that allow minors to consent to their own health care in limited circumstances. For example, in an emergency involving a minor, consent is implied so that life-saving treatment may be given immediately. What will happen in these emergent situations, such as, for example, when a child is involved in a car accident and the parents cannot be immediately contacted to see if they insist on being in the exam room? It will be a violation of law for a health care provider to go ahead and give emergency care to the minor before contacting the parents and offering them access to the exam room. In the other exceptions listed above, such as for addiction treatment and sexually transmitted diseases, while health care providers agree that parental involvement is desirable and ideally parents and teenagers would work together to make well thought out health care decisions, the reality is that if we take away access to confidential health care in certain situations teenagers simply will stop seeking the care they need.

Parents and health care providers share a common goal: the health and well-being of our kids. Providers want to foster open communication between parents and adolescents about health issues and they involve parents or guardians in a child's care as much as possible. But we must allow for some private time with the adolescent to discuss sensitive topics. Effective communication with adolescents requires seeing the patient alone, tailoring the discussion to the individual patient, and explaining the role of parents and of confidentiality. Adolescence is a period of dramatic physical, cognitive, and emotional transformation which has always been a risky and difficult period of development. This bill will make it harder to provide best-practice health care for our kids and that will mean we will miss key opportunities to discuss critical health issues with these patients. Please don't take away one of our best opportunities to promote healthy behaviors, reduce risky behaviors, and intervene when necessary for our adolescents.

In summary, we ask that you give the bill a **Do Not Pass** recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

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North Dakota Hospital Association