

Testimony in Opposition to HB1450

My name is Kathy Anderson. I am a pediatrician in Bismarck and immediate past president of North Dakota American Academy of Pediatrics and reading testimony written by my colleague Chris Tiongson, a pediatrician in Fargo, and current president of North Dakota American Academy of Pediatrics in opposition to HB 1450. Neither of us is writing on behalf of our employers, but as private citizens.

Current practice

The current best-practice for health care visits with adolescents includes some confidential time with the pediatrician or clinician and the patient. This practice provides the greatest opportunity to screen for and intervene on the unique and life-changing health risks of adolescence.

Adolescents 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. Clinicians caring for kids are only able to help prevent these conditions or intervene early, if they are disclosed. The clinician 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, if a patient discloses an imminent risk of suicide, this would need to be shared.

Why is confidential time important?

Confidential time encourages health care independence and builds trust with the adolescent. According to information from the American Academy of Pediatrics, over 90% of teens and parents feel that confidential care is an important part of their adolescent's health care. Patients without confidential opportunities discuss fewer health care topics overall and fewer sensitive topics. Hesitance prevents adolescents from bringing up uncomfortable or embarrassing topics in front of a parent and risks leaving things unsaid and concerns unaddressed. **Blocking 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.**

Common goal

Parents and pediatricians share a common goal: the health and well-being of our kids. Adolescence has always been a difficult and dangerous period of development between childhood and adulthood. This bill will make it harder to provide best-practice healthcare for North Dakota kids. **Please don't take away one of our best opportunities to promote healthy behaviors, reduce risky behaviors, and intervene when our adolescents are suffering.**