



Pennsylvania Psychiatric Society
The Pennsylvania District Branch of the
American Psychiatric Association

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TO: Representative Jason Ortity, Sponsor
Representative Gene DiGirolamo, Chair, House Human Services Committee

FROM: Kenneth M. Certa, MD, DLFAPA, Government Relations Committee Co-Chair
M. Ahmad Hameed, MD, DFAPA, Government Relations Committee Co-Chair
Keith R. Stowell, MD, DFAPA, PaPS President

RE: Opposition to House Bill 672, Printer's Number 1813: Comments Enclosed

On behalf of our membership, we would like to express our concerns with House Bill 672 (Printer's Number 1813) as written, prior to its full consideration in the House of Representatives. In our view, although well-intentioned, this bill is the wrong approach to the problem it seeks to fix.

The Pennsylvania Psychiatric Society (Society) is comprised of around 1,500 physicians practicing the specialty of psychiatry in the commonwealth. Our members are very aware of the mental health and substance use needs of all individuals, especially our most vulnerable citizens, our children. We are committed to treating adults and adolescents who are suffering with co-occurring mental health and substance use illnesses and committed to getting the tools we need to provide that treatment.

Act 147 of 2004 (also known as the Age of Consent to Mental Health Treatment in PA- Minors Consent Act) was enacted to address who may provide consent to voluntary mental health treatment for children aged 14-18 years of age in both inpatient and outpatient settings. The Society worked closely with the sponsor of the legislation and our consumer and mental health provider colleagues to advance its movement. Act 147's original intent was to provide clarity left by the Mental Health Procedures Act (MHPA) via consent and confidentiality for voluntary and involuntary outpatient and inpatient treatment for juveniles. As members began to utilize Act 147 in their daily practice, there was a quick realization of deficiencies within the law and further needed clarification for providers, consumers and their families. A lack of guidance from the then PA Department of Public Welfare (now DHS) was based on the law's inability to give them the authority to issue regulations, provide additional documentation or legal guidance. Based on this void, the Society solicited a legal analysis from outside counsel to assist our membership and the public on the provisions of Act 147. It is enclosed for your review.

House Bill 672 seeks to provide parents/guardians the ability to consent to mental health treatment for minors who refuse such treatment. We assume this is based on parental experience with children who are acting illogically, irrationally or out of their normal routine, for whom they have sought care, only to have the child refuse. The parents believe that their children are not thinking clearly, and the parents need to step in and consent for them. They believe that somehow such consent will lead to treatment.

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We recognize the pain that parents in such circumstances suffer. It is heart-breaking to see a child you love succumb to the ravages of mental health issues, refusing assistance. If there were any chance that empowering parents to consent for the child would be helpful, we would be very supportive. It is cruel, however, to pretend that such an endeavor would be to any effect, and hardly worth the considerable expense.

What is worse, there is no question that resource availability for mental health care is often very limited. Many people must wait their turn for care, under our current voluntary system. To tax the system further by adding in those who are not desirous of care, creates more barriers for those seeking treatment on their own.

There are practical considerations about how exactly to put parental consent for objecting adolescents into action. How would the child be brought for treatment? If a parent brings a child to an emergency room, for example, and announces that they believe the child needs to be involuntarily committed for treatment, would the facility be empowered to restrain the child? In the very problematic cases where a child refused to voluntarily seek inpatient treatment, should the emergency department be expected to hold the child if the parents wish? For how long? What liability exists if a child is released over the parents' objections? What happens if a child refuses to be there and wants to leave the facility? How will treatment staff keep a child in the facility? What if the child objects to their medical records being shared with certain healthcare providers? Any adverse situation could escalate very quickly, and the lack of safety measures/unintended consequences of a treatment facility far outweighs the benefits of forced treatment.

The Society was recently informed that there have been additional amendments to the proposed legislation that might be make us more amenable to supporting its movement. Although we are willing to work closely with all interested stakeholders to better Act 147, it is our belief that a simple technical amendment mandating DHS to promulgate regulations and/or official guidance to providers, consumers and their families would assist greatly with any confusion or clarify the provisions within Act 147. Representative Pam DeLissio introduced proposed legislation in past sessions with this exact technical amendment. We support its movement as the most viable solution to remedy concerns with the current Act.

Please do not hesitate to contact Deborah Ann Shoemaker, our executive director, if you would like to further discuss our position or if you need any additional information. Thanks for your commitment to ensuring access to mental health and substance use treatment and services to all citizens of the commonwealth, including to our most vulnerable citizens, our children.