

FINAL BILL REPORT

SSB 5883

Brief Description: Concerning an unaccompanied homeless youth's ability to provide informed consent for that minor patient's own health care, including nonemergency, outpatient, and primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries.

Sponsors: Senate Committee on Law & Justice (originally sponsored by Senators Trudeau, Keiser, Billig, Conway, Hunt, Kuderer, Nguyen, Nobles, Robinson, Saldaña, Van De Wege and Wilson, C.).

Senate Committee on Law & Justice
House Committee on Children, Youth & Families

Background: Parental notification and consent is required for a minor to receive general health services until the minor has reached the age of majority, unless this age is modified by law that changes the age of consent. Washington State's general age of majority for health care decisions is 18 years of age. A minor may be considered an adult for legal purposes before reaching 18 years of age if the minor is legally emancipated or if the minor is married to an adult.

Washington has established a lower age of consent by law for certain specific health services. The age of consent for testing for sexually transmitted diseases is 14, for inpatient or outpatient mental health treatment is 13, and for outpatient substance use disorder treatment is 13. Minors may consent to reproductive health services in Washington, including birth control, abortion, and prenatal care, at any age.

Informed consent for health care on behalf of a patient who is under the age of majority and who is not otherwise authorized to provide informed consent may be obtained from a school nurse, school counselor, or homeless student liaison when:

- the minor patient meets the definition of a homeless child or youth under the federal McKinney-Vento homeless education assistance improvements act of 2001;
- the minor patient is not under the supervision or control of a parent, custodian, or legal guardian, and is not in the care and custody of the Department of Social and

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Health Services; and

- consent is necessary for non-emergency, outpatient, primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries.

Summary: An unaccompanied homeless youth who is a minor patient who is not otherwise authorized to provide informed consent and is unable to obtain informed consent from a school nurse, school counselor, or homeless student liaison is authorized to provide informed consent for non-emergency, outpatient, primary care services, including:

- physical examinations,
- vision examinations and eyeglasses,
- dental examinations,
- hearing examinations and hearing aids,
- immunizations,
- treatments for illnesses and conditions, and
- routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries.

"Unaccompanied" means a youth experiencing homelessness while not in the physical custody of a parent or guardian. "Homeless" means without a fixed, regular, and adequate nighttime residence as set forth in the federal McKinney-Vento act of 2001.

A health care provider may, but is not required to, request documentation that the minor patient is an unaccompanied homeless youth. Acceptable documentation includes, but is not limited to, a written or electronic statement signed under penalty of perjury by:

- staff at a governmental or nonprofit human services agency or homeless services agency;
- an attorney representing the minor patient; or
- an adult relative of the minor patient or other adult with knowledge of the minor and the minor's housing situation.

A health care provider or facility is immune in any action, civil or criminal, or other disciplinary action when reliance is based on a declaration signed under penalty of perjury.

A health care provider may, but is not required to, rely on the representations or declaration stating that the patient is an unaccompanied homeless youth if the health care provider does not have actual notice of the falsity of the statements.

During a visit with an unaccompanied homeless youth, who is authorized to provide informed consent under the provisions of the underlying bill, a primary care provider—general practice physician, family practitioner, internist, pediatrician, osteopathic physician, naturopath, physician assistant, osteopathic physician assistant, and advanced

registered nurse practitioner—must use existing best practices that align with any guidelines developed by the Office of Crime Victims Advocacy and the Commercially Sexually Exploited Children Statewide Coordinating Committee designed to identify: (a) whether the unaccompanied homeless youth may be victim of human trafficking; and (b) potential referral to additional services, the Department of Children, Youth, and Families, or law enforcement.

Votes on Final Passage:

Senate	28	21	
House	57	41	(House amended)
Senate	29	20	(Senate concurred)

Effective: Ninety days after adjournment of session in which bill is passed.