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Vermont Legislature Senate Health and Welfare Committee

Testimony in support of S 151 which seeks to consolidate the existing statutes regarding the right for a minor in Vermont to consent to treatment for sexually transmitted infections (STI's) and also seeks to expand the right for a minor in Vermont to consent to prevention of sexually transmitted infections.

Good morning, Chairperson Lyons, Vice Chair Weeks, and members of the Senate Health and Welfare Committee.

My name is Dr. Erica Gibson and I am a board certified pediatrician and adolescent medicine specialist. I currently serve as the Division Head of Adolescent Medicine at the University of Vermont Children's Hospital.

I am grateful to all of you for the opportunity to be here today to show my support for S 151 which seeks to consolidate the existing statutes regarding the right for a minor in Vermont to consent to treatment for sexually transmitted infections (STI's) and also seeks to expand the right for a minor in Vermont to consent to prevention of sexually transmitted infections.

Today I am speaking not only as a physician who provides direct care to youth and their families but also as an official representative of the University of Vermont Health Network, a member of the Executive Board of the Vermont Chapter of the American Academy of Pediatrics, and as a member of the Vermont Medical Society.

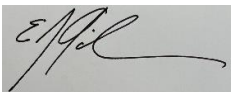
A minors' right to confidential STI treatment has been a cornerstone of adolescent health for over half a century and originates in the understanding that minors who do not have access to confidential STI treatment may risk both their own individual health and the health of the public through further spread of untreated STIs. Currently all fifty states and The District of Columbia allow most minors to consent to testing and treatment for STIs. Vermont has a had a statute in place since 1971 stating that "minors who are twelve years or older may give informed consent to testing and treatment for sexually transmitted diseases". I have attached four different professional position statements on confidential adolescent sexual and reproductive health care from the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians to this testimony for your review; these position statements contain the detailed evidence regarding the importance of confidential treatment for adolescents with STIs. While the majority of young people will usually confide in a parent, guardian, or trusted adult when they are seeking treatment for STIs we know there is a significant cohort of young people under 18 years of age that state they would not see care for STIs if they were not guaranteed that services would be kept confidential from parents or guardians. Young people have a variety of reasons for wanting to keep their sexual lives private but some young people might also be at risk of great psychological or physical harm should their sexual activity and any related medical problems be revealed to a parent or guardian without their consent. The American Academy of Pediatrics states that a graduated process of providing an adolescent with increasing autonomy and decision making about their own health is a natural part of adolescent health care. In addition, it should be noted that appropriate capacity to provide informed

consent is an essential part of providing confidential services to an adolescent patient. Informed consent means that a patient must be able to understand the benefits, side effects and alternatives to treatments that are being offered.

S151 seeks to add additional confidential access to prevention of STIs to the existing statutes on treatment of STIs. In the last few decades, we have developed a number of preventive treatments for STIs including the Human Papillomavirus (HPV) vaccine which prevents numerous types of cancer and genital and anal warts; and Pre-Exposure Prophylaxis (PrEP) for HIV which has been shown to be 99% effective in prevention of acquisition of HIV from HIV+ sexual partners. At this time fourteen states have expanded their minor consent laws to include prevention of STIs the way that Vermont is currently seeking to do. With increased access to prevention of STIs it is hoped that fewer patients will actually need treatment for STIs and their sequelae. Another important aspect of allowing minor consent to vaccines that prevent STIs is that we know that vaccine coverage for adolescents is overall much lower than vaccine coverage for younger children. One of the key reasons for the decline in adolescent vaccine coverage is that fewer adolescents attend the yearly well child visits recommended for young people under age 18, where vaccine updates are recommended. And even if a medical provider offers vaccine updates at all sick visits, in addition to well child visits, many adolescents attend these visits alone without a parent or guardian present. If a parent or guardian is not present or immediately reachable to give permission for a vaccine then vaccines are not provided until a parent is present for a visit or a patient reaches the age of 18 and can consent to vaccination themselves.

We thank you for your commitment to the individual and public health and wellbeing of adolescents in Vermont and urge you to consider that the addition of minor consent for prevention of STIs will further improve the health and well being of adolescents that might be at risk of STIs now or in the future; especially those that do not feel comfortable making parents or guardians aware of their sexual behaviors. On behalf of the multiple professional medical organizations that I represent here today, we respectfully ask the Vermont Senate to pass this bill.

Sincerely,



Erica Gibson M.D. FAAP

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- (1) Adolescent & Young Adult Health Care in Vermont: A Guide to Understanding Consent & Confidentiality Laws. Abigail English JD, Center for Adolescent Health & the Law, Adolescent & Young Adult Health National Resource Center. December 2018. [vermont_ayah_confidentiality_guide.pdf \(uvm.edu\)](https://www.uvm.edu/~aenglish/vermont_ayah_confidentiality_guide.pdf)
- (2) Minors' Access to STI Services. Guttmacher Institute. [Minors' Access to STI Services | Guttmacher Institute](https://www.guttmacher.org/issue-policy/sexual-reproduction/minors-access-to-sti-services)
- (3) State Laws That Enable a Minor to Provide Informed Consent to Receive HIV and STD Services. Center for Disease Control. [Minors' Consent Laws | Law | Policy and Law | HIV/AIDS | CDC](https://www.cdc.gov/hiv/laws/policy/state-laws.html)

- (4) Sexual and Reproductive Health Care Services in the Pediatric Setting. Marcell, Burstein et al. American Academy of Pediatrics Committee on Adolescence. Pediatrics. Vol 140, No 5, November 2017: e20172858. [Sexual and Reproductive Health Care Services in the Pediatric Setting | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
- (5) Confidentiality in Adolescent Health Care. American College of Obstetricians and Gynecologists Committee on Adolescent Health Care Committee Opinion. Obstetrics & Gynecology. Vol 135, No 4, April 2020. [Confidentiality in Adolescent Health Care | ACOG](#)
- (6) Adolescent Health Care, Confidentiality. American Academy of Family Physicians Policy Statement. 2020. [Adolescent Health Care, Confidentiality | AAFP](#)
- (7) Confidential Health Care for Adolescents: Position Paper of the Society for Adolescent Health and Medicine; 2004. [Aug-04-Confidential Health Care for Adolescents.pdf \(adolescenthealth.org\)](#).
- (8) State -by-State Variability in Adolescent Privacy Laws. Sharko et al. Pediatrics. Vol 149, No 6, June 2022. [State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
- (9) Adolescent Consent for Vaccination: A Position Paper of the Society for Adolescent Health and Medicine. Journal of Adolescent Health; 2013; 53; 550-553. [Adolescent Consent for Vaccination: A Position Paper of the Society for Adolescent Health and Medicine.](#)