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As a primary care provider and leader caring for patients with barriers to care, sometimes challenging custody situations, and often lack of resources, I support including minor consent language to allow minors to consent to **prevention** of sexually transmitted infections (STIs) in our state statutes. Current law allows minors to consent to **treatment** of STI's but not preventive modalities such as HPV, Hep B vaccination and PrEP.

There is language in [S.151](#) (section 4) that would put all of the minor consent language related to treatment and prevention of sexually transmitted infections in one place (now scattered throughout statutes) and expand what minors may consent to, to include **prevention** of STIs.

I know that caring, interested parental groups are opposing this change, but strongly recommend that we include the ability to prevent sexually transmitted infections as well as treat them when they've occurred in our vulnerable teens. As a parent and family physician, the best and most effective counseling is that to the whole family including parents, however, we often find ourselves in situations where parents are not able to accompany their children to appointments due to their own health issues, work schedules or other barriers. Those minors are at just as much risk of STIs as peers with parents who can engage in their care.

Those speaking with less experience with DCF seem not to realize that there is often a period where parental rights/custody haven't been terminated but the parents are not engaged – kids are often brought into appts by caseworkers, school staff, or DCF workers but parents still have custody.