SUBJECT: Allowing children to consent to their own immunization in some cases

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — Kolkhorst, Naishtat, Coleman, Collier, Cortez, S. Davis,

Guerra, S. King, J.D. Sheffield, Zedler

1 nay — Laubenberg

WITNESSES: For — Marilyn Doyle; Donna Persaud, Parkland Health and Hospital

System; Susan Spalding, Dallas County Hospital District; Jill Strachan-Batson, Parkland Health and Hospital Systems; (*Registered, but did not testify*: Jennifer Allmon, The Texas Catholic Conference and The Roman Catholic Bishops of Texas; Michael Hill, Texas Association of Local Health Officials; Jason Sabo, The Immunization Partnership; Josette Saxton, Texans Care for Children; Dusty Warden, Immunize El Paso)

Against — (Registered, but did not testify: Lauren Dewitt; Leena

Dillingham; Barbara Harless; Paul Hastings, Texas Home School Coalition; Amy Hedtke; Chris Howe; Carol Leonard; Sharon Power; Rebecca Rex,

Parents Requesting Open Vaccine Education; Ken Stanford II)

On — (Registered, but did not testify: Saroj Rai, DSHS)

BACKGROUND: Family Code, ch. 32, governs consent to treatment of a child by a non-

parent or child, including who may consent to immunizations of the child.

DIGEST: HB 1340 would allow a child 14 years of age or older to consent to the

child's own immunization if the health care provider had on file a valid medical treatment consent form from a parent, managing conservator, guardian, or other authorized consenter. A child's consent would need to be written, signed, and given to the health care provider administering the treatment. Even if the child consented, the provider could not administer

the vaccine if the person actual knowledge that a parent or other

authorized consenter had expressly refused consent for the immunization.

A child would have to provide the health care provider with sufficient and accurate health history about himself and, if necessary, his family to allow

the provider to adequately assess the risks and benefits of the

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immunization and determine whether to administer it.

A child's consent that met all requirements could not be later challenged on the grounds that, as a minor, the child could not validly consent to medical care. Unless they were negligent, a health care provider or facility would not liable for the immunization of a child whose consent met all requirements. This bill would control if it conflicted with Family Code, sec. 32.003, governing consent to medical treatment.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2013.

SUPPORTERS SAY:

HB 1340 would improve immunization rates, especially among vulnerable populations. In addition to a general medical consent form, current law requires a separate consent form at the time an immunization is be administered, which can be difficult to obtain if a teenager is homeless or incarcerated. It also can be challenging to obtain independent consent for immunizations if a parent is working or not engaged with the child's medical care. By allowing minors to consent to immunizations in certain situations, this bill would remove barriers and improve health outcomes.

This bill would not circumvent established immunization consent procedures because it would require a general medical consent form to be on file with the health care provider. If a parent wanted to ensure that a child was not immunized without additional consent, the parent could note this on the general medical consent form or provide this in writing to the health care provider.

OPPONENTS SAY:

HB 1340 could evade parental consent procedures for immunizations. Some parents who sign a general medical consent form are opposed to immunizations or want to provide consent on a case-by-case basis. By allowing teenagers to consent to immunizations, this bill could result in some teenagers being immunized against their parents' will. Moreover, this bill would encompass too many types of immunizations. If anything, the bill should allow teenagers to provide consent only for immunizations required to attend school.

NOTES:

The bill's author plans to offer a floor amendment to limit applicability to youth who are in a juvenile justice facility.