# PARENTS' BILL OF RIGHTS

## FREQUENTLY ASKED QUESTIONS

**1. Why introduce a Parents' Bill of Rights?**

Until 2000, it was widely accepted that parents had the fundamental right to direct their children's upbringing and education. However, a divided Supreme Court ruling created uncertainty, allowing individual judges and states to interpret parental rights through the lens of the "best interests of the child." This led to inconsistent policies and shifting legal standards, leaving families vulnerable to uncertainty and government overreach. Minnesota families have been experiencing this for decades.

**2. Does this bill impose new requirements on schools?**

No, the bill does not create new obligations for schools. It does not mandate a specific curriculum but reaffirms that parents have the final authority over their children's education.

**3. If parents want authority over their children's education, shouldn't they homeschool or use private schools?**

The bill affirms the right to homeschool or choose private education. However, not all families can afford these options, making it essential for public schools to remain neutral and accepting of all family types.

**4. Is there funding allocated for the bill's implementation?**

No additional funding is necessary. The bill merely affirms fundamental rights and provides policy guidance without requiring new expenditures.

**5. Does the bill only apply to Child Protective Services (CPS) cases?**

No. House Research clarified that the bill applies broadly to all families, not just CPS cases.

**6. Why is the bill placed in this specific section of the statutes?**

The bill's placement was not chosen by the families supporting it but may be due to its relevance to parental rights. The final placement is at the legislature's discretion.

**7. Will the bill prevent schools from teaching non-academic topics like kindness or calling 911?**

No, the bill does not restrict teaching. It simply affirms the rights of parents to choose their children's education.

**8. Are class rules prohibited as "upbringing" reserved to parents?**

Classroom rules are simply guidelines for maintaining a structured learning environment. Parents already have the right to review and opt in or out of policies that may not align with their values or needs. This is not typically an area that requires adjustment, but accommodations could be needed when necessary—such as through an IEP. For example, a general rule like "stay seated" may be adapted to allow a student to use sensory seating in a designated area of the classroom.

**9. Why does this bill address religious upbringing?**

Because it is an overall bill of rights for parents. It is not saying schools or medical providers should be involved in any way.

**10. Will the bill prevent schools from doing lice checks, vision screenings or hearing screenings?**

Consent for what level of services a family approves of is typically addressed in enrollment paperwork.

**11. Will this bill interfere with mental health or other medical services in schools?**
Schools may certainly offer services, where allowed by law, but they should not require them or provide them without parental consent.

**12. Does the term "parents" in the bill affect custody laws or decision-making authority?**
No. Minnesota law already defines custody and decision-making roles, and this bill does not alter those laws. Instead, it recognizes that a child may have more than one parent. Lines 3.12–14 address the court's role. While we do not believe this impacts existing custody laws, we are open to amendments to the language that specify "custodial parents" for clarity.

**13. What happens when two parents don't agree on something?**
For families with two legal custodial parents, this is already the legal situation that can and does occur. This bill doesn't change that. The parents would have to figure it out themselves and notify the school of the decision. If there was only one custodial parent and the other is trying to exercise decision making, you would default to the custodial parent/s decision.

**14. What is a "compelling state interest"?**
Attorney William Wagner explains that "compelling state interest" is a legal standard used by courts to determine when government intervention is justified, such as in cases of abuse.

**15. Could this bill allow one parent to block investigations into abuse?**
No, the bill explicitly addresses this concern in lines 3.7-11.

**16. Does the bill grant parental rights both ways?**
Yes, parents have the right to accept or decline medical and educational decisions for their children. However, the accessibility of certain medical procedures remains subject to other laws and regulations.

**17. How does this bill impact newborn screenings?**
Minnesota law requires that newborn screenings be *offered*, but the decision is the parents'. The bill does not change this; it simply affirms parents' rights to make medical decisions for their children.

**18. Should there be a distinction between teenagers and younger children in decision-making?**
While teenagers should participate in decision-making, parents should also retain the right to make final choices. Parents are responsible for their children's well-being and should be informed about medical interventions.

**19. Will this bill remove children's rights or sexual education from schools?**
No, the bill does not restrict children's personal rights or remove any curriculum. It simply ensures that parents can review and opt-out of teachings for their own children that conflict with their culture or values.

**20. Who are the stakeholders in this bill?**
Stakeholders should include parents, families, and children—not just organizations or lobbyists. The bill aims to protect parental rights without affecting custody laws or shielding abuse.

**21. Are parental rights actually currently under threat?**
Yes. Recent testimony, legislation efforts and organizational actions demonstrate ongoing challenges to parental authority, including, but not limited to:

- Rep. Sencer-Mura testified in the first hearing on February 12, 2025, that "they " are currently looking at making changes to current "opt out laws".
- SF2072 recently filed that would mandate weekly "wellness checks" for children enrolled in online schools. Parents feel this oversteps into the illegal search category, that even with no probable cause, they would be targeted simply for choosing online schooling.

- Changes to CPS definitions and ‘children in need of services’ laws last session, which now include children being denied medical gender services.
- The removal last year of the right to exemptions for daycare children.
- Bills introduced between 2019-2022 seeking to eliminate exemptions for all children.
- Prior legislation seeking to require doctors to sign off on conscientious (non-medical) exemptions.
- COVID-era mask and vaccine mandates affecting access to education, sports, disability services, and healthcare.
- Healthcare policies that lock parents out of medical decisions for their children starting at age 12, or even younger in some cases.

**22. Does this bill intersect with the PRO Act?**
The bill does not take a stance on abortion but affirms parents' rights to be involved in their children’s medical decisions.

**23. Does this bill intersect with gender services?**
This bill does not take a position on gender services but affirms parents’ rights to be involved in their children’s medical decisions.

**24. What is the broader significance of this bill?**
This bill seeks to safeguard children from discrimination, exploitation, and abuse they may not yet recognize, while reinforcing parents' fundamental role in making decisions about their well-being and education.

March 5, 2025

RE: HF 22

Dear Members of the Heath Finance and Policy Committee,

My name is Cristine Trooien, and I am the Executive Director of Minnesota Parents Alliance, a grassroots organization with a mission of educating and empowering Minnesota parents to be strong advocates for academic achievement, equality and parental rights.

Since our founding in 2022, parents across the state have reached out to our organization to share upsetting, frustrating and all too often tragic experiences of being kept in the dark regarding key information about their child's health, education and rights to privacy. These serious breaches of trust and safety have occurred as a result of staff and decision makers at their child's school exercising independent discretion over what can and must be shared with parents. Absent clear legislation on this topic, these occurrences are likely to continue.

As you can imagine, many of these stories are deeply personal, involve minor privacy concerns and sometimes extremely fragile dynamics. As such, parents and students with compelling testimony that underscores the need for HF 22 are unwilling or unable to disclose their names and details of their experience via public testimony. They are not activists. They are not lobbyists. They are not interested in making noise – or the news. They are victims of a lack of legislative clarity and they simply want their right to serve as the sole protector, advocate and decision maker for their minor child to be codified under Minnesota law.

Minnesota Parents Alliance takes the position that **unless a court of law determines that a parent is unfit and strips them of their rights, no adult should be permitted to weld arbitrary authority over what information and which decisions regarding a child's health, education or privacy their legal parent/guardian has access to**.

Unfortunately, not all employees of Minnesota's public schools agree and we have received numerous examples of the urgent need for legislative clarification on parental rights. One parent gave me permission to include their story anonymously in this testimony. She states:

*School staff socially transitioning our child--using a new name and pronouns--without telling us harmed her mental health. It fragmented her care, as only we knew her full history and could coordinate the support she needed, while the school could not. School staff making therapeutic decisions is dangerous; social transition is not neutral and can*

*escalate distress without proper professional oversight and parental support. For our daughter, it created a double life, worsened her anxiety and identity conflict, and caused issues within our family--creating distrust and making us out to be a threat to her, which was unfair and baseless. Collaboration with school staff, not secrecy or outright resistance from them, could have helped our daughter.*

In that particular case, the child was lured away from her family and her parents do not know her current state or whereabouts.

As the Health Finance and Policy committee, you should be aware of the blurring of lines that is increasingly common between public education and mental and physical health care. In fact, just this morning the Senate Education Finance Committee is discussing a bill that seeks to exponentially expand the “full-service community school” model, appropriating an additional $20MM per year toward programing that includes providing mental and physical health care at school. You may hear from other testifiers about the fact that parents are currently excluded from their child’s health care records and patient-physician conversations at 13 – which is absurd - but even more upsetting when you consider that fact against the backdrop of this rapid increase of school-based health clinics across Minnesota.

HF 22 establishes a foundational understanding, guiding principles and guardrails for policy makers as they navigate decisions about how or whether these types of initiatives move forward. Absent safeguards like those in HF 22, parents are rightfully terrified of “full-service community schools” and similar initiatives that invite conflict, data privacy violations, and conflation of roles by well-intentioned but misguided staff. Many parents will not hesitate to remove their children from any environment that is rich in opportunities for overstepping and flagrant violations of parental rights to occur. And as most public school districts in Minesota are already struggling with declining enrollment, HF 22 offers much needed peace of mind to parents.

Finally, I invite you to take notice that the individuals and organizations who are aggressively advocating for “full-service” models that insert public mental and physical health care within the K-12 system are the same parties who are vocally opposed to HF 22. I urge you to give serious consideration as to why this is the case. I assure you, parents have taken notice of this correlation and are reaching their own conclusions.

I hope this committee will not be the obstacle to affording Minnesota parents the simple, reasonable protections that HF 22 is offering.

Thank you for your commitment and service,

Sincerely,

Cristine Trooien

**WRITTEN TESTIMONY FOR THE RECORD | HF22 | PARENTS' BILL OF RIGHTS**

MINNESOTA HOUSE OF REPRESENTATIVES | HEALTH FINANCE & POLICY COMMITTEE
WEDNESDAY, MARCH 5, 2025, 1:00 PM

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Minnesotans for Health & Parental Rights has been a trusted community for over a decade, bringing together families, healthcare practitioners, legal professionals, educators, childcare providers, and business owners. What began as a grassroots support group grew into a broader movement as we encountered more families facing unexpected challenges.

As these needs grew, so did our mission. We began collaborating with like-minded organizations, including The Parental Rights Foundation, a national nonprofit dedicated to protecting parental rights. We both work to equip parents with the knowledge and connections they need to make informed decisions for their children. Whether it's providing resources for families navigating educational or healthcare decisions, helping them advocate in accessing services for disabled loved ones, supporting healthcare professionals and educators, or fostering open discussions, our goal remains the same: to strengthen communities by ensuring families have access to the information and support they need.

For generations, parental rights were considered a given—a fundamental principle guiding families and society. It was widely understood that parents are the most invested, best equipped, and most reasonable individuals to make decisions for their minor children, raising them according to their values and cultural traditions. This principle shaped legal and societal norms for centuries. However, in 2000, the Supreme Court's split decision in Troxel v. Granville opened the door for individual judges and states to apply their own interpretations of parental rights. This has led to inconsistency, confusion, and a lack of stability for families seeking to fulfill their role as the primary decision-makers in their children's lives. Our testimony today reflects the experiences of countless parents and professionals who have turned to us for help navigating these challenges. Many were invited to testify in person, but most were either unable to attend on short notice or too fearful of the potential consequences of sharing their stories publicly. In today's volatile political climate, families worry about being singled out or made an example of as states and the federal government begin to clash over authority in these matters. We appreciate the opportunity to share their voices and underscore the importance of strong families as the foundation of strong communities.

**Real-World Experiences from Families Underscoring the Need for a Parents' Bill of Rights**

**Parental Access to Medical Records & Treatment Decisions**

- Parents of a 12-year-old with profound autism have been denied access to their child's medical records due to company privacy policies, delaying necessary care for chronic conditions.
- Parents of an 8-year-old diagnosed with PANDAS (Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections) were similarly locked out of their child's medical records.
- Hundreds of families across Minnesota—including those using Fairview, Health Partners, Mayo, CentraCare, Gillette, Allina, Essentia, and Children's hospitals and clinics—have reported similar experiences.
- Parents have been forced out of exam rooms while their preteen or teenage children receive medical care, despite their objections.
- A local hospital refused to inform a single mother about her 14-year-old's treatment plan because the child did not want her involved—despite the fact that the child was hospitalized for refusing to take prescribed medications in the first place.

**Threats & Consequences for Seeking Alternative or Informed Care**

- A South Metro family was subjected to a CPS investigation after taking their child to a chiropractor for complementary therapy to relieve pain from a medical condition. Despite chiropractic care being used alongside standard treatment, CPS continues to monitor the family.
- A local hospital refused to approve parent's requests to a transfer of care to another local hospital to obtain a second opinion on a condition (Mast Cell Activation Syndrome) because the doctor "did not believe in" it. The other local hospital had a specialist in the condition on staff willing to take direct responsibility for the transfer. The initial hospital threatened CPS if the parent's pursued it, so they were forced to stay and accept treatments that were not suited to the condition. The child was diagnosed with the condition by specialists post discharge.
- Numerous families have been denied organ transplants for refusing COVID-19, flu, or other vaccines.
- Several families were threatened with CPS intervention for declining the Hepatitis B vaccine at birth—despite the fact that Hepatitis B is primarily transmitted through sexual contact or shared needles.
- Pregnant mothers have reported experiencing harassment at OBGYN offices for declining flu, Tdap, and COVID vaccines during pregnancy. Some were repeatedly pressured with statements like, "if you get covid while pregnant it increases your risk for stillbirth" and "Just know, every time you come in here I'm going to bug you about it." While others were outright denied prenatal care.

- A family reported having a child with a rare autoimmune condition with few provider options. During Covid, the child was denied medical care by his specialist for not taking the covid vaccine- that wasn't even yet approved for his age bracket.
- Hundreds of families have been denied medical care at various clinics due to their personal medical decisions.
- Families have reported losing health insurance coverage for their trusted family practice clinics—not due to complaints or violations, but because the insurance company disapproved of the clinic's stance on respecting parental rights.

**Education & Parental Rights in Schools**

- School districts have attempted to deny parents access to curriculum and have refused requests to opt their children out of content that does not align with their culture, faith or belief system.
- Schools have administered controversial surveys to students, even after parents explicitly opted out.
- A family with a special needs child was pressured and bullied by their public school when they decided to homeschool.

**Parental Exclusion from Their Children's Mental Health & Well-being**

- A Minneapolis couple was denied the right to participate in family therapy with their 16-year-old. The clinic cited privacy concerns, even though the child had not requested confidentiality.
- Parents of a teenager struggling with anxiety, OCD, and focus issues were told their child had to personally consent to a neuropsychological evaluation before they could proceed.
- A psychologist denied parents access to information about what medications and dosages were prescribed to their teenager experiencing suicidal ideations.

A Parents' Bill of Rights would provide critical protection for families, ensuring their ability to make informed decisions without fear of government overreach or medical coercion.

We have also received feedback from both education and healthcare professionals who have expressed significant concerns about the growing challenges they face in balancing institutional policies with the rights of parents and families. Below are some of the key issues they have raised:

**Concerns from Healthcare Professionals**

- **Unprofessional Conduct and Violations of Medical Ethics**: Providers report seeing an increase in unprofessional conduct by institutions, often in violation of American Medical Association (AMA) standards, leading to decreased trust in healthcare systems.

- **Lack of Accountability:** The Minnesota Medical Board's failure to enforce compliance with AMA standards has contributed to a loss of confidence among patients and healthcare professionals.
- **Limited Access to Care:** Families are increasingly avoiding certain hospitals due to concerns over institutional policies that do not align with patients' rights or medical ethics. They are also being denied care from numerous clinics and losing access to essential services.
- **Non-traditional Healthcare:** Many families are turning to alternative care paths because they feel their rights to informed consent and medical decision-making are being disregarded.
- **Undue Pressure on Parents**: Providers have observed cases where parental consent is bypassed or ignored in favor of institutional mandates, reducing parents' ability to make informed decisions about their children's health.

A Parents' Bill of Rights would provide clearer boundaries for healthcare professionals, ensuring that parents have the autonomy to make informed decisions without fear of overreach or discrimination.

**Concerns from Educational Professionals**

- **Withholding Information from Parents:** Teachers report being instructed not to disclose certain discussions, lessons, or services provided to students, particularly on sensitive topics.
- **Limited Parental Involvement:** Schools require student consent—not parental—for mental health services, assessments, and disciplinary actions, excluding parents from key decisions.
- **Confusing Opt-Out Policies:** Inconsistent guidelines create frustration for both educators and parents trying to navigate curriculum exemptions and school surveys.
- **Overreaching Government Mandates:** Educators feel state and federal directives often override parental input, prioritizing compliance over student needs.
- **Parental Exclusion in Discipline:** Schools enforce suspensions and behavioral interventions without sufficient parental involvement, leaving educators in a difficult position.
- **Special Education Barriers:** Bureaucratic obstacles make it harder for parents to advocate for IEPs and accommodations, restricting collaboration between educators and families.

A Parents' Bill of Rights would provide clear guidelines to support educators in working transparently with families, ensuring parents remain actively involved in their children's education.

In conclusion, the experiences shared here highlight the urgent need for a Parents' Bill of Rights to provide clear, consistent protection for parents and families across Minnesota. As we've seen, the lack of this in current statutes leaves families vulnerable to confusion, discrimination, and unnecessary interventions by institutions. By ensuring that parental rights are firmly established and respected, we can foster stronger communities where families have the support and autonomy to make the best decisions for their children. A Parents' Bill of Rights will not only safeguard the role of parents but also help educators, healthcare providers, and other professionals navigate their responsibilities with confidence, ultimately benefiting everyone in Minnesota. Thank you for the opportunity to share these concerns and continue the conversation for a stronger, more supportive framework for families across our state.

Sincerely,

Minnesotans for Health & Parental Rights

ParentalRights.org | MN

To the Chair and Members of the Committee,

We are writing today in support of a Parents' Bill of Rights to address healthcare policies that unnecessarily obstruct parental access to their children's medical records.

HIPAA and Minnesota law state that parents have access to their child's medical records, except in very specific circumstances and where a minor requests privacy and assumes financial responsibility for their care. Yet, across Minnesota, healthcare systems have implemented blanket policies that automatically lock all minor health records at age 12 or 13—regardless of whether the child has requested it and even for conditions not covered under minor consent laws. To regain access, parents must obtain the child's written consent, regardless of the child's ability to provide it.

For our family, this policy led to a two-year delay in critical aspects of our daughter's care. She is severely disabled, a fact recognized by both state and federal governments. Her most recent cognitive assessments place her ability at that of a 24-month-old—she cannot read, write, comprehend, or answer medical questions. Yet, at age 12, we were suddenly locked out of her medical records. We were denied access to her genetic test results, her X-rays for hip dysplasia, and her hospital portal when she was inpatient—resulting in missed tests, uncoordinated care, and extra visits. For a child with limited understanding and extreme sensory aversions, additional procedures and blood draws are a traumatic ordeal that could have been avoided if we had been allowed to advocate for her in real time.

For two years, we relied solely on what providers within these systems chose to share, while providers outside these systems—who recognized the flaws in these policies—tried to help fill in the gaps. But anyone managing complex medical needs knows how vital it is to personally review records firsthand—to ensure no results are overlooked, to research potential options, and to catch errors that might otherwise go unnoticed. Every attempt to reason with the system was met with a stale mate. Despite her inability to consent, no one wanted to be the person to restore our access.

Only after two years of unnecessary stress, extra work, and delays were we finally granted a proxy account—at just one of the five healthcare systems where she sees specialists. Even then, access was only restored after a doctor, who had just met her that day, "certified" her disability. This was not a legal requirement; it was a healthcare policy that obstructed timely access to critical information. Now, as we sift through years of records, we face more months of waiting for new genetic tests—tests that might have provided answers sooner had we simply been given the access we were entitled to all along.

While our daughter's case highlights the severe consequences of these policies, the reality is that all children are vulnerable in medical settings. They rely on their parents to research treatment options, advocate for the best care, and intervene when something isn't right. Parents cannot fulfill this responsibility if they are locked out of their child's healthcare.

The Parents' Bill of Rights would ensure that parents have the access they need, preventing unnecessary barriers that delay care and create undue hardship. Medical providers must follow the law and prioritize children's well-being over administrative policies that serve no legal or ethical purpose.

We urge you to support the Parents' Bill of Rights to protect children, respect parental rights, and restore common sense in healthcare.

Thank you for your time and consideration.

**Sincerely,**
The Gallagher Family

Hello, my name is Linda Hunsberger. My husband and I are parents of a trans identified child. I have been coming alongside parents here in MN and throughout the US since 2014. Sadly, parents remain underground for fear of the consequences of speaking out - fear of losing employment and fear of losing their loved ones. Today I would like to take this opportunity to "come out" and speak on their behalf.

Many parents do not see their child's "Trans" identity coming as this is often a radical departure. I believe it's vital that schools bring parents into the conversation.

Children are often influenced online by individuals convincing them that their distress is not contributed to puberty, Autism, OCD, ADHD, or trauma but that they are "trapped in the wrong body." They are often coached to hide this identity from their parents if there is any indication a parent would question this identity.

It is now widely known that children are being preyed on by influencers through social media and video games. And in many cases friends encourage them to question their gender.

It is vital for parents to be part of the conversation if their child is being socially transitioned at school. A social transition very often leads to medicalization. One mom here in MN told me that she discovered her son was ordering and taking cross sex hormones for over a year while his school was secretly transitioning him.

We parents agonize over the damaging effects of the wrong sex hormones on our children's otherwise healthy bodies. We weep with every new announcement of a daughter having her healthy breasts removed. We grieve together as we watch these children lose function in life not only due to medicalization but because the root causes of distress were never addressed.

Parents need the time my husband and I did not have. Upon coming out, our son asked us to help with a medical transition. He had been convinced online and with the help of a counselor that he was "not autistic but trans." We asked for more time to gain a better understanding. It wasn't enough time. Shortly after coming out, he suddenly disappeared. We have not seen him since.

Schools are not "outing" the child as one would with a person who identifies as Gay. You are alerting parents that their vulnerable child is taking part in a powerful social intervention and that they are at great risk.

On behalf of parents who have experienced the devastating consequences of being left in the dark, we ask that you give parents time to come alongside their loved ones before more harm is done. Or, as in our case, before a predator provides a "safe" place leaving him so radicalized and trauma bonded that they are no longer recognizable.

March 5, 2025

Representative Jeff Backer
Chair, Health Finance and Policy Committee
Re: HF 22 – Parents Bill of Rights

Mr. Chair and members of the Committee,

Thank you for the opportunity to provide testimony on HF 22. I am a Professor of Law at Mitchell Hamline School of Law. I am opposed to this bill because substantial evidence shows it would be detrimental for some minors' health and safety.

Legislation concerning minors often prioritizes the minors' best interests. This makes sense, as most people want children to grow up to be healthy, happy, well-educated, and otherwise well-situated to become self-directed and valued members of society.

HF 22 takes a different tack. It hearkens back to a time when the law treated children not strictly as their father's property, but akin to property in some respects. As Professor Woodhouse observed, the notion corresponds with "a common justification offered by parents who physically or sexually abuse their children—the child is mine and it is nobody's business what I do with it. That we tacitly accept this proposition as true goes far toward explaining society's reluctance to intervene in the family."[1]

Most parents love their children and want only the best for them. Teenagers need safe and supportive environments in which they can get information and guidance. Parents should do their part to create that safe and supportive space. However, we know that does not always happen.

Substantial evidence shows that teenagers are more likely to get sexual, mental health, and addiction counseling and health care services when they can provide their own consent and be sure that their information will remain private.[2] We should encourage this. Fortunately, Minnesota law already does in many important respects. Minnesota should not backtrack from this.

[1] Barbara Bennett Woodhouse, *Who Owns the Child?:* Meyer *and* Pierce *and the Child as Property*, 33 WM. & MARY L. REV. 995, 1044-45 (1992) (internal citations omitted).

[2] See Marianne Sharko et al, *State-by-State Variability in Adolescent Privacy Laws*, 149 PEDIATRICS e2021053458 (2022), https://doi.org/10.1542/peds.2021-053458 (citing CA Ford et al., *Influence of Physician Confidentiality Assurances on Adolescents' Willingness to Disclose Information and Seek Future Health Care: A Randomized Controlled Trial*, 278 JAMA 1029 (1997); Kenneth Ginsburg et al., *Adolescents' Perceptions of Factors Affecting Their Decisions to Seek Health Care*, 273 JAMA 1913 (1995); Rachel K. Jones et al., *Adolescents' Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception*, 293 JAMA 340 (2005); Claire Lindberg et al., *Barriers to Sexual and Reproductive Health Care: Urban Male Adolescents Speak Out*, 29 ISSUES IN COMPREHENSIVE PEDIATRIC NURSING 73 (2006), Christine Lothen-Kline et al., *Truth And Consequences: Ethics, Confidentiality, and Disclosure in Adolescent Longitudinal Prevention*

Making it illegal for minors to seek health care for these conditions neither creates a more trusting relationship with parents nor stops teenagers from sexual and other behaviors. Only parents can create and nurture such relationships with their children, not the Legislature. HF 22 will do nothing to facilitate such relationships. The Committee should not advance this bill.

Sincerely,

Laura Hermer
Professor of Law
Mitchell Hamline School of Law
laura.hermer@mitchellhamline.edu

*Research*, 33 J. ADOLESCENT HEALTH 285 (2003); Diane M. Reddy et al., *Effect of Mandatory Parental Notification on Adolescent Girls' Use of Sexual Health Care Services*, 288 JAMA 710 (2002); TL Cheng et al., *Confidentiality in Health Care. A Survey of Knowledge, Perceptions, and Attitudes Among High School Students*, 269 JAMA 404 (1993); Jocelyn A. Lehrer et al., *Forgone Health Care Among U.S. Adolescents: Associations Between Risk Characteristics and Confidentiality Concern*, 40 J. ADOLESCENT HEALTH 218 (2007)).

**Minnesota Chapter**

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**Minnesota Chapter of the American Academy of Pediatrics**
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March 4, 2025

Health Finance and Policy Committee
Minnesota State Capitol
75 Rev Dr Martin Luther King Jr Boulevard.
St Paul, MN 55155

Members of the Health Finance and Policy Committee,

On behalf of the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) and the over 1,000 pediatricians in the state of Minnesota, I am writing to oppose HF 22, and express concerns over the proposed language, which centers around the following two themes:

1. The language does not prioritize the physical or mental health of children and does not require intervention or treatment if there is a physical or mental health concern.
2. The expertise, discretion, and judgment of the healthcare provider in decisions related to the health, safety, and well-being of the minor child must also be taken into consideration.

Current state laws in Minnesota allow young people under 18 years of age to consent to certain types of health care services without parent or guardian permission. These laws help young people seek confidential health care for sensitive issues such as pregnancy or pregnancy prevention, sexually transmitted infections, mental health care, and substance use. They also provide confidentiality for those services. Minor consent and confidentiality laws promote positive health outcomes and behaviors for young people seeking necessary care**.** We are concerned that HF 22 does not consider how current state privacy laws will affect what is being proposed.

In addition, HF 22 allows parents to "have informed consent in making health care decisions for the minor child including the choice of health care team and the right to accept or decline biological, pharmaceutical, and supplemental interventions in coordination with the selected health care team." Including the language, "choice of health care team" needs clarification. If a minor child is hospitalized, whether for disease management or emergency treatment, a parent is not able to decide who the healthcare team will be that will oversee their minor child's care. That decision is left to the discretion of the clinic or healthcare system, and is often dependent on scope of expertise, healthcare provider availability, etc. Also, the "right to accept or decline interventions" is concerning. There needs to be language that allows the state or applicable entity to intervene in order to protect the child. For example, if refusing/declining care endangers the minor child's life.

Furthermore, HF 22 includes language that would allow parents to "access and review all medical records and physical samples of the minor child." Parents and guardians have access to their minor children's health records, unless the minor legally consents to services as authorized in the Consent of Minors for Health Services statutes (Minn. Stat. §§ 144.341 to 144.347). In those cases, parents or guardians do not have access to the minor's health records without the minor's authorization (Minn. Stat. § 144.291, subd. 2, para. (g)). However, a health professional may inform a minor's parent or guardian of treatment if, in the professional's judgement, failure to inform the parent or guardian would seriously jeopardize the minor's health (Minn. Stat. § 144.346). Therefore, we

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want to reiterate our concern about how current state privacy laws will affect what is being proposed. A similar argument could be made regarding access and review of physical samples if the sample was gathered for a healthcare service that the minor child is legally allowed to consent to under Minnesota law.

Finally, HF 22 includes language that would provide parents the right to, "consent in writing before any physical or mental health examinations take place…; and before any pharmaceutical, surgical, or therapeutic interventions take place…" This section includes necessary language surrounding emergency care, but language is also needed where the discretion, expertise, and judgement of the healthcare provider is also taken into consideration. For example, if the physician or other healthcare provider taking care of the patient deems the need for a physical or mental health examination/or any pharmaceutical, surgical, or therapeutic intervention in the best interest of the minor child.

Thank you for the opportunity to express our concerns over HF 22.

Sincerely,

Katie Smentek, MD, FAAP
President, Minnesota Chapter American Academy of Pediatrics

# HENNEPIN COUNTY
## BOARD OF COMMISSIONERS

March 3, 2025

Chair Backer
House Health Finance and Policy
2nd Floor Centennial Office Building
St. Paul, MN 55155

Dear Chair Backer and Members of the House Health Finance and Policy Committee:

We write to share serious concerns about HF 22 (the Parent's Bill of Rights). While we share the belief that parents should have appropriate decision-making over their children's lives, the bill as written is overly broad and vague, creating potential confusion and litigation for counties that are providing appropriate and needed services to children and families.

HF 22 would create a new, unclear standard that could impact a wide range of areas where counties interact with children and families. The bill states that the state or "***any other governmental entity or institution*** *shall not infringe on the* ***fundamental rights of a parent to direct the upbringing, well-being, education, and physical and mental health care*** *of the parent's minor child without demonstrating that the potential infringement of parental rights is reasonable and necessary to achieve a compelling state interest, and that the potential infringement of parental rights is narrowly tailored and is not otherwise served by a less restrictive means.*"

Our questions about the current bill language include the following:

- HF 22 would amend 260C, which are the juvenile protection provisions of the Juvenile Court Act. Would these expanded parental rights apply only to the provisions of Section 260C?

- Section 260C states that the "paramount consideration in all juvenile protection proceedings is the health, safety, and best interests of the child." How would this bill impact this primary purpose of the juvenile protection provisions in law?

- How would the parental right provisions of this bill change current county processes for a child who is eligible for protective services?

- What are some examples of a situation that would qualify as a “compelling state interest” under the bill? For example, what levels of child neglect or abuse would qualify as a “compelling state interest” in which intervention by a governmental entity is protected?

- What happens when two parents have different opinions related to the best interest of the child in situations of child protection, health care decision making or other areas addressed by the bill?

The broad and vague standard established in HF 22 could significantly interfere with our statutory obligation to meet the needs of both children and parents. We would urge committee members to oppose this legislation given its potential to undermine important protections and services for children and families in our state.

Sincerely,

Irene Fernando

**Irene Fernando, Chair**
**Hennepin County Board of Commissioners**
300 South Sixth Street, Minneapolis, MN 55487-0040
hennepinD2.com | hennepin.us

DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

March 5, 2025

Representative Jeff Backer
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Dear Chair Backer and Members of the House Health Finance and Policy Committee:

I write today on behalf of the Minnesota Department of Health in opposition to House File 22. This bill conflicts with established Minnesota laws that allow minors to consent to critical healthcare services, including mental health care, substance use treatment, select immunizations, and emergency treatment. Removing legal protections that allow minors in vulnerable situations to access care puts children and young adults at risk and conflicts with current public health and best practices.

This bill creates confusion among providers whose medical oaths and training require that they provide care in accord with Best Practices. Best Practices require adolescent confidentiality to enable youth to feel comfortable discussing sensitive health issues with their providers. As a result of this bill, teen and school-based health clinics would reduce services such as mental health counseling for those 16 and older, substance use counseling and referrals for treatment, and STI testing and treatment. This could also prevent young people from seeking and receiving timely health care.

When minors don't have confidentiality protections while speaking with providers, like a school nurse, it can lead to delayed or denied access to care during crisis. It can also lead to a minor not being fully honest with their providers for fear of a parent's reaction. This is especially important when minors are experiencing abuse or neglect, have questions about their sexual or reproductive health, mental health, or substance use.

Research on adolescent consent and confidentiality show that these practices protect the health of the young person, promote positive health behaviors and outcomes, avoid negative health outcomes, encourage young people to seek needed care, and increase communication with health care providers – all of which protects our public health.

When minors can't act on their own behalf, they have decreased engagement with health care which can lead to increased health problems including mental health concerns and missed time in school. This is especially important for youth that face barriers to care for sensitive health issues such as struggles with eating disorders, mental health, and safe and healthy relationships.

I appreciate this opportunity to share our concerns with House File 22. Please do not hesitate to reach out with questions or for further discussion.

Sincerely,

Wendy Underwood, Deputy Commissioner
Minnesota Department of Health