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30 Association Drive, Box 190
Manchester, ME 04351
office: 207-480-4185

www.maineaap.org

Testimony against LD 1800 --
Sydney R. Sewall, MD MPH Hallowell

Sen. Rafferty, Rep. Brennan and member of the Education and Cultural Affairs
Committee --

I am writing as a representative of the Maine Chapter of the American Academy of Pediatrics, an organization of over 300 health care practitioners distributed throughout the state who focus on the care of infants, children, teens and young adults. I am NOT a specialist in adolescent medicine, but have 40 years experience dealing with teens in the Central Maine area.

While the bulk of this bill focuses on parental assent to educational curricula, it also eliminates any confidentiality provided to teens in school health and counseling settings. As a consequence, it is unlikely that a teen who is hiding his or her struggles with substance use, mental health, or sexuality issues will seek help.

The majority of pathology confronting teens today relates to social pathology – toxic stress, emotional disorders, risky behaviors – often in combination. Some teens live in supportive families that encourage disclosure -- and have parents that can empathize with their issues, even if their behaviors clash with parental expectations. When we adults look back on our teen years, how many of us can say this was true for us? How common is this today?

The American Academy of Pediatrics believes that confidentiality is an essential component of adolescent health care – especially concerning sexuality, substance use, and unmet mental health needs. Research supports the conclusion that without the provision of confidential health care, teens will not seek out appropriate care despite being sexually active, may not get treated for STD's, & will not disclose substance use. (J Adolesc Hlth 2018;62: 36-43)

While school nurses and counselors are much more comfortable when they can involve parents in all aspects of their child's care, we do not live in a perfect world. Up to this point, Maine law has supported the principle that providers should maintain confidentiality at the teen's request, UNLESS the patient is at risk of harming his/herself or someone else.

Even with this backdrop, obtaining sensitive information from teen patients and initiating appropriate interventions is a challenge. With the passage of LD 1800 it would be close to impossible in the school setting, with unfortunate consequences to adolescent health.

The other portions of this proposed bill, and the content of the associated proposals being heard this session (LD 1518, 1129, 1199, 1589, 1643) do not relate directly to health issues, but insert a great deal of state interference over educational decisions. The implication is that local administrators, librarians, and teachers can't be trusted to challenge kids with new ideas, and should avoid any controversial areas.

Teachers in public schools are already stressed, overworked and underpaid. These bills would create an atmosphere of disrespect that, unfortunately, could lead to a mass exodus of the brightest from the profession and degrade the quality of public education.

The Maine Chapter of the American Academy of Pediatrics opposes LD 1800 due to its effect on patient confidentiality. We also fear that the other bills being presented might have non-medical consequences that would negatively impact the quality of life of our patients who attend public school.

A handwritten signature in black ink, appearing to read 'Sydney R. Sewall', with a long, sweeping horizontal line extending to the right.

Sydney R. Sewall, MD MPH
Instructor of Pediatrics – Maine-Dartmouth Family Medicine Residency