Dear Governor Baker,

I urge you to veto lines 959 through 972 (Amendment 263) to H5050, the act making appropriations for the fiscal year 2023.

Lines 959 through 972 concerns access to HIV prevention treatment for minors but goes much farther by making sweeping, risky changes to Chapter 112 Section 12F of the General Laws, a law originally intended to provide liability immunity for *emergency* treatment of minors. [i]

Lines 959 through 972 does the following:

1. By using vague terminology, the amendment expands minor consent far beyond HIV prevention. Lines 965-967 specify that minors may consent to prevention of illnesses they are "at risk of exposure to" and would include over 70 diseases that are relevant to public health. This language expands minor consent far beyond HIV prevention.[ii]
    a. At "risk of exposure to" is exceedingly broad. Anyone may be "at risk of exposure to" virtually any disease at any time and such language should not be used to define parameters for minor consent.
    b. There are absolutely no restrictions on age or intellectual capacity to consent.
    c. Records related to medical care would be hidden from parents.
    d. Parental consent for medical treatment is a fundamental safeguard in the medical system and especially crucial for children and young adults with intellectual or communication disabilities.
    e. The Supreme Court has unequivocally held parental decision-making constitutes a fundamental right. States may only intervene into parental medical decision-making in narrow contexts or where a child has a life-threatening illness or disabling condition. There is no authority to intervene when a child is healthy and safe. [iii]

2. Would expand legal immunity for failure to obtain parental consent to include any "health care provider", rather than only physicians, dentists, or hospitals as the law is now written.
    a. Without access to medical records or parental medical history, a hugely expanded group of medical providers can provide care for over 70+ diseases without parental knowledge or consent. This creates circumstances that are rife for error and abuse.

Legislators who desire access to HIV prevention for minors should craft specific legislation that includes parameters on age and intellectual capacity as well as guidelines for medical providers to review a child's medical history to prevent errors and adverse outcomes. Changes to 12F are inappropriate and dangerous.

The imprudence of lines 959-972 provides more than adequate justification for its removal from the 2023 budget. We urge you to veto lines 959-972. [iv]

[i] Chapter 112 Section 12F of the General Laws specifies that emergency treatment includes only those circumstances where delay in treatment would endanger "life, limb or mental well-being".

[ii] There are over 70 diseases or disease categories that are currently considered by the MA Department of Public Health would be covered under 12F as "dangerous to the public health". https://www.mass.gov/lists/infectious-disease-reporting-and-regulations-for-health-care-providers-and-laboratories

[iii] The Supreme Court held in *Pierce v. Society of Sisters* that parental decision-making constitutes a fundamental right. This right includes respecting parents' ability to make medical decisions to consent or forgo recommended medical interventions for children. See *Pierce v. Society of Sisters*, 268 U.S. 510, 534-35 (1925). See *Parham v. J.R.*, 442 U.S. 584, 602-603 (1979); *In Re LePage v. State*, 18 P.3d 1177, 1181 (Wyo. 2001).

[iv] Removal of lines 965 through 967, which contain the clause "at risk of exposure to", would improve the amendment by restricting it to HIV prevention but would not correct other important risks, including lack of age or intellectual capacity guidelines.