

Thank you for the opportunity to comment on the importance of SB240.

For ten years, I (Heather Ireland) have served as Executive Director of Anchorage School Based Health Centers, a division of Christian Health Associates. We are grateful for the volunteer services Senator Giessel has provided. She spoke eloquently and comprehensively about this bill.

As Sen Giessel said, we are a separate non-profit, operating medical clinics in middle and high schools, primarily in Northeast Anchorage. Parental consent is required for students to receive medical care from Advanced Nurse Practitioners and doctors in our clinics. Like medical providers in the community, we bill Medicaid, private insurance, Tricare, and can waive fees for low-income families.

I was thrilled to see that SB240 was amended to include a provision to allow 16 and 17 year-olds the ability to consent for behavioral health treatment. Our providers screen for many types of risk and we have seen increasing numbers of students who exhibit symptoms of depression, anxiety and other behavioral health challenges. Schools often concur with our initial assessment and more often than not, students are willing to pursue behavioral health treatment. Sadly, parental consent is a huge barrier for students to access the care they desperately need. My observations have been that adults are reluctant to give permission because of the stigma associated with mental illness (which the younger generation has moved past). It can also be logistically challenging for adults to give consent – especially in a school setting where families are not present. And, finally, sometimes adults don't want their student discussing their personal life with a healthcare professional – despite how desperately they need treatment.

Years ago, I learned that Colorado lowered their age of consent to 12, previously it had been 14 or 16. It was like a lightning bolt: this is a way we can *actually* HELP kids! Youth can connect with a clinician who can assess their safety and broach the possibility of involving their adult in their treatment. Early access to care prevents issues from developing into crisis needing hospitalization or worse. In 2018, a study out of Minnesota, a school based mental health program reduced self-reported suicide by 15%. Please consider passing this bill as amended.

If the consent piece is removed, please pass the original bill. It is important for districts to be able to bill Medicaid for mandatory and optional services, regardless of a student's IEP status. The requirements to get an IEP are onerous and some students fall just below the threshold. In addition, the lengthy IEP certification process can delay the needed services. This bill addresses those concerns and should be passed.

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