

**TESTIMONY IN OPPOSITION OF HB 2793**

February 15, 2024

Chair Landwehr, Vice Chair Eplee, Ranking Member Ruiz, and Committee Members:

I am Dr. Dena Hubbard, the Public Policy Chair for the Kansas Chapter, American Academy of Pediatrics (KAAP) and a board-certified neonatologist. I appreciate the opportunity to address concerns related to HB 2793. KAAP strongly opposes this legislation, which seeks to prohibit healthcare providers from delivering services to minor patients (under 18) without parental consent.

The KAAP and the 400 pediatricians it represents share a fundamental goal that all infants, children, and adolescents in Kansas can grow safe and strong. This bill threatens their safety, health, and well-being by limiting timely access to emergency, acute, and preventive services.

Pediatricians value parental involvement as integral to healthcare for children. Recognizing parents as essential partners enhances the overall quality of care through open communication and shared decision-making. Seeking parental consent for care is our default. However, there are unique situations when obtaining parental consent, as mandated by this bill, could be problematic and potentially harmful, even deadly.

When a child is injured or has an acute illness, immediate medical interventions may be necessary. Imagine a scenario where a school bus was involved in a collision. Immediate medical attention was critical, and the children were transported to a nearby hospital. Also imagine the hospital staff being unable to reach the parents. With mandatory parental consent, this situation would lead to a delay in treatment, causing further harm to the child.

The assumption that parents always act in the child's best interest may not hold in every case. Some may be unwilling or unable to provide consent for their child's care, and the reasons behind this can be complex. Difficult circumstances like persistent conflicts, financial hardships, or domestic instability may lead to a parent's disengagement with medical decisions for their child. When there's estrangement between the child and the parent, the absence of a supportive relationship becomes a substantial obstacle to obtaining consent. Additionally,

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parental hesitation to provide consent may be influenced by deeply ingrained beliefs or cultural considerations.

Adolescents facing sensitive issues like substance use, sexually transmitted disease, or reproductive health may avoid seeking care if parental consent is required. Fear of judgment or repercussions may act as formidable barriers, resulting in avoidance or delay in seeking necessary medical attention. A teen who is struggling with illegal drug use may be hesitant to seek screening or treatment if they must get consent first. They may be concerned about disappointing or upsetting their parents, fear of punishment, loss of trust, or stigmatization at home. Yet, early intervention and timely access to care is crucial for addressing this issue effectively.

Requiring parental consent for a pregnant adolescent may hinder timely access to prenatal care, increasing risks of complications for both the mother and the baby. Delay or absence of care heightens the chance of undetected conditions like gestational diabetes, preeclampsia, or infections. Early and consistent prenatal care is vital for optimal fetal development and delays due to consent requirements may elevate the risk of preventable complications, potentially leading to severe consequences for maternal and infant health and survival.

For these reasons, we urge a no vote on SB 390.

I stand for questions at the appropriate time.

Dena K. Hubbard, MD, FAAP  
Public Committee Chair  
Kansas Chapter, American Academy of Pediatrics

