



Statutes and Bills Regarding Adolescents' Consent to Treatment.*						
State	Bill or Law (Citation)	Minimum Age	Consent to STI-Related Vaccines Only	Consent to Any Required Vaccines	Consent to Any ACIP-Recommended Vaccines	Consent to Any Health Care, Including Vaccination
New York	Bill (A06564)	14 yr		X		
District of Columbia	Bill (B23-0171)	None, as long as minor is capable of meeting informed-consent standards			X	
California	Law (CA Family Code 6926)	12 yr	X			
Delaware	Law (Del. Code Ann. tit. 13, § 710)	12 yr	X			
District of Columbia	Law (D.C. Mun. Regs. tit. 22, § 600.7)	None	X			
Minnesota	Law (Minn. Stat. § 144.3441)	None	X†			
New York	Law (NY Consol. Laws PBH § 2305, 10 NYCRR 23.4)	None	X			
Alaska	Law (AS 25.20.025)	None, when parent or guardian "is unwilling either to grant or withhold consent"				X
Idaho	Law (ID Code 39-4503)	None, as long as minor is capable of meeting informed-consent standards				X
Alabama	Law (AL Code 22-8-4)	14 yr				X
Oregon	Law (2017 ORS 109.640)	15 yr				X
South Carolina	Law (SC 63-5-340)	16 yr				X

\* Abortion-related care is not included under Alaska's law. Under South Carolina's law, no consent other than the minor's is needed unless providers believe proposed health services are "essential to the health or life of (the) child." ACIP denotes the Advisory Committee on Immunization Practices, and STI sexually transmitted infection.

† Hepatitis B only.

cents in cases in which failing to grant adolescents autonomy could foreseeably result in substantial risk to the minor or to public health. For instance, all states have laws permitting minors to make independent, confidential clinical decisions regarding certain sensitive or stigmatized health care services, such as those related to sexual health, reproduction, mental health, and substance use disorders. Roughly 20% of jurisdictions require adolescents to be at least 12 or 14 years of age to make such decisions; others don't designate a minimum age of con-

sent.<sup>3</sup> A court may also grant an older adolescent (typically 16 years or older) legal emancipation or deem the adolescent to be a "mature minor" who is able to make certain decisions independently.

Most states, however, don't authorize adolescents to independently consent to vaccination. Under consent-related rules for sensitive or stigmatized health care services, several jurisdictions, such as California and New York, allow adolescents to make decisions regarding prevention of sexually transmitted infections (STIs), which includes acceptance

of hepatitis B and HPV vaccines (see table).<sup>3</sup> Idaho allows adolescents to make independent medical decisions when a clinician believes the minor is capable of fulfilling informed-consent responsibilities. At least three other states permit adolescents to make a broad array of autonomous clinical decisions, including regarding vaccination (Alabama at 14 years of age, Oregon at 15, and South Carolina at 16). Alaska allows minors to make independent decisions when a parent "is unwilling either to grant or withhold consent."

Bills have been proposed in at least two jurisdictions in 2019 to grant adolescents independent authority to consent to vaccination. New York's bill would allow anyone 14 or older to consent to any vaccine required for school or day care entry (measles–mumps–rubella, diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, varicella, and meningitis vaccines). A bill in Washington, D.C., would permit any minor deemed by a clinician to be capable of meeting informed-consent standards for care to consent to any vaccine recommended by the Advisory Committee on Immunization Practices, which includes HPV and annual influenza vaccines along with those covered in New York's bill.

Granting adolescents the authority to agree to vaccination without parental permission would allow them to catch up on any missed childhood vaccines. Although not a panacea for all vaccine uptake and access problems, such laws could improve rates of vaccination against highly infectious diseases such as measles. They may be particularly relevant for vaccines recommended for adolescents owing to the lack of regular preventive care visits among this group.<sup>4</sup> Adolescents could receive vaccines in alternative settings, such as pharmacies, which may be more accessible than health care offices in rural areas, or school health clinics. Consent requirements can also be a barrier to vaccination in alternative settings, however. For instance, some state laws constrain pharmacists from vaccinating patients younger than 18, and some schools require consent from parents to vaccinate children.

If minors are authorized to

consent to vaccination, at what age should this right be granted? Although a broad guideline deferential to clinical judgment, as is outlined in the bill being considered in Washington, D.C., offers maximal flexibility, it also seems prudent to link consent to vaccination to a specific age at which minors are already granted decision-making authority. This cutoff could be as early as 12, in keeping with the age at which many states grant minors decision-making authority for STI-related services, or 14, as it is under Alabama's broader law on clinical decision making. Setting an explicit age would provide a more just and clear implementation standard for all adolescents and the clinicians treating them. On average, professionals responding to a recent survey reported that they were comfortable with patients at least 14 years of age consenting to vaccines recommended for adolescents, including vaccines against pertussis, meningitis, HPV, and influenza.<sup>5</sup>

Granting minors decision-making authority for vaccination also triggers reconsideration of the materials and associated communication needed to ensure that they can make informed decisions. Federal law requires that clinicians provide adult patients and children's parents or legal representatives with a Vaccine Information Sheet before vaccination. Since such materials are written at a 10th-grade reading level, they would most likely require revision if intended recipients were to include adolescents as young as 12 or 14 years of age.

Parental involvement in vaccination decisions remains important. Many vaccine-hesitant parents ultimately agree to vac-

ination. Yet adolescents need not be harmed by parental decisions that are based on misinformation or disinformation. Allowing adolescents to consent to vaccination despite persistent parental resistance facilitates access to a medically recommended and evidence-based treatment. It promotes the minor's health, poses minimal personal risk, and offers substantial prosocial benefits, including reinforcement of the norm of vaccination and enhancement of community protection against the spread of dangerous and costly yet preventable diseases. Given such benefits, we believe that states should enact laws that expand both access to vaccines and the rights of minors who are at least 12 to 14 years of age to consent to vaccination.

Disclosure forms provided by the authors are available at NEJM.org.

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