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3 Title: Address Adolescent Telehealth Confidentiality Concerns
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5 Introduced by: Mara Darian, for the Medical Student Section
6
7 Original Authors: Meredith Hengy, Aayush Mittal, and Samantha Rea
8
9 Referred To: Reference Committee A
10
11 House Action: **APPROVED AS AMENDED**
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13
14 Whereas, adolescents believe that all health care should be confidential and report it as one
15 of the most important aspects of their health care, yet many express concerns regarding privacy
16 and worry that their providers will tell parents about their conversations, and
17

18 Whereas, the Academy of Pediatrics recommends providing confidential and private health
19 care to adolescents by allowing sufficient opportunities for adolescents to discuss sensitive issues
20 with physicians without a parent present, and
21

22 Whereas, the COVID-19 pandemic has not affected adolescents' needs for confidential
23 services, and the early shift from in-person visits to telehealth visits demonstrated that 85 percent
24 of adolescent primary care visits occurred for sensitive issues including sexual and reproductive
25 health, eating disorders, and substance use, and
26

27 Whereas, recent studies report that only 38 percent of adolescents spent any time alone
28 with a provider within the last year, yet adolescents who experience portions of their visits
29 unaccompanied by a parent are more likely to discuss sensitive topics such as sexual and
30 reproductive health, and
31

32 Whereas, only 27 percent of adolescents reported that they had any alone time with their
33 provider during recent telehealth visits, potentially limiting access to confidential services, and
34

35 Whereas, a unique challenge of providing confidential care over telehealth includes finding
36 quiet and private spaces in adolescents' homes that are separate from other household members
37 to discuss sensitive topics without fear of the conversation being overheard, and
38

39 Whereas, the American Academy of Pediatrics, Pediatric Health Network, Michigan
40 Medicine, and other organizations have developed frameworks recommending that physicians
41 continue providing confidential and private care to adolescents through telehealth, and
42

43 Whereas, the organizations above provide recommendations unique to telehealth to ensure
44 private and confidential visits, including asking the parent to leave for part of the visit and gaining
45 parent buy-in regarding the importance of this privacy, and
46

47 Whereas, additional suggestions to provide confidential care to adolescents through
48 telehealth include asking the adolescent to move to a more private area of the home, providing
49 suggestions on unique areas that patients may go to ensure privacy, the use of headphones and

50 chat features, the use of yes or no answers, asking the adolescent for a 360 degree video view to
51 understand who is in the room, and having the parent and adolescent call from separate devices to
52 easily facilitate the transition to confidential discussions, and
53

54 Whereas, AMA Policies H-60.938 and H-60.965 recommend providing confidential care to
55 adolescent patients, but do not address the unique confidentiality concerns of adolescents and
56 their parents accessing telehealth, nor the challenges associated with finding private spaces in an
57 adolescents' home; therefore be it
58

59 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
60 our AMA to amend AMA policy H-60.965 by addition to read as follows:
61

62 Confidential Health Services for Adolescents H-60.965

63 Our AMA:

- 64 (1) reaffirms that confidential care for adolescents is critical to improving their health;
65 (2) encourages physicians to allow emancipated and mature minors to give informed
66 consent for medical, psychiatric, and surgical care without parental consent and notification,
67 in conformity with state and federal law;
68 (3) encourages physicians to involve parents in the medical care of the adolescent patient,
69 when it would be in the best interest of the adolescent. When, in the opinion of the
70 physician, parental involvement would not be beneficial, parental consent or notification
71 should not be a barrier to care;
72 (4) urges physicians to discuss their policies about confidentiality with parents and the
73 adolescent patient, as well as conditions under which confidentiality would be abrogated.
74 This discussion should include possible arrangements for the adolescent to have
75 independent access to health care (including financial arrangements);
76 (5) encourages physicians to offer adolescents an opportunity for examination and
77 counseling apart from parent. The same confidentiality will be preserved between the
78 adolescent patient and physician as between the parent (or responsible adult) and the
79 physician;
80 (6) encourages state and county medical societies to become aware of the nature and effect
81 of laws and regulations regarding confidential health services for adolescents in their
82 respective jurisdictions. State medical societies should provide this information to
83 physicians to clarify services that may be legally provided on a confidential basis;
84 (7) urges undergraduate and graduate medical education programs and continuing
85 education programs to inform physicians about issues surrounding minors' consent and
86 confidential care, including relevant law and implementation into practice;
87 (8) encourages health care payers to develop a method of listing of services which preserves
88 confidentiality for adolescents; and
89 (9) encourages medical societies to evaluate laws on consent and confidential care for
90 adolescents and to help eliminate laws which restrict the availability of confidential care;
91 and

92 **(10) encourages physicians to recognize the unique confidentiality concerns of**
93 **adolescents' and their parents associated with telehealth visits; and**

94 **(11) encourages physicians in a telehealth setting to offer a separate examination and**
95 **counseling apart from others and to ensure that the adolescent is in a private space.**
96
97

98 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS
99 or AMA policy - \$500

Relevant MSMS Policy:

None

Relevant AMA Policy:

See above.

Sources:

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