

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 1  
(A-19)

Introduced by: Ohio Young Physician Section

Subject: Model Legislation for "Mature Minor" Consent to Vaccinations

Referred to: AMA-YPS Reference Committee

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1 Whereas, According to the World Health Organization (WHO), vaccination is one of the most  
2 cost-effective ways of avoiding disease and currently prevents 2 to 3 million deaths yearly, and an  
3 additional 1.5 million deaths could be avoided if global vaccination coverage is improved; and  
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5 Whereas, The WHO named vaccine hesitancy, defined as the delay in acceptance or refusal of  
6 vaccines, as one of the biggest global health threats of 2019;<sup>1, 2</sup> and  
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8 Whereas, Vaccine hesitancy has been attributed to a thirty percent increase in measles cases  
9 globally;<sup>1, 2</sup> and  
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11 Whereas, In 2018, the United States saw the second-highest rate of measles cases since the  
12 disease was eliminated in 2000;<sup>3</sup> and  
13

14 Whereas, Vaccination laws, exemptions and enforcement vary by state, as well as clusters of  
15 unvaccinated populations, creating pockets of concentrated risk for serious communicable  
16 disease;<sup>4</sup> and  
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18 Whereas, There are 18 states (Alabama, Alaska, Arkansas, Delaware, Idaho, Illinois, Kansas,  
19 Louisiana, Maine, Massachusetts, Montana, Nevada, Oregon, Pennsylvania, South Carolina,  
20 Tennessee, Washington and West Virginia) that have made allowances for "mature minors"  
21 (someone who is old enough to understand and appreciate the consequences of a medical  
22 procedure, as determined by their physician) as young as 12 years old to independently consent  
23 to vaccinations without parental approval;<sup>5, 6, 7</sup> and  
24

25 Whereas, A majority of adolescent health professionals surveyed reported that they would  
26 support minors having the ability to consent for their own vaccines;<sup>8</sup> therefore be it  
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28 RESOLVED, That our AMA support physicians in assessing whether a minor has met maturity  
29 and capacity requirements when providing consent for vaccinations and in developing protocols  
30 for appropriate documentation by physicians (Directive to Take Action); and be it further  
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32 RESOLVED, That our AMA develop model legislation to aid states in developing their own  
33 policies to allow "mature minors" (defined as someone who is old enough to understand and  
34 appreciate the consequences of a medical procedure, as determined by their physician) to self-  
35 consent for vaccinations. (Directive to Take Action)  
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37 RESOLVED, That this resolution be immediately forwarded for consideration at the 2019 Annual  
38 Meeting of the AMA House of Delegates. (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000.

Received: 4/08/2019

## RELEVANT AMA POLICY

### 2.2.1 Pediatric Decision Making:

Unlike health care decisions for most adult patients, decisions for pediatric patients usually involve a three-way relationship among the minor patient, the patient's parents (or guardian), and the physician. Although children who are emancipated may consent to care on their own behalf, in general, children below the age of majority are not considered to have the capacity to make health care decisions on their own. Rather, parents or guardians are expected, and authorized, to provide or decline permission for treatment for minor patients. Nonetheless, respect and shared decision making remain important in the context of decisions for minors, and physicians have a responsibility to engage minor patients in making decisions about their own care to the greatest extent possible, including decisions about life-sustaining treatment. Decisions for pediatric patients should be based on the child's best interest, which is determined by weighing many factors, including effectiveness of appropriate medical therapies and the needs and interests of the patient and the family as the source of support and care for the patient. When there is legitimate inability to reach consensus about what is in the best interest of the child, the wishes of the parents/guardian should generally receive preference. For health care decisions involving minor patients, physicians should: (a) Involve all patients in decision making at a developmentally appropriate level. (b) Base recommendations for treatment on the likely benefit to the patient, taking into the effectiveness of treatment, risks of additional suffering with and without treatment, available alternatives, and overall prognosis. (c) For patients capable of assent, truthfully explain the medical condition, its clinical implications, and the treatment plan in a manner that takes into account the child's cognitive and emotional maturity and social circumstances for patients capable of assent. (d) Provide a supportive environment and encourage parents to discuss their child's health status with the patient. Offer to facilitate the parent-child conversation for reluctant parents. (e) Recognize that for certain medical conditions, such as those involving HIV/AIDS or inherited conditions, disclosing the child's health status may also reveal health information about biological relatives or disrupt existing presumptions about the child's relationships within the family. (f) Work with parents/guardians to simplify complex treatment regimens whenever possible and educate parents in ways to avoid behaviors that put the child or others at risk. (g) Ensure that when decisions involve life-sustaining interventions, patients have opportunity to be involved in keeping with their ability to understand decisions and their desire to participate. Physicians should ensure that the patient and parents/guardian understand the patient's diagnosis, both with and without treatment. Physicians should discuss with the patient and parents/guardian of initiating an intervention with the intention of evaluating its clinical effectiveness after a specified amount of time to determine if it has led to improvement. Confirm that if the intervention has not achieved agreed-on goals it may be withdrawn. (h) Respect the decisions of the patient and parents/guardian when it is not clear whether a specific intervention promotes the patient's best interests. (i) Seek consultation with an ethics committee or other institutional resource when: (i) there is a reversible life-threatening condition and the patient (if capable) or parents/guardian refuse treatment the physician believes is clearly in the patient's best interest; or (ii) there is disagreement about what the patient's best interests are. Physicians should turn to the courts to resolve disagreements only as a last resort. (j) Provide compassionate and humane care to all pediatric patients, including patients who forgo or discontinue life-sustaining interventions.

### Distribution and Administration of Vaccines H-440.877

1. It is optimal for patients to receive vaccinations in their medical home to ensure coordination of care. This is particularly true for pediatric patients and for adult patients with chronic disease and co-morbidities. If a vaccine is administered outside the medical home, all pertinent vaccine-related information should be transmitted back to the patient's primary care physician and entered into an immunization registry when one exists to provide a complete vaccination record. 2. All physicians and other qualified health care providers who administer vaccines should have fair and equitable access to all ACIP recommended vaccines. However, when there is a vaccine shortage, those physicians and other health care providers immunizing patients who are prioritized to receive the vaccine based upon medical risks/needs according to ACIP

recommendations must be ensured timely access to adequate vaccine supply. 3. Physicians and other qualified health care providers should: (a) incorporate immunization needs into clinical encounters, as appropriate; (b) strongly recommend needed vaccines to their patients in accordance with ACIP recommendations and consistent with professional guidelines; (c) either administer vaccines directly or refer patients to another qualified health care provider who can administer vaccines safely and effectively, in accordance with ACIP recommendations and professional guidelines and consistent with state laws; (d) ensure that vaccination administration is documented in the patient medical record and an immunization registry when one exists; and (e) maintain professional competencies in immunization practices, as appropriate. 4. All vaccines should be administered by a licensed physician, or by a qualified health care provider pursuant to a prescription, order, or protocol agreement from a physician licensed to practice medicine in the state where the vaccine is to be administered or in a manner otherwise consistent with state law. 5. Patients should be provided with documentation of all vaccinations for inclusion in their medical record, particularly when the vaccination is provided by someone other than the patient's primary care physician. 6. Physicians and other qualified health care providers who administer vaccines should seek to use integrated and interoperable systems, including electronic health records and immunization registries, to facilitate access to accurate and complete immunization data and to improve information-sharing among all vaccine providers. 7. Vaccine manufacturers, medical specialty societies, electronic medical record vendors, and immunization information systems should apply uniform bar-coding on vaccines based on standards promulgated by the medical community. 8. Our AMA encourages vaccine manufacturers to make small quantities of vaccines available for purchase by physician practices without financial penalty.

References:

1. Ten threats to global health in 2019. Available at <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>. Accessed April 2019.
2. Anti-Vax Movement Listed by World Health Organization as One of the Top 10 Health Threats for 2019. Available at <https://www.newsweek.com/world-health-organization-who-un-global-health-air-pollution-anti-vaxxers-1292493>. Accessed April 2019.
3. Measles Cases and Outbreaks. Available at <https://www.cdc.gov/measles/cases-outbreaks.html>. Accessed April 2019.
4. State Vaccination Requirements. Available at <https://www.cdc.gov/vaccines/imz-managers/laws/state-reqs.html>. Accessed April 2019.
5. Can teenagers get vaccinated without their parents' permission? Available at <https://www.newscientist.com/article/2193937-can-teenagers-get-vaccinated-without-their-parents-permission/>. Accessed April 2019.
6. Can Minors Get Vaccinated Without Parental Consent? Available at <https://www.ibtimes.com/can-minors-get-vaccinated-without-parental-consent-2763119>. Accessed April 2019.
7. Measles Outbreak: Children of Anti-Vaxxers Are Asking How to Get Vaccinated Without Their Parents Knowing. Available at <https://www.newsweek.com/measles-outbreak-children-anti-vaxxers-asking-how-get-vaccinated-without-1314428>. Accessed April 2019.
8. Minor Consent and Delivery of Adolescent Vaccines. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916962/>. Accessed April 2019.