



**Colorado  
Legislative  
Council  
Staff**

**HB17-1320**

**FINAL  
FISCAL NOTE**

**FISCAL IMPACT:**  State  Local  Statutory Public Entity  Conditional  No Fiscal Impact

<b>Drafting Number:</b> LLS 17-0398	<b>Date:</b> June 9, 2017
<b>Prime Sponsor(s):</b> Rep. Michaelson Jenet Sen. Coram; Fenberg	<b>Bill Status:</b> Postponed Indefinitely <b>Fiscal Analyst:</b> Kerry White (303-866-3469)

**BILL TOPIC:** AGE OF CONSENT OUTPATIENT PSYCHOTHERAPY FOR MINORS

Fiscal Impact Summary	FY 2017-2018	FY 2018-2019
State Revenue		
State Expenditures	Potential impact.	
Appropriation Required: None.		
Future Year Impacts: Ongoing potential expenditure impact.		

**NOTE: This bill was not enacted into law; therefore, the impacts identified in this analysis do not take effect.**

**Summary of Legislation**

This bill lowers the age required for a minor to seek and obtain outpatient psychotherapy services without parental notification or consent from 15 years or older to 12 years or older. A licensed mental health provider serving such patients is immune from civil or criminal liability unless the patient has communicated a clear and imminent threat to inflict serious bodily harm and the provider fails to make the required warnings and notifications.

If a minor who is receiving psychotherapy services without parental notification or consent communicates to the mental health provider a clear and imminent intent or threat to inflict serious bodily harm on him- or herself or others, the mental health provider is required to immediately notify the minor's parent or guardian, or any other person having custody or decision-making responsibility of the minor, of such communication.

The bill clarifies that the age required for a minor to seek and obtain inpatient services without parental notification and consent remains 15 years of age or older.

**State Expenditures**

**Department of Health Care Policy and Financing.** Beginning in FY 2017-18, this bill may increase expenditures for behavioral health treatment in the Medicaid or Children's Basic Health Plan (CHP+) programs if additional youth obtain services as a result of the changes under the bill. It may also reduce costs if youth obtain earlier interventions and do not require hospitalization in the future. This analysis assumes that any change in the utilization of services is minimal and that

if adjustments in appropriations are required in the future, they will be addressed through the annual budget process. For informational purposes, Medicaid and CHP+ costs are paid with a mix of General Fund, cash funds, and federal funds.

**Department of Regulatory Agencies.** Workload for the department is also increased by a minimal amount in FY 2017-18 in order to update and communicate changes in rules concerning the outpatient treatment of minors to mental health professionals. No change in appropriations is required.

**Effective Date**

The bill was postponed indefinitely by the Senate State, Veterans, and Military Affairs Committee on May 1, 2017.

**State and Local Government Contacts**

District Attorneys  
Health Care Policy And Financing  
Information Technology  
Public Health And Environment

Education  
Human Services  
Judicial  
Regulatory Agencies