Addendum, August 2019

Editor’s Note: This addendum provides updates and additions to Adolescent Healthcare: Legal Rights of Teens (5th Ed. 2016). It is intended to identify significant changes in law and/or policy in healthcare and benefits that affect adolescent patients. It is in no way intended to be fully inclusive of all potential changes and revisions in law or policy since August 2016, merely to provide an overview of those issues which are most relevant to your adolescent patient. In particular, the Addendum covers the state’s new laws regarding bullying and adolescent access to PrEP, as well as changes and additions to other relevant statues, definitions and programs.

The Center for Children’s Advocacy would like to acknowledge the significant contribution of law student intern Samantha Ostreicher, who was primarily responsible for the research and drafting of this Addendum.

Pages noted in this Addendum refer to corresponding pages in the publication Adolescent Health Care: Legal Rights of Teens (5th Ed. 2016).

For questions, please contact MLP Director Jay Sicklick at jsicklick@cca-ct.org.

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**Homelessness and Education**

**What Does Public Act 19-173, An Act Concerning Homeless Students’ Access to Education, do for homeless public school students?**

P.A.19-173 codifies into state law important provisions of the McKinney-Vento Homeless Assistance Act. The bill addresses technical legal points regarding the burden of proof when a school district claims a homeless student is ineligible for services based on its determination that the student is not homeless, and appeal provisions when the school district issues such a denial.

The bill also requires that the school district refers the child’s parent or guardian to the McKinney-Vento homeless liaison when it issues such a denial.

**Where can I find a copy of the Public Act?**


**Autism Spectrum Disorder and Transitional Services**

**My patient has a diagnosis of Autism Spectrum Disorder (ASD). What does the law provide in terms of Educational Transition Services?**

Public Act 19-49, An Act Concerning Transitional Services For Children With Autism Spectrum Disorder, mandates two important requirements for school district’s planning for students fourteen years of age or older.

Starting with the first Individualized Education Plan (IEP) review on or after a student with ASD turns fourteen, the IEP team must formulate “appropriate measurable postsecondary goals based upon age-appropriate transitions assessments related to training, education, employment and, where appropriate, independent living skills.”

Transition services (including curriculum) must assist the student in reaching those goals. The Act does not require the state’s Bureau of Rehabilitation Services to lower the age of transitional services offered from sixteen to fourteen.

**Definitions**

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**DACA (Deferred Action for Childhood Arrivals)**

As of October 7, 2016, U.S. Citizenship and Immigration Services (USCIS) is no longer accepting first time DACA applications. Pending review from the U.S. Supreme Court, USCIS is continuing to accept DACA renewal applications.
What is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a daily oral medication for the prevention of HIV infection.

The medication Truvada (tenofovir disoproxil fumarate and emtricitabine) is intended for HIV negative persons at high risk of infection through sex or injection drug use. When taken consistently, Truvada reduces the risk of HIV infection through sex by 92 to 99 percent.

Truvada was FDA approved as PrEP for adults in 2012. In 2018, the FDA extended the indication of Truvada as PrEP for at-risk adolescents. In June 2019, the U.S. Preventive Services Task Force recommended clinicians offer PrEP to persons who are at high risk of HIV acquisition.

Why is PrEP access for adolescents important?

In 2017, one in five new HIV diagnoses in the U.S. was among youth ages 13 to 24. The majority of these diagnoses are among gay and bisexual males. In Connecticut, the highest rate of new HIV diagnoses was among 20-29 year olds, many of whom were likely infected during adolescence. Young people who become HIV infected are less likely to be diagnosed, linked to care, and achieve viral suppression on antiretroviral medications.

What does Connecticut’s new law, Public Act 19-109: An Act Concerning the Prevention of HIV, say?


Previously, the statute allowed minors to receive testing and treatment for HIV without parental consent. The updated statute adds “prophylaxis” to the available treatment regimen, allowing Connecticut physicians and APRNs to prescribe PrEP to minors without parental consent.

What must happen before prescribing PrEP to a minor without parental consent?

Under the new law, if the provider determines that notification to the parent or guardian of the minor would result in a denial of consent for PrEP, or that the minor would not seek, pursue or continue PrEP, and the minor requests the parent or guardian not be notified, the provider may prescribe PrEP without parental consent.

What are a provider’s obligations to prescribe PrEP without notifying the parent or guardian?

To prescribe PrEP without the parent or guardian’s consent, the provider must document the reasons for the determination to provide PrEP without parental consent, signed by the minor, in the minor’s clinical record. Prescribing PrEP is confidential and cannot be divulged without the minor’s consent, including sending a bill to any person other than the minor.

Does health insurance cover PrEP for minors?

Usually, yes, but note the difference between access to coverage and the ability to maintain confidentiality by utilizing health insurance coverage without parental consent.

Many health insurance companies cover PrEP, but coverage varies based on the type of plan. Connecticut’s HUSKY/Medicaid program covers PrEP for adults and adolescents, and minors insured under HUSKY/Medicaid would be eligible for coverage.

Note: the statute mandates that minors are personally liable for the costs and expenses of treatment, therefore any adolescent without HUSKY/Medicaid coverage will be liable for the costs, even if that minor receives coverage through a parent’s commercial insurance coverage. Make sure you understand the minor’s coverage before prescribing.

How is Mandated Reporting relevant when prescribing PrEP to a minor?

If the minor is twelve or younger, the provider must report sexual activity to the Department of Children and Families, as would be the case when diagnosing a sexually transmitted disease in a patient twelve or younger.

What are some key points for clinicians to know when prescribing PrEP?

• Truvada for PrEP is only FDA approved for individuals who weigh at least 77 pounds.
• Truvada is safe and effective for HIV prevention but is not active against other sexually transmitted infections. PrEP should be used in combination with other prevention tools, including condoms.
• Individuals must have a negative HIV test immediately prior to initiating Truvada for PrEP and at least every 3 months while on PrEP.
• The efficacy of PrEP depends on adherence to Truvada. Clinicians should counsel and support patients to take Truvada as prescribed.
• If an individual acquires HIV infection while on PrEP, it is imperative to switch from Truvada to a full antiretroviral regimen to avoid development of drug resistance.

Where can I find a copy of the PrEP Act?

What is the law regarding bullying in Connecticut’s public schools?

In 2019, the Connecticut Legislature passed Public Act 19-166, updating the Connecticut bullying statute. The revised act, which goes into effect from January through July 2021, expands the definition of bullying and creates a social and emotional learning and school climate advisory collaborative in addition to the mandatory school climate plan public schools must have.

What constitutes bullying under the new statute?

Bullying means an act that is direct or indirect and severe, persistent or pervasive, which (A) causes physical or emotional harm to an individual, (B) places an individual in reasonable fear of physical or emotional harm, or (C) infringes on the rights or opportunities of an individual at school.

“Bullying” shall include, but need not be limited to, a written, oral or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics. Conn. Gen. Stat §10-22d(a)(1).

What does the new Anti-Bullying Law actually do?

The Act establishes a school climate collaborative to assist districts in implanting “best practices in social-emotional learning.” As noted above, the bill also amends the definition of bullying to include acts that are pervasive and persistent, as well as single acts that are “severe.” The school climate collaborative is charged with the responsibility of developing a biennial statewide school climate survey, which must include school officials, educators, mental health specialists, parents, and other agency representatives (including the Center for Children’s Advocacy).

Where can I find a copy of the Public Act?

P.A.19-166 may be found on the Connecticut General Assembly’s website cga.ct.gov and enter Public Act 19-166.