

MAINE

Minor Consent and Confidentiality

A Compendium of State and Federal Laws

National Center
for Youth Law

teenhealthlaw.org/compendium

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National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

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Quick Guide

See glossary for explanation of categories and definitions of terms.

General

- S** Age of Majority
- S** Emancipation
- S** Minor Marriage

Minor Consent to Health Care—Services

- S** Abortion³
- Emergency Care
- S** **F** Family Planning/Contraceptives
- S** Outpatient Mental Health Care
- S** **F** Pregnancy-Related Care
- Reportable, Communicable, Infectious Disease Care
- S** Sexual Assault Care
- S** **F** Sexually Transmitted Infection/Disease/HIV Care
- S** Substance Use Care

Confidentiality and Disclosure

- S** **F** Confidentiality/Access to Records
- S** **F** Disclosure to Parents/Guardians
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Minor Consent to Health Care—Minor's Status

- S** Emancipated Minor
- High School Graduate
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- S** Minor Living Apart from Parent/Guardian
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Other

- S** "Conversion Therapy," Ban⁴
- S** Financial Responsibility
- S** Gender Affirming Care, Minor Consent
- S** Gender Affirming Care, Protection
- S** Good Faith Reliance/Immunity from Liability
- S** Right to Refuse
- S** Shield Laws
- S** Sterilization, Consent

Key

- S** State law found⁵
- F** Federal/other law may apply

¹ The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

² This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

³ This category includes parental involvement laws.

⁴ This category includes statutes or case law that ban conversion therapy or prohibit banning of conversion therapy.

⁵ Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

Age of Majority

1 M.R.S. § 73 provides that the age of majority is 18.

Emancipation

15 M.R.S. § 3506-A specifies the criteria for granting a petition for emancipation to a minor 16 and older.

Minor Marriage

19-A M.R.S. § 652 provides that a marriage license may not be issued to persons who are 17 years of age without the written consent of their parents, guardians or persons to

whom a court has given custody. In the absence of persons qualified to give consent, the judge of probate in the county where each minor resides may grant consent after notice and opportunity for hearing. The statute does not allow marriage by persons under age 17.

Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor's care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor's "status" (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the important role of parents and other adults in minors' healthcare.

The following sections summarize the minor consent laws in the state:

Minor Consent—Minor's Status

Emancipated Minor

22 M.R.S. § 1503 provides that a minor who has been emancipated by the court may consent for medical, mental, dental, and other health counseling and services.

Married Minor

22 M.R.S. § 1503 provides that a minor who is or was legally married may consent for medical, mental, dental, and other health counseling and services.

Minor in Armed Forces

22 M.R.S. § 1503 provides that a minor who is or was in the armed forces may consent to medical, mental, dental, and other health counseling services.

Minor Living Apart from Parent/Guardian

22 M.R.S. § 1503 provides that a minor who has been living separately and is independent of parental support may consent for medical, mental, dental, and other health

counseling and services. A minor may prove they meet the requirements with documentation including but not limited to: (1) a written statement signed by a representative of an agency that provides homeless services, a local education agency or school social worker, or an attorney representing the minor which affirms that the minor is living separately and is independent of parental support. (2) a protection from abuse complaint or a temporary or final order of protection against the minor's parent or legal guardian; or (3) proof of filing of a petition for emancipation.

Minor Consent—Services

Abortion

Abortion is legal and protected in Maine. 14 M.R.S. § 9001 provides that "access to ...reproductive health care services in this State, as authorized under the laws of this State, is a legal right." 22 M.R.S. § 1598 provides in part: "It is the public policy of the State that the State not restrict a woman's exercise of her private decision to terminate a pregnancy before viability except as provided in section 1597-A. ...The State intends to occupy and preempt the entire field of legislation concerning the regulation of a

person's decision to terminate a pregnancy and legislation concerning the provision of abortion...After viability, an abortion may be performed only when it is necessary in the professional judgment of a physician”

Minors may consent for abortion in Maine, but 22 M.R.S. § 1597-A provides that a minor may not obtain an abortion unless she has received counseling from a physician, psychiatrist, psychologist, social worker, clergy member, nurse, or qualified counselor, regarding her alternatives, the services available to her, and the possibility of involving her parents, guardian or adult family member. The information and counseling to be provided is defined in the statute. In addition, for a minor to obtain an abortion, one of the following is necessary: the informed written consent of the minor and a determination by the physician that she is mentally and physically competent to give consent; or the informed written consent of the minor and one parent, guardian, or adult family member; or the informed written consent of the minor and written verification that she has received specified counseling from an authorized individual; or a court order granting her majority rights for the purpose of consenting to the abortion and the informed written consent of the minor; or a court order permitting the minor to consent or granting consent. The statute describes the process to obtain a court order. *For up to date information on parent involvement and judicial bypass, find the “under age...” section on your state’s link in [If When How’s Abortion Laws by State](#).*

For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#). For up to date information on parent involvement laws for abortion in all 50 states, see [If When How’s Abortion Laws by State](#). See also Appendix C. These laws are changing rapidly, so consultation with counsel is also essential.

Family Planning/Contraceptives

22 M.R.S. § 1908 provides that family planning services may be provided to any minor by a health care practitioner. The consent of a parent is not required.

22 M.R.S. § 1902 defines “family planning services” as medically safe and effective sexual and reproductive health care and education that enable persons to freely plan their children, avoid unintended pregnancy and maintain reproductive and sexual health through the provision of contraceptive supplies, contraceptive procedures and related counseling; the prevention and treatment of infertility; appropriate prenatal and obstetric care; the prevention or treatment of sexually transmitted infections; and other services necessary for reproductive and sexual health and defines “health care practitioner” as an individual who is licensed, certified or otherwise authorized under the laws of the State to provide health care services.

See [Appendix I](#) for information about the Title X Family Planning Program and minor consent for family planning,

including contraception services. See [Appendix C](#) for discussion of contraception and the U.S. Constitution.

Outpatient Mental Health Care

22 M.R.S. § 1502 provides that a minor may consent for treatment for emotional or psychological problems.

Pregnancy-Related Care

22 M.R.S. § 1908 provides that family planning services may be provided to any minor by a health care practitioner. The consent of a parent is not required. 22 M.R.S. § 1902 defines “family planning services” to include “appropriate prenatal and obstetric care[.]”

See [Appendix I](#) for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

Sexual Assault Care

22 M.R.S. § 1507 provides that a minor may consent for health services associated with a sexual assault forensic examination to collect evidence after an alleged sexual assault.

22 M.R.S. § 1823 provides that a hospital or facility providing facilities to a minor for the collection of sexual assault evidence through a sexual assault forensic examination may provide these services without the consent of the minor’s parent or guardian.

32 M.R.S., § 3292 provides that a physician may provide services to a minor for the collection of sexual assault evidence through a sexual assault forensic examination without the consent of the minor’s parents or guardian.

32 M.R.S. § 2595 provides that an osteopathic physician may provide services to a minor for the collection of sexual assault evidence through a sexual assault forensic examination without the consent of a parent or guardian.

Sexually Transmitted Infection/Disease/HIV (STI/STD/HIV)

22 M.R.S. § 1908 provides that family planning services may be provided to any minor by a health care practitioner. The consent of a parent is not required. 22 M.R.S. § 1902 defines “family planning services” as including the prevention or treatment of sexually transmitted infections. 22 M.R.S. § 1823 provides that a hospital or drug or alcohol treatment facility may provide prevention or treatment to a minor for sexually transmitted infection. without the consent of the minor’s parents or guardian. 32 M.R.S. § 3292 provides that a physician may provide medical care to a minor for prevention or treatment of sexually transmitted infection without obtaining the consent of the minor’s parents or guardian. 32 M.R.S. § 2595 provides that an osteopathic physician may provide medical care to a minor for prevention or treatment of a sexually transmitted disease without the consent of the minor’s parents or guardian.

5 M.R.S. § 19203-A provides that an HIV test must be voluntary and undertaken only with a patient's knowledge and understanding that an HIV test is planned. A patient must be informed orally or in writing that an HIV test will be performed unless the patient declines. Oral or written information required to be given to a patient under this subsection must include an explanation of what an HIV infection involves and the meaning of positive and negative test results. A patient must be provided the opportunity to ask questions, either orally or in writing. Informed consent is not required for repeated HIV testing by health care providers to monitor the course of established infection. 5 M.R.S. § 19201 defines a person as any natural person.

22 M.R.S. § 1823 provides that a hospital or alcohol or drug treatment facility may provide treatment to a minor in connection with the prevention of a sexually transmitted infection or the treatment of that minor for a sexually transmitted infection without the consent of the minor's parents or guardian if the treatment has been provided at the direction of physicians, osteopathic physicians, psychologists, substance abuse counselors, or social workers.

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning, including STI/STD/HIV services.

Substance Use Care

22 M.R.S. § 1502 provides that a minor may consent for treatment for substance use disorder.

22 M.R.S. § 1823 provides that a hospital or alcohol or drug treatment facility may provide treatment to a minor for substance use without the consent of the minor's parents or guardian if the treatment has been provided at the direction of physicians, osteopathic physicians, psychologists, substance abuse counselors, or social workers. The hospital shall notify and obtain the consent of that minor's parent or guardian if that hospitalization continues for more than 16 hours.

32 M.R.S. § 3292 provides that a medical doctor may treat a minor for substance use without the consent of the minor's parents or guardian. 32 M.R.S. § 2595 provides that an osteopathic physician may treat a minor for substance use without the consent of the minor's parents or guardian.

32 M.R.S. § 3817 provides that a psychologist may treat a minor for substance use without the consent of the minor's parents or guardian. 32 M.R.S. § 6221 provides that a drug abuse counselor may provide counseling to a minor for problems associated with substance use without the consent of the minor's parents or guardian. 32 M.R.S. § 7004 provides that a social worker may provide social work services to a minor for problems associated with substance use without the consent of the minor's parents or guardian.

Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other "covered entities." As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor's health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:

Confidentiality/Access to Records

Disclosure of Patient Information

22 M.R.S. § 1505 provides that a minor who may consent for health care services is entitled to the same confidentiality afforded to adults except as otherwise provided by law.

22 M.R.S. § 1711 provides that, subject to certain exceptions, a minor who has legally given their own consent for health care may request and obtain copies of hospital records and may request correction or clarification of the records.

22 M.R.S. § 1711-B provides that a minor who has lawfully given their own consent for health care may obtain copies of their treatment records and may request correction or clarification of the records. Although § 1711-B generally allows a parent to have access to a minor's records, it does not affect the right of a minor to have records treated confidentially that pertain to care for which the minor may consent.

22 M.R.S. § 1711-C provides that when a minor has lawfully consented for health care, authorization to disclose health care information pursuant to § 1711-C must be obtained from the minor, unless otherwise provided by law.

See **Appendix H** for information about minors' access to and control of their medical information under HIPAA when they have consented to their own care.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix H** for information about the HIPAA Privacy Rule and disclosure of information to parents and guardians.

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule

Disclosure of Health Information to Parents/Guardians

Minor Consent Services

22 M.R.S. § 1505 provides that a minor who may

consent for health care services is entitled to the same confidentiality afforded to adults except as otherwise provided by law.

Substance Use, Mental Health

22 M.R.S. § 1505 provides that a health care practitioner or health care provider may notify the parent or guardian of a minor who has sought health care for substance use or for emotional or psychological problems under 22 M.R.S. §§ 1501–1507 if, in the judgment of the practitioner or provider, failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the practitioner or provider's ability to provide treatment.

32 M.R.S. § 3817 provides that when a psychologist treats a minor for substance use without the consent of the minor's parents or guardian, the psychologist is permitted but is not required to inform the parents or guardian. 32 M.R.S. § 6221 provides that when a drug abuse counselor provides counseling to a minor for substance use without the consent of the minor's parents or guardian, the drug abuse counselor is permitted but is not required to inform the parents or guardian. 32 M.R.S. § 7004 provides that when a social worker provides services to a minor for substance use without the consent of the minor's parents or guardian, the social worker is permitted but is not required to inform the parents or guardian.

Family Planning

22 M.R.S. § 1908 provides that when a minor receives family planning services on their own consent, the health care practitioner is under no obligation to inform the parent or guardian of the prevention or treatment under this section; however, this does not prohibit the health care practitioner rendering the prevention services or treatment from informing the parent or guardian.

Sexually Transmitted Disease/Infection, Sexual Assault, Substance Use

22 M.R.S. § 1823 provides that when a hospital provides treatment to a minor for sexually transmitted disease, sexual assault forensic examination, or substance use without the consent of the minor's parents or guardian, the hospital is not required to notify the parents or guardian unless the hospitalization lasts more than 16 hours. 32 M.R.S. § 3292 provides that when a physician treats a minor for sexually transmitted disease, sexual assault forensic examination, or substance use without obtaining the consent of the minor's parents or guardian, the physician may but is not required to inform the parents or guardian. 32 M.R.S. § 2595 provides that when an osteopathic physician treats a minor for sexually transmitted disease, sexual assault forensic examination, or substance use without the consent of the minor's parents or guardian, the osteopathic physician is permitted but not required to inform the parents or guardian.

HIPAA rules relevant to disclosure to parents/guardians

See **Appendix H** for information about minors' access to and control of their medical information under HIPAA when they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix H** for information about the HIPAA Privacy Rule and disclosure of information to parents and guardians.

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Insurance Claims/ Billing

See **Appendix L** for information about confidentiality protection in the billing and insurance claims process under the HIPAA Privacy Rule.

Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

“Conversion Therapy,” Ban

For up to date information on the status of statutes or case law that ban conversion therapy for minors, or prohibit state entities from banning conversion therapy for minors in all 50 states and DC, see [Movement Advancement Project's "Equality Maps: Conversion "Therapy" Laws."](#) These laws are changing rapidly so consultation with counsel is essential.

Financial Responsibility

22 M.R.S. § 1506 provides that unless the parent or guardian expressly agrees to assume full or partial responsibility, a minor who consents for health care services under 22 M.R.S. §§ 1501–1507 is responsible for the costs of those services. A minor may not be denied benefits for services to which the minor is entitled from a health care practitioner, health care provider, insurer or public agency because the minor has given the consent for those services as provided in 22 M.R.S. §§ 1501–1507.

Gender Affirming Care, Minor Consent

22 M.R.S. § 1508 provides that a minor may give informed consent for gender affirming hormone therapy and follow up care for gender dysphoria only if: “A. The minor is at least 16 years of age; B. The minor has been diagnosed with gender dysphoria by a health care professional; C. In the judgment of the health care professional, the minor is experiencing harm from or is expected to experience harm from not receiving gender-affirming hormone therapy; D. The minor informs the health care professional that the minor has discussed the minor’s gender dysphoria with a parent or guardian of the minor and that parent or guardian

refused to support treatment of the minor’s gender dysphoria; and E. The minor provides informed written consent to the receipt of gender-affirming hormone therapy in accordance with the requirements of [the statute]; the health care professional makes the written consent that is set forth in a writing containing the information and statements required by [the statute] and that is signed by the minor a part of the minor’s health record; and the minor, under all the surrounding circumstances, is mentally and physically competent to give consent.” The statute defines “gender-affirming hormone therapy,” “gender dysphoria,” and “health care professional” for this purpose.

22 M.R.S. § 1508(2) provides that § 1508 “does not affect the legal authority of a parent or guardian to consent to gender-affirming hormone therapy for a minor in accordance with established standards of care.”

Gender Affirming Care, Protection

763 M.R.S. § 9001 provides that “access to gender-affirming health care services ... in this State, as authorized under the laws of this State, is a legal right.” 763 M.R.S. § 9001 defines “gender-affirming health care services” for this purpose to mean all supplies, care and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventive, rehabilitative or supportive nature, including medication, relating to the treatment of gender dysphoria and gender incongruence in accordance with the accepted standard of care as defined by major medical professional organizations and agencies with expertise in the field of gender-affirming health care, including the Standards of Care for the Health of Transgender and Gender Diverse

People, Version 8, or subsequent version, published by the World Professional Association for Transgender Health. “Gender-affirming health care services” does not include conversion therapy as defined in Title 32, section 59-C, subsection 1.

For up to date information on the status of protections for and restrictions on gender affirming care for minors, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#) These laws are changing rapidly so consultation with counsel is essential. See also Appendix G.

Good Faith Reliance/Immunity from Liability

22 M.R.S. § 1504 provides that a health care practitioner or health care provider who takes reasonable steps to ascertain that a minor is authorized to consent for health treatment as authorized in 22 M.R.S. § 1503 and who subsequently renders treatment in reliance on that consent is not liable for failing to have secured consent of the minor’s parent or guardian prior to providing health care services to the minor.

Reproductive Freedom

14 M.R.S. § 9001 provides that “access to... reproductive health care services in this State, as authorized under the laws of this State, is a legal right.”

22 M.R.S. § 1598 provides in part: “It is the public policy of the State that the State not restrict a woman’s exercise of her private decision to terminate a pregnancy before viability except as provided in section 1597-A... .The State intends to occupy and preempt the entire field of legislation concerning the regulation of a person’s decision to terminate a pregnancy and legislation concerning the provision of abortion. No political subdivision of the State, including, but not limited to, municipalities, counties, townships, plantations and village corporations, may adopt any order, ordinance, rule or regulation concerning the regulation of a person’s decision to terminate a pregnancy or concerning the provision of abortion... .After viability, an abortion may be performed only when it is necessary in the professional judgment of a physician”

Right to Refuse

In *In re Chad Eric Swan*, 569 A.2d 1202 (1990) the Supreme Judicial Court of Maine held that the request of a 17-year-old unemancipated minor to forgo life-sustaining procedures if ever in a vegetative state was valid and should be upheld.

Shield Laws

In 2024, Maine passed L.D. 227, which includes several laws designed to shield Maine health care providers from civil and criminal penalty when they legally provide gender affirming or reproductive health services in the state. The statutes include definitions for these terms. Read more about L.D. 227 and its provisions [here](#).

For up to date information on the status of abortion protections including shield laws in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

For up to date information on the status of protections for gender affirming care, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#).

Sterilization

34-B M.R.S. § 7004 provides that a minor who is not married or otherwise emancipated may only be sterilized if the minor has given informed consent and a court has determined that the minor has the capacity to give informed consent for the procedure. Minors who are married or emancipated may only be sterilized if they have given informed consent.

Maine Statutes <https://legislature.maine.gov/statutes/>

Code of Maine Rules <https://www.maine.gov/sos/cec/rules/rules.html>

Appendices

Appendix A. Glossary of Terms

Appendix B. Overview of Consent and Confidentiality When Minors Seek Health Care

Appendix C. Contraception, Abortion, and Pregnancy-Related Care for Minors: Consent and Confidentiality Considerations

Appendix D. Sexually Transmitted Infections, Sexually Transmitted Diseases, and HIV Care for Minors: Consent and Confidentiality Considerations

Appendix E. Mental Health Care for Minors: Consent and Confidentiality Considerations

Appendix F. Substance Use Care for Minors: Consent and Confidentiality Considerations

Appendix G. Gender Affirming Care for Minors: Consent and Confidentiality Considerations

Appendix H. HIPAA Privacy Rule and Confidentiality Implications for Minors' Health Information

Appendix I. Title X Family Planning Program and Family Planning Services for Minors

Appendix J. 42 CFR Part 2 and Confidentiality Implications for Substance Use Care for Minors

Appendix K. FERPA and Confidentiality Implications for School-Based and School-Linked Health Care for Minors

Appendix L. Confidentiality in Health Insurance Claims and Billing

Appendix M. Electronic Health Information, the 21st Century Cures Act, and Confidentiality for Minor Patients

Appendix N. State Law Table: Minor Consent/Access Based on Status

Appendix O. State Law Table: Minor Consent/Access for Specific Services