# The Rights of Older Adolescents to Consent to Vaccination in Rhode Island

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The Rhode Island Department of Health's (RIDOH) vaccination campaign against COVID-19, recently expanded to adolescents, highlights the important issue of minor consent. RI General Law 23-4.6-1 describes minor consent in our state: "Any person of the age of 16 or over or married may consent to routine, emergency, medical or surgical care."[1] Clinicians should be familiar with this law, and should know that it underwent a subtle but important update in July 2018.

Specifically, the law previously used essentially the same wording but differed in punctuation: "Any person age of 16 or over or married may consent to routine emergency medical or surgical care."[1] The lack of commas in this statement served as a potential source of confusion for clinicians, who may have interpreted the law to mean that older adolescents could only consent to emergency care. The added punctuation in the 2018 update clearly defines the right of older adolescents to give informed consent for routine care and emergency care as separate entities.

Following the Food and Drug Administration's recent authorization of the Pfizer-BioNTech COVID-19 vaccine for emergency use in adolescents who are 16 years of age or older, RIDOH began citing RI General Law 23-4.6-1 in justifying that older adolescents may self-consent to vaccination.[2] Given that the law does not explicitly mention vaccination, RIDOH's reasoning effectively argues that vaccination falls within the purview of routine medical care. This approach has facilitated the establishment of high school vaccination clinics across RI, extending the state's reach in vaccinating more individuals against COVID-19.

Beyond COVID-19, the updated law has implications for other routine vaccinations in adolescents. Vaccination coverage rates for adolescents in RI generally exceed national averages (**Table 1**) – a testament, at least in part, to RI being a "universal purchase" state (i.e., childhood vaccines are free on account of state funding), but rates for the human papillomavirus (HPV) vaccine remain below the national target of 80%.[3] Multiple factors contribute to disparities in HPV vaccination rates, including parental hesitation and resistance to vaccination. Additionally, older adolescents are more likely to present on their own for routine medical care. As such, recognizing the ability of older adolescents to self-consent may be a meaningful step towards improving HPV vaccination rates across RI.

**Table 1.** 2019 vaccination coverage rates among adolescents aged 13–17 years.[3]

| Vaccination coverage rate | United States | Rhode Island |
|---|---|---|
| Hepatitis B virus (≥3 doses) | 91.6% | 97% |
| Human papillomavirus (HPV; up-to-date status) | 54.2% | 78.9% |
| Measles, mumps, and rubella (MMR; ≥2 doses) | 91.9% | 96.1% |
| Meningococcal conjugate (MenACWY; ≥1 dose) | 88.9% | 98.2% |
| Tetanus, diphtheria, and pertussis (Tdap; ≥1 dose) | 90.2% | 96.4% |
| Varicella (≥2 doses or history of disease) | 91.5% | 95.9% |

Multiple medical societies support the ability of mature minors to consent to vaccination, including the American Medical Association and the Society for Adolescent Health and Medicine.[4,5] Nevertheless, parental involvement in vaccination decisions remains important in this population, particularly in light of adolescents' evolving developmental maturation. Indeed, adolescent decision-making depends on multiple factors, including cognitive ability and judgment. It is essential that clinicians consider these factors when providing care for older adolescents.

Vaccination is one of many clinical interventions that falls within the scope of routine care, for which RI General Law 23-4.6-1 allows older adolescents to self-consent. Understanding the implications of minor consent law is essential for clinicians to provide optimal care to this unique population.

## References


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