

P.L. 2025, CHAPTER 238, *approved January 12, 2026*
Assembly, No. 3016 (*Second Reprint*)

1 AN ACT concerning ²**[the New Jersey Suicide Hopeline]** mental
2 health and suicide crisis resources and 9-8-8 crisis hotline centers²,
3 amending P.L.1968, c.230, and supplementing Chapter 9A of
4 Title 30 of the Revised Statutes.

5
6 **BE IT ENACTED** *by the Senate and General Assembly of the State*
7 *of New Jersey:*

- 8
9 ¹1. (New section) The Legislature finds and declares:
10 a. Suicide is the second leading cause of death among
11 adolescents and young adults in New Jersey, and the State faces a
12 growing youth mental health crisis that has been further exacerbated
13 by social, academic, and public health stressors.
14 b. The New Jersey Suicide Hopeline, operated in partnership
15 with Rutgers University Behavioral Health Care and the State
16 Department of Human Services, provides immediate,
17 compassionate, and confidential support to youth in crisis and plays
18 a critical role in preventing suicide across the State.
19 c. Current law allows minors aged 16 years and older to
20 consent to certain behavioral health and substance use disorder
21 services, but does not expressly permit follow-up communication
22 from a suicide prevention hotline, even when the minor has been
23 identified as high risk following an initial call for help.
24 d. Allowing a follow-up call ², text, or chat message² from a
25 trained operator, with the minor’s voluntary consent and without
26 requiring parental authorization, is a narrowly tailored response that
27 ensures access to continued support during moments of acute
28 vulnerability.
29 e. A follow-up call ², text, or chat message² conducted
30 pursuant to P.L. , c. (C.) (pending before the Legislature as
31 this bill) shall be understood as brief, supportive communication
32 solely for suicide prevention purposes and is not intended to
33 constitute behavioral health treatment, diagnosis, or clinical care.¹

34
35 ¹**[1]** ²2.¹ Section 1 of P.L.1968, c.230 (C.9:17A-4) is amended
36 to read as follows:
37 1. a. (1) The consent to the provision of medical or surgical care
38 or services or a forensic sexual assault examination by a hospital or

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
¹Assembly floor amendments adopted May 22, 2025.
²Senate floor amendments adopted December 18, 2025.

1 public clinic, or consent to the performance of medical or surgical
2 care or services or a forensic sexual assault examination by a health
3 care professional, when executed by a minor who is or believes that
4 he or she may have a sexually transmitted infection, or who is at
5 least 13 years of age and is or believes that he or she may be
6 infected with the human immunodeficiency virus or have acquired
7 immune deficiency syndrome, or by a minor who, in the judgment
8 of the treating health care professional, appears to have been
9 sexually assaulted, shall be valid and binding as if the minor had
10 achieved the age of majority. Any such consent shall not be subject
11 to later disaffirmance by reason of minority. In the case of a minor
12 who appears to have been sexually assaulted, the minor's parents or
13 guardian shall be notified immediately, unless the treating
14 healthcare professional believes that it is in the best interests of the
15 patient not to do so. Inability of the treating health care
16 professional, hospital, or clinic to locate or notify the parents or
17 guardian shall not preclude the provision of any emergency or
18 medical or surgical care to the minor or the performance of a
19 forensic sexual assault examination on the minor.

20 (2) As used in this subsection, "health care professional" means
21 a physician, physician assistant, nurse, or other health care
22 professional whose professional practice is regulated pursuant to
23 Title 45 of the Revised Statutes.

24 b. When a minor believes that he or she is adversely affected
25 by a substance use disorder involving drugs or is a person with a
26 substance use disorder involving drugs as defined in section 2 of
27 P.L.1970, c.226 (C.24:21-2) or is adversely affected by an alcohol
28 use disorder or is a person with an alcohol use disorder as defined
29 in section 2 of P.L.1975, c.305 (C.26:2B-8), the minor's consent to
30 treatment under the supervision of a physician licensed to practice
31 medicine, or an individual licensed or certified to provide treatment
32 for an alcohol use disorder, or in a facility licensed by the State to
33 provide for the treatment of an alcohol use disorder, shall be valid
34 and binding as if the minor had achieved the age of majority.

35 Any such consent shall not be subject to later disaffirmance by
36 reason of minority. Treatment for an alcohol use disorder or a
37 substance use disorder involving drugs that is consented to by a
38 minor shall be considered confidential information between the
39 physician, the treatment provider, or the treatment facility, as
40 appropriate, and the patient, and neither the minor nor the minor's
41 physician, treatment provider, or treatment facility, as appropriate,
42 shall be required to report such treatment when it is the result of
43 voluntary consent, except as may otherwise be required by law.

44 When a minor who is **[sixteen]** 16 years of age or older believes
45 that he or she is in need of behavioral health care services for the
46 treatment of mental illness or emotional disorders, the minor's

1 consent to temporary outpatient treatment, excluding the use or
2 administration of medication, under the supervision of a physician
3 licensed to practice medicine, an advanced practice nurse, or an
4 individual licensed to provide professional counseling under Title
5 45 of the Revised Statutes, including, but not limited to, a
6 psychiatrist, licensed practicing psychologist, certified social
7 worker, licensed clinical social worker, licensed social worker,
8 licensed marriage and family therapist, certified psychoanalyst, or
9 licensed psychologist, or in an outpatient health care facility
10 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall be
11 valid and binding as if the minor had achieved the age of majority.

12 ¹When a minor who is 16 years of age or older believes that he
13 or she is in need of behavioral health care services for the treatment
14 of mental illness or emotional disorders and places a telephone call
15 to the New Jersey Suicide Hopeline for counseling and support, that
16 minor shall be allowed to consent to receive a follow-up call from
17 the operator of the hopeline who received and responded to the
18 minor's original call without parental consent or authorization in
19 accordance with the provisions of P.L. , c. (C.) (pending
20 before the Legislature as this bill), and that consent shall be valid
21 and binding as if the minor had achieved the age of majority.]¹

22 Any such consent shall not be subject to later disaffirmance by
23 reason of minority. Treatment for behavioral health care services
24 for mental illness or emotional disorders ¹or receiving a follow-up
25 telephone call from an operator of the New Jersey Suicide Hopeline
26 pursuant to the provisions of P.L. , c. (C.) (pending before
27 the Legislature as this bill)]¹ that is consented to by a minor shall
28 be considered confidential information between the physician, the
29 individual licensed to provide professional counseling, the
30 advanced practice nurse, **[or]** ¹or¹ the health care facility ¹**[, or the**
31 operator of the New Jersey Suicide Hopeline that places a follow-up
32 call]]¹, as appropriate, and the **[patient]** minor, and neither the
33 minor nor the minor's physician, professional counselor, nurse, **[or]**
34 ¹or¹ outpatient health care facility¹**[, or the operator of the New**
35 Jersey Suicide Hopeline]]¹, as appropriate, shall be required to
36 report such treatment ¹**[or telephone call]]¹** when it is the result of
37 voluntary consent.

38 ¹When a minor who reports being 16 years of age or older
39 believes that ²[he] the minor² is in need of behavioral health care
40 services for the treatment of mental illness or emotional disorders
41 and places a telephone call ²or other communication² to, or when a
42 call ²or other communication² from another hotline placed by the
43 minor is routed to or received by, ²[the New Jersey Suicide
44 Hopeline] operators of a mental health and suicide crisis resources

1 center, as determined by the Commissioner of Human Services, or a
 2 9-8-8 crisis hotline center² for counseling and support, that minor
 3 shall be allowed to receive a follow-up call ², text, or chat message²
 4 from an operator of the ²**[hopeline]** mental health and suicide crisis
 5 resources or 9-8-8 crisis hotline center² in response to the minor's
 6 original call ²or other communication² without parental consent or
 7 authorization in accordance with the provisions of
 8 P.L. , c. (C.) (pending before the Legislature as this bill).¹

9 The consent of no other person or persons, including but not
 10 limited to, a spouse, parent, custodian, or guardian, shall be
 11 necessary in order to authorize a minor to receive such hospital
 12 services, facility, or clinical care or services, medical or surgical
 13 care or services, or counseling services from a physician licensed to
 14 practice medicine, an individual licensed or certified to provide
 15 treatment for an alcohol use disorder, an advanced practice nurse, or
 16 an individual licensed to provide professional counseling under
 17 Title 45 of the Revised Statutes, or for the minor to receive a
 18 follow-up telephone call ², text, or chat message² from an operator
 19 of the ²**[New Jersey Suicide Hopeline]** mental health and suicide
 20 crisis resources or 9-8-8 crisis hotline center² pursuant to P.L. , c.
 21 (C.) (pending before the Legislature as this bill), as appropriate,
 22 except that behavioral health care services for the treatment of
 23 mental illness or emotional disorders shall be limited to temporary
 24 outpatient services only.
 25 (cf: P.L.2017, c.131, s.7)

26
 27 ¹**[2] 3.¹** (New section) An operator of ²**[the New Jersey**
 28 **Suicide Hopeline]** a mental health and suicide crisis resources
 29 center, as determined by the Commissioner of Human Services, or a
 30 9-8-8 crisis hotline center² who receives and responds to a
 31 telephone call ²or other communication² from a minor who is 16
 32 years of age or older for counseling and support and ¹whom¹ the
 33 operator identifies as ¹being¹ at a high risk of ²**[committing]** death
 34 by² suicide shall ¹be permitted to¹ place follow-up calls ², texts, or
 35 chat messages² to the minor, as appropriate, without the necessity
 36 of obtaining parental consent or authorization pursuant to
 37 subsection b. of section 1 of P.L.1968, c.238 (C.9:17A-4). ¹A
 38 follow-up call ², text, or chat message² authorized pursuant to this
 39 section shall not constitute behavioral health treatment, diagnosis,
 40 or clinical care. The call ², text, or chat message² shall be
 41 considered brief supportive communication solely for suicide
 42 prevention purposes.¹

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 44 ¹**[3.] 4.¹** This act shall take effect immediately.

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2
3 Allows follow-up communication by operators of mental health
4 and suicide crisis resources centers or 9-8-8 crisis hotline centers to
5 minors at risk of death by suicide.