

CHAPTER 238

AN ACT concerning mental health and suicide crisis resources and 9-8-8 crisis hotline centers, amending P.L.1968, c.230, and supplementing Chapter 9A of Title 30 of the Revised Statutes.

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

C.30:9A-33.1 Follow-up communication to minors.

1. The Legislature finds and declares:

a. Suicide is the second leading cause of death among adolescents and young adults in New Jersey, and the State faces a growing youth mental health crisis that has been further exacerbated by social, academic, and public health stressors.

b. The New Jersey Suicide Hopeline, operated in partnership with Rutgers University Behavioral Health Care and the State Department of Human Services, provides immediate, compassionate, and confidential support to youth in crisis and plays a critical role in preventing suicide across the State.

c. Current law allows minors aged 16 years and older to consent to certain behavioral health and substance use disorder services, but does not expressly permit follow-up communication from a suicide prevention hotline, even when the minor has been identified as high risk following an initial call for help.

d. Allowing a follow-up call, text, or chat message from a trained operator, with the minor's voluntary consent and without requiring parental authorization, is a narrowly tailored response that ensures access to continued support during moments of acute vulnerability.

e. A follow-up call, text, or chat message conducted pursuant to P.L.2025, c.238 (C.30:9A-33.1 et al.) shall be understood as brief, supportive communication solely for suicide prevention purposes and is not intended to constitute behavioral health treatment, diagnosis, or clinical care.

2. Section 1 of P.L.1968, c.230 (C.9:17A-4) is amended to read as follows:

C.9:17A-4 Consent by minor to treatment.

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

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

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

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

When a minor who is 16 years of age or older believes that he or she is in need of behavioral health care services for the treatment of mental illness or emotional disorders, the minor's consent to temporary outpatient treatment, excluding the use or administration of medication, under the supervision of a physician licensed to practice medicine, an advanced practice nurse, or an individual licensed to provide professional counseling under Title 45 of the Revised Statutes, including, but not limited to, a psychiatrist, licensed practicing psychologist, certified social worker, licensed clinical social worker, licensed social worker, licensed marriage and family therapist, certified psychoanalyst, or licensed psychologist, or in an outpatient health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall be valid and binding as if the minor had achieved the age of majority.

Any such consent shall not be subject to later disaffirmance by reason of minority. Treatment for behavioral health care services for mental illness or emotional disorders that is consented to by a minor shall be considered confidential information between the physician, the individual licensed to provide professional counseling, the advanced practice nurse, or the health care facility, as appropriate, and the minor, and neither the minor nor the minor's physician, professional counselor, nurse, or outpatient health care facility, as appropriate, shall be required to report such treatment when it is the result of voluntary consent.

When a minor who reports being 16 years of age or older believes that the minor is in need of behavioral health care services for the treatment of mental illness or emotional disorders and places a telephone call or other communication to, or when a call or other communication from another hotline placed by the minor is routed to or received by, operators of a mental health and suicide crisis resources center, as determined by the Commissioner of Human Services, or a 9-8-8 crisis hotline center for counseling and support, that minor shall be allowed to receive a follow-up call, text, or chat message from an operator of the mental health and suicide crisis resources or 9-8-8 crisis hotline center in response to the minor's original call or other communication without parental consent or authorization in accordance with the provisions of P.L.2025, c.238 (C.30:9A-33.1 et al.).

The consent of no other person or persons, including but not limited to, a spouse, parent, custodian, or guardian, shall be necessary in order to authorize a minor to receive such hospital services, facility, or clinical care or services, medical or surgical care or services, or counseling services from a physician licensed to practice medicine, an individual licensed or certified to provide treatment for an alcohol use disorder, an advanced practice nurse, or an individual licensed to provide professional counseling under Title 45 of the Revised Statutes, or for the

minor to receive a follow-up telephone call, text, or chat message from an operator of the mental health and suicide crisis resources or 9-8-8 crisis hotline center pursuant to P.L.2025, c.238 (C.30:9A-33.1 et al.), as appropriate, except that behavioral health care services for the treatment of mental illness or emotional disorders shall be limited to temporary outpatient services only.

C.30:9A-33.2 Follow-up communication to minors without parental consent, authorization.

3. An operator of a mental health and suicide crisis resources center, as determined by the Commissioner of Human Services, or a 9-8-8 crisis hotline center who receives and responds to a telephone call or other communication from a minor who is 16 years of age or older for counseling and support and whom the operator identifies as being at a high risk of death by suicide shall be permitted to place follow-up calls, texts, or chat messages to the minor, as appropriate, without the necessity of obtaining parental consent or authorization pursuant to subsection b. of section 1 of P.L.1968, c.238 (C.9:17A-4). A follow-up call, text, or chat message authorized pursuant to this section shall not constitute behavioral health treatment, diagnosis, or clinical care. The call, text, or chat message shall be considered brief supportive communication solely for suicide prevention purposes.

4. This act shall take effect immediately.

Approved January 12, 2026.