

[First Reprint]

**SENATE, No. 4050**

**STATE OF NEW JERSEY**  
**221st LEGISLATURE**

INTRODUCED JANUARY 30, 2025

**Sponsored by:**

**Senator PATRICK J. DIEGNAN, JR.**

**District 18 (Middlesex)**

**Senator JOHN J. BURZICHELLI**

**District 3 (Cumberland, Gloucester and Salem)**

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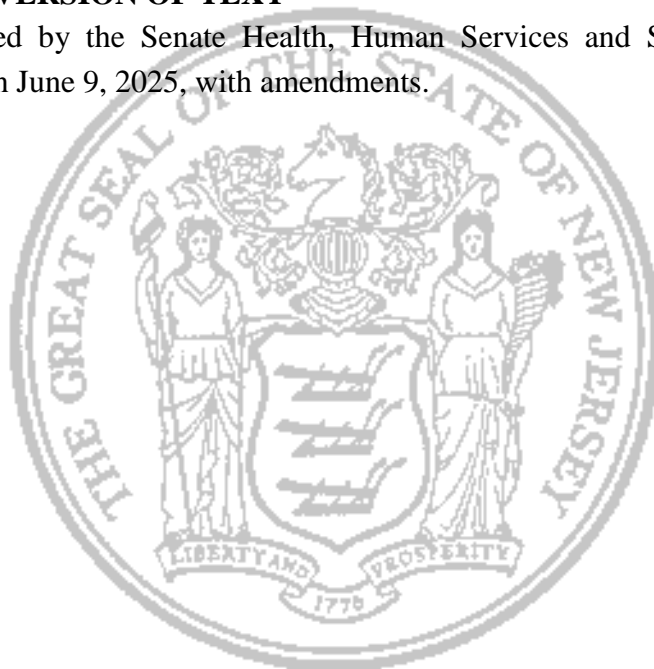
**Senator McKnight**

**SYNOPSIS**

Allows follow up communication from operators of telephone number for mental health and suicide crisis resources or 9-8-8 crisis hotline to minors at risk of committing suicide.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 9, 2025, with amendments.



**(Sponsorship Updated As Of: 1/30/2025)**

1 AN ACT concerning the <sup>1</sup>**[New Jersey Suicide Hopeline]** telephone  
2 number for mental health and suicide crisis resources and 9-8-8  
3 crisis hotline centers<sup>1</sup>, amending P.L.1968, c.230, and  
4 supplementing Chapter 9A of 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 <sup>1</sup>1. (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. P.L.2022, c.35 (26:2MM-5 et al) established the Statewide  
15 behavioral health crisis system of care including “9-8-8 crisis  
16 hotline centers” or “hotline centers,” State identified and funded  
17 centers participating in the National Suicide Prevention Lifeline  
18 Network to respond to Statewide or regional 9-8-8 calls.

19 c. With the establishment of the Statewide 9-8-8 hotline center,  
20 calls, texts, or chat messages received by The New Jersey Suicide  
21 Hopeline, formerly operated in partnership with Rutgers University  
22 Behavioral Health Care and the Department of Human Services, are  
23 now connected to the 9-8-8 hotline, allowing operators of the  
24 former hopeline to continue to provide immediate, compassionate,  
25 and confidential support to youth in crisis and play a critical role in  
26 preventing suicide across the State.

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

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

37 f. A follow-up call, text, or chat message conducted pursuant to  
38 P.L., c. (C. ) (pending before the Legislature as this bill) shall  
39 be understood as brief, supportive communication solely for suicide  
40 prevention purposes and is not intended to constitute behavioral  
41 health treatment, diagnosis, or clinical care.<sup>1</sup>

42  
43 <sup>1</sup>**[1]** <sup>2</sup>1. Section 1 of P.L.1968, c.230 (C.9:17A-4) is amended to  
44 read as follows:

**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:

<sup>1</sup>Senate SHH committee amendments adopted June 9, 2025.

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

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

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

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

46       When a minor who is **【sixteen】** 16 years of age or older believes  
47 that he or she is in need of behavioral health care services for the  
48 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 <sup>1</sup>When 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.]<sup>1</sup>

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 <sup>1</sup>[or 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)]<sup>1</sup> 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] <sup>1</sup>or<sup>1</sup> the health care facility <sup>1</sup>[, or the  
31 operator of the New Jersey Suicide Hopeline that places a follow-up  
32 call]<sup>1</sup>, as appropriate, and the [patient] minor, and neither the  
33 minor nor the minor's physician, professional counselor, nurse, [or]  
34 <sup>1</sup>or<sup>1</sup> outpatient health care facility<sup>1</sup>[, or the operator of the New  
35 Jersey Suicide Hopeline]<sup>1</sup>, as appropriate, shall be required to  
36 report such treatment <sup>1</sup>[or telephone call]<sup>1</sup> when it is the result of  
37 voluntary consent.

38 <sup>1</sup>When a minor who reports being 16 years of age or older  
39 believes that the minor is in need of behavioral health care services  
40 for the treatment of mental illness or emotional disorders and places  
41 a telephone call or other communication to, or when a call or other  
42 communication from another hotline placed by the minor is routed  
43 to or received by, operators of the telephone number for mental  
44 health and suicide crisis resources, as determined by the  
45 Commissioner of Human Services, or a 9-8-8 crisis hotline center  
46 for counseling and support, that minor shall be allowed to receive a  
47 follow-up call, text, or chat message from an operator of the

1 telephone number for mental health and suicide crisis resources or a  
2 9-8-8 crisis hotline center in response to the minor's original call or  
3 other communication without parental consent or authorization in  
4 accordance with the provisions of P.L. , c. (C. ) (pending  
5 before the Legislature as this bill).<sup>1</sup>

6 The consent of no other person or persons, including but not  
7 limited to, a spouse, parent, custodian, or guardian, shall be  
8 necessary in order to authorize a minor to receive such hospital  
9 services, facility, or clinical care or services, medical or surgical  
10 care or services, or counseling services from a physician licensed to  
11 practice medicine, an individual licensed or certified to provide  
12 treatment for an alcohol use disorder, an advanced practice nurse, or  
13 an individual licensed to provide professional counseling under  
14 Title 45 of the Revised Statutes, or for the minor to receive a  
15 follow-up telephone call<sup>1</sup>, text, or chat message<sup>1</sup> from an operator  
16 of the<sup>1</sup> **["New Jersey Suicide Hopeline"]** telephone number for  
17 mental health and suicide crisis resources or the 9-8-8 Crisis  
18 Hotline Center<sup>1</sup> pursuant to P.L., c. (C. ) (pending before the  
19 Legislature as this bill), as appropriate, except that behavioral  
20 health care services for the treatment of mental illness or emotional  
21 disorders shall be limited to temporary outpatient services only.  
22 (cf: P.L.2017, c.131, s.7)

23  
24 <sup>1</sup>**[2]** 3<sup>1</sup>. (New section) An operator of the<sup>1</sup> **["New Jersey**  
25 **Suicide Hopeline"]** telephone number for mental health and suicide  
26 crisis resources, as determined by the Commissioner of Human  
27 Services, or a 9-8-8 crisis hotline center<sup>1</sup> who receives and responds  
28 to a telephone call from a minor who is 16 years of age or older for  
29 counseling and support and <sup>1</sup>whom<sup>1</sup> the operator identifies as  
30 <sup>1</sup>being<sup>1</sup> at a high risk of committing suicide shall <sup>1</sup>be permitted to<sup>1</sup>  
31 place follow-up calls<sup>1</sup>, texts, or chat messages<sup>1</sup> to the minor, as  
32 appropriate, without the necessity of obtaining parental consent or  
33 authorization pursuant to subsection b. of section 1 of P.L.1968,  
34 c.238 (C.9:17A-4). <sup>1</sup>A follow-up call, text, or chat message  
35 authorized pursuant to this section shall not constitute behavioral  
36 health treatment, diagnosis, or clinical care. The call, text, or chat  
37 message shall be considered brief supportive communication solely  
38 for suicide prevention purposes.<sup>1</sup>

39  
40 <sup>1</sup>**[3.]** 4.<sup>1</sup> This act shall take effect immediately.