

HOUSE BILL 901

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2000 Regular Session
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By: **Delegates Kopp, Barve, Barkley, Bronrott, Brown, Goldwater, Heller,
Hubbard, Mandel, Menes, and Stern**

Introduced and read first time: February 11, 2000

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Child Abuse and Neglect Diagnosis and Treatment Act of 2000**

3 FOR the purpose of including certain expert child abuse and neglect diagnostic and
4 treatment services in State medical coverage and reimbursement plans;
5 defining certain terms; requiring the Secretary of Health and Mental Hygiene to
6 convene an expert panel to review Current Procedural Terminology codes,
7 billing protocols, and data collection mechanisms; requiring the Attorney
8 General, in collaboration with the Secretary of Health and Mental Hygiene and
9 the Secretary of Human Resources, to convene a workgroup to address
10 reimbursement of medical personnel for court preparation and appearance and
11 to investigate the use and funding of videoconferencing; requiring the
12 submission of certain reports; and generally relating to payment for and data
13 collection of expert child abuse and neglect diagnosis and treatment.

14 BY repealing and reenacting, with amendments,
15 Article - Family Law
16 Section 5-712
17 Annotated Code of Maryland
18 (1999 Replacement Volume and 1999 Supplement)

19 BY repealing and reenacting, with amendments,
20 Article - Health - General
21 Section 15-103(b)(9)(xiv) and (xv)
22 Annotated Code of Maryland
23 (1994 Replacement Volume and 1999 Supplement)

24 BY adding to
25 Article - Health - General
26 Section 15-103(b)(9)(xvi) and 16-209
27 Annotated Code of Maryland
28 (1994 Replacement Volume and 1999 Supplement)

1 Preamble

2 WHEREAS, It is the intent of the General Assembly to protect Maryland's
3 children by assuring that child abuse and neglect will be adequately and
4 appropriately diagnosed, treated, and prosecuted; and

5 WHEREAS, Our current system for the reimbursement for diagnosis and
6 treatment needs to be updated to reflect changes in the health care delivery system;
7 and

8 WHEREAS, The improved diagnosis of child abuse and neglect will reduce the
9 number of cases that are incorrectly prosecuted; and

10 WHEREAS, Child abuse and neglect is best diagnosed, treated, investigated,
11 and prosecuted using a multidisciplinary approach, which allows for nonduplication
12 of valuable resources and a seamless, least traumatic approach for the child and
13 family; and

14 WHEREAS, It is best for children suspected of being abused or neglected to
15 receive complete multidisciplinary diagnostic evaluations and medical and mental
16 health treatment; and

17 WHEREAS, The data collection system in Maryland for the evaluation and
18 treatment of child abuse and neglect victims is not adequate, and better collection of
19 data through the health care system would provide more assurance that these victims
20 receive the care that they need; and

21 WHEREAS, The victims of child abuse require not only expert diagnosis and
22 treatment but also collection and maintenance of evidence and other forensic
23 information to assure the adequate prosecution of cases; and

24 WHEREAS, It is urgent that the Department of Health and Mental Hygiene
25 resume payments and that the law be updated to reflect the creation of special
26 managed care organizations and the advances in the diagnosis and treatment of child
27 abuse and neglect; and

28 WHEREAS, It is also urgent that children who are victims of physical abuse and
29 neglect are afforded the same protections as children who are victims of sexual abuse;
30 and

31 WHEREAS, It is the intent of the General Assembly to protect Maryland
32 children by assuring appropriate diagnosis and treatment of abused and neglected
33 children, reimbursement to those professionals providing care, and statewide access
34 to expert care for child abuse and neglect diagnosis and treatment; now, therefore,

35 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
36 MARYLAND, That the Laws of Maryland read as follows:

Article - Family Law

2 5-712.

3 (a) (1) In this section THE FOLLOWING WORDS HAVE THE MEANINGS
4 INDICATED.

5 (2) "CHILD" MEANS AN INDIVIDUAL UNDER THE AGE OF 18 YEARS.

6 (3) "CHILD ADVOCACY CENTER" MEANS A CENTER, IN OR OUT OF A
7 HEALTH CARE FACILITY, THAT DIAGNOSES AND TREATS CHILD ABUSE AND
8 NEGLECT.

9 (4)(I) "[emergency] EMERGENCY medical treatment" means medical or
10 surgical care rendered by a [physician] PROVIDER IN [or] a health care [institution]
11 FACILITY, LABORATORY, OR CHILD ADVOCACY CENTER to a child under this section:

12 [(i)] 1. to relieve any urgent illness, INJURY, SEVERE EMOTIONAL
13 DISTRESS, or life-threatening health condition; or

14 [(ii)] 2. to determine the EXISTENCE, [nature] NATURE, or extent
15 of any POSSIBLE abuse or neglect.

16 (II) "EMERGENCY MEDICAL TREATMENT" MAY INCLUDE, WHEN
17 APPROPRIATE, THE USE OF TELEMEDICINE TO ACHIEVE A TIMELY EXPERT
18 DIAGNOSIS OF CHILD ABUSE OR NEGLECT.

19 [(2) "Emergency medical treatment" does not include:

20 (i) nonemergency outpatient treatment; or

21 (ii) periodic nonemergency health care.]

22 (5) "EXPERT CHILD ABUSE OR NEGLECT CARE" MEANS ANY CARE FOR
23 THE DIAGNOSIS OR TREATMENT OF CHILD ABUSE OR NEGLECT, RENDERED BY A:

24 (I) PHYSICIAN;

25 (II) MULTIDISCIPLINARY TEAM OR TEAM MEMBER;

26 (III) HEALTH CARE FACILITY; OR

27 (IV) HEALTH CARE FACILITY STAFF MEMBER EXPERT IN THE FIELD
28 OF CHILD ABUSE OR NEGLECT.

29 (6) "MULTIDISCIPLINARY TEAM" MEANS A GROUP OF PROFESSIONALS
30 WHO PROVIDE CONSULTATION, TREATMENT, AND PLANNING IN CASES OF CHILD
31 ABUSE AND NEGLECT.

1 (7) "PROVIDER" MEANS A PHYSICIAN, A MULTIDISCIPLINARY TEAM OR
2 TEAM MEMBER, A CHILD ADVOCACY CENTER, OR A HEALTH CARE FACILITY OR
3 FACILITY PERSONNEL.

4 (8) "TELEMEDICINE" MEANS THE USE OF TELECOMMUNICATIONS
5 TECHNOLOGY BY MEDICAL PERSONNEL FOR MEDICAL CONSULTATION AND
6 TREATMENT.

7 (b) Any [physician] PROVIDER who is licensed or authorized to practice
8 [medicine] in this State shall examine or treat any child, with or without the consent
9 of the child's parent, guardian, or custodian, to determine the nature and extent of
10 any abuse or neglect to the child if the child is brought to the [physician] PROVIDER:

11 (1) in accordance with a court order;

12 (2) by a representative of a local department who states that the
13 representative believes the child is an abused or neglected child; [or]

14 (3) by a police officer who states that the officer believes that the child is
15 an abused or neglected child[.]; OR

16 (4) BY ANY INDIVIDUAL MANDATED UNDER § 5-704 OF THIS SUBTITLE
17 TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT.

18 (c) If a [physician] PROVIDER examines a child under subsection (b) of this
19 section and determines that emergency medical treatment OR EXPERT CHILD ABUSE
20 OR NEGLECT CARE AS DEFINED IN THIS SECTION is indicated, the [physician]
21 PROVIDER may treat the child, with or without the consent of the child's parent,
22 guardian, or custodian.

23 (d) A [physician] PROVIDER who examines or treats a child under this section
24 shall have the immunity from liability described under § 5-621 of the Courts and
25 Judicial Proceedings Article.

26 (e) (1) In accordance with regulations adopted by the Secretary of Health
27 and Mental Hygiene, the Department of Health and Mental Hygiene shall pay, UPON
28 RECEIPT OF BILLS CODED AS [for] emergency medical treatment AND EXPERT CHILD
29 ABUSE OR NEGLECT CARE, charges that are incurred on behalf of a child who is
30 examined or treated under this section AND HAVE NOT BEEN REIMBURSED THROUGH
31 HEALTH BENEFITS AVAILABLE TO THE CHILD.

32 (2) The child's parent or guardian is liable to the Department of Health
33 and Mental Hygiene for the payments and shall take any steps necessary to secure
34 health benefits available for the child from a public or private benefit program.

35 (3) A PROVIDER, USING APPROPRIATE CODES, MAY BILL DIRECTLY FOR
36 CHILD ABUSE AND NEGLECT EXPERT CARE SERVICES, EXEMPTING THOSE COVERED
37 BY § 15-127 OF THE HEALTH - GENERAL ARTICLE, FROM:

1 (I) THE CHILD'S MANAGED CARE ORGANIZATION IF THE CHILD IS
2 IN A MANAGED CARE ORGANIZATION UNDER THE MARYLAND MEDICAL ASSISTANCE
3 PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM; OR

4 (II) THE CHILD'S INSURANCE COVERAGE AS A DEPENDENT OF AN
5 INSURED CARETAKER.

6 (4) The local department shall:

7 (i) immediately determine whether a child treated or examined
8 under this section is eligible for medical assistance OR MARYLAND CHILDREN'S
9 HEALTH PROGRAM payments; and

10 (ii) secure medical assistance OR MARYLAND CHILDREN'S HEALTH
11 PROGRAM benefits for any eligible child examined or treated under this section.

12 (f) [To the extent possible, the] THE Governor shall include in the annual
13 State budget funds for the payment of emergency medical treatment for children
14 examined or treated under this section WHOSE PARENTS OR GUARDIANS HAVE NOT
15 PROVIDED REIMBURSEMENT.

16 (G) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO INTERFERE WITH
17 THE PROVISIONS OF § 15-127 OF THE HEALTH - GENERAL ARTICLE.

18 **Article - Health - General**

19 15-103.

20 (b) (9) Each managed care organization shall:

21 (xiv) Maintain as part of the enrollee's medical record the following
22 information:

23 1. The basic health risk assessment conducted on
24 enrollment;

25 2. Any information the managed care organization receives
26 that results from an assessment of the enrollee conducted for the purpose of any early
27 intervention, evaluation, planning, or case management program;

28 3. Information from the local department of social services
29 regarding any other service or benefit the enrollee receives, including assistance or
30 benefits under Article 88A of the Code; and

31 4. Any information the managed care organization receives
32 from a school-based clinic, a core services agency, a local health department, or any
33 other person that has provided health services to the enrollee; [and]

1 (xv) Upon provision of information specified by the Department
2 under paragraph (19) of this subsection, pay school-based clinics for services provided
3 to the managed care organization's enrollees; AND

4 (XVI) REIMBURSE PHYSICIANS, HEALTH CARE FACILITIES, A
5 MULTIDISCIPLINARY TEAM OR TEAM MEMBER, CHILD ADVOCACY CENTERS
6 PROVIDING EMERGENCY MEDICAL TREATMENT, OR EXPERT CHILD ABUSE AND
7 NEGLECT CARE, AS DEFINED IN § 5-712 OF THE FAMILY LAW ARTICLE.

8 16-209.

9 THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL:

10 (1) APPOINT AND CONVENE AT LEAST ANNUALLY AN EXPERT PANEL IN
11 CHILD ABUSE AND NEGLECT TO ASSIST THE SECRETARY IN:

12 (I) REVIEWING THE APPROPRIATENESS OF CURRENT
13 PROCEDURAL TERMINOLOGY (CPT) CODES AND BILLING PROTOCOLS FOR SERVICES
14 RELATING TO CHILD ABUSE AND NEGLECT; AND

15 (II) DETERMINING HOW DIAGNOSIS AND TREATMENT DATA MAY
16 BE PRESERVED TO PROVIDE STATISTICS ON THE EXTENT OF CHILD ABUSE AND
17 NEGLECT IN MARYLAND, THROUGH, FOR EXAMPLE, THE ASSIGNMENT OF A SPECIAL
18 CODE;

19 (2) CONVENE AT LEAST ANNUALLY A SEMINAR WITH
20 REPRESENTATIVES FROM EVERY EMERGENCY ROOM, CHILD ADVOCACY CENTER,
21 AND OTHER FACILITY PROVIDING EXPERT CHILD ABUSE OR NEGLECT CARE, TO
22 PROVIDE TRAINING IN CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND
23 BILLING PROTOCOLS; AND

24 (3) REPORT ON OR BEFORE DECEMBER 1, 2001, AND ANNUALLY
25 THEREAFTER, TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF THE
26 STATE GOVERNMENT ARTICLE, ON THE DATA COLLECTED ON CHILD ABUSE AND
27 NEGLECT DIAGNOSIS AND TREATMENT.

28 SECTION 2. AND BE IT FURTHER ENACTED, That the Attorney General, in
29 collaboration with the Secretary of Health and Mental Hygiene and the Secretary of
30 Human Resources, shall convene a workgroup that shall:

31 (1) consist of:

32 (i) State's Attorneys with expertise in the prosecution of child
33 abuse and neglect;

34 (ii) local directors of social services;

35 (iii) local health officers;

36 (iv) representatives from the courts; and

1 (v) individuals who have participated in prosecution as witnesses,
2 including pediatricians;

3 (2) develop reimbursement mechanisms for child abuse and neglect
4 experts subpoenaed to testify for time spent in court and in preparation for court;

5 (3) investigate use of and reimbursement for videoconferencing; and

6 (4) report on or before December 1, 2001, in accordance with § 2-1246 of
7 the State Government Article, to the General Assembly with recommendations.

8 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
9 October 1, 2000.