

**Department of Legislative Services**  
Maryland General Assembly  
2003 Session

**FISCAL AND POLICY NOTE**  
**Revised**

Senate Bill 31

(Senator Kelley, *et al.*)

Education, Health, and Environmental Affairs

Appropriations

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**Informal Kinship Care - Consent to Health Care on Behalf of a Child**

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This bill allows a relative of a child providing “informal kinship care” to consent to health care on behalf of the child. The relative must verify the informal kinship care relationship through a sworn affidavit filed with the Department of Human Resources’ (DHR) Social Services Administration (SSA). The relative may apply for medical and public assistance entitlements eligible to the child. An affidavit does not abrogate the parent’s or guardian’s right to consent to health care on behalf of the child in a future health care decision.

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**Fiscal Summary**

**State Effect:** Any increase in the number of children enrolled in Medicaid or the Maryland Children’s Health Program is not expected to significantly affect State expenditures. No effect on revenues.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** The bill defines informal kinship care as “a living arrangement in which a relative of a child, who is not in the care, custody, or guardianship of the local department of social services, provides for the care and custody of the child due to a serious family hardship.” A serious family hardship is defined as: the death, serious illness, drug addiction, or incarceration of a parent or legal guardian of the child;

abandonment of the child by the parent or legal guardian; or the assignment of a parent or legal guardian to active military duty.

Relatives providing informal kinship care may consent to health care for the child if the court has not appointed a guardian for or awarded custody of the child to someone other than the relative providing the care and the relative signs a sworn affidavit specified by this bill.

The relative providing informal kinship care must annually file the affidavit with SSA. If there is a change in the care or the serious family hardship, the relative must notify SSA in writing within 30 days.

**Current Law:** State law does not recognize the informal kinship care relationship.

**Background:** Although it is not directly applicable to this bill, DHR provides a Kinship Care program that offers permanency planning services to families where a child is committed to a local department of social services because of abuse, neglect, dependency, or abandonment and placed by the local department with kinship parents or caregivers. Approximately 2,000 children are in DHR's Kinship Care program statewide.

**State Expenditures:** Neither the Department of Health and Mental Hygiene nor DHR could estimate the number of individuals who might file informal kinship care affidavits with local departments of social services.

The bill may facilitate enrollment in Medicaid or the Maryland Children's Health Program (MCHP) for a few eligible children. However, many children under informal kinship care may already be enrolled in Medicaid or MCHP. Accordingly, the bill is not expected to have a material impact on either program.

DHR reports that it would require at least four half-time office clerks located regionally across the State to file affidavits provided by the informal caregivers at a cost of \$58,641 for fiscal 2004. The half-time clerks would be located in the following locations: one in Western Maryland, one in the Baltimore metro area, one in the Eastern Shore, and one in the area of Southern Maryland and the suburbs of the District of Columbia.

The Department of Legislative Services believes that existing DHR office staff should be capable of filing the affidavits within existing budgeted resources.

## **Additional Information**

**Prior Introductions:** SB 186 of 2002 contained similar provisions which were amended out of the legislation by the Education, Health, and Environmental Affairs Committee. Another bill containing similar provisions was introduced at the 2001 session as SB 171. The Education, Health, and Environmental Affairs Committee referred the legislation to interim study.

**Cross File:** None.

**Information Source(s):** Department of Human Resources, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - January 23, 2003  
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