
By: **Senators Lawlah, Kasemeyer, Kelley, Kramer, and Ruben**

Introduced and read first time: February 4, 2005

Assigned to: Finance and Budget and Taxation

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health - Child Abuse and Neglect Centers of Excellence Initiative**

3 FOR the purpose of establishing a Child Abuse and Neglect Centers of Excellence
4 Initiative in the Department of Health and Mental Hygiene; providing for the
5 purposes of the Initiative; requiring the Maryland Chapter of the American
6 Academy of Pediatrics to operate, manage, and administer the Initiative;
7 requiring the Department to cooperate and assist the Maryland Chapter of the
8 American Academy of Pediatrics in overseeing the Initiative; providing for the
9 duties of the Centers of Excellence faculty; authorizing a Center of Excellence to
10 receive certain information from the Department on and consult on certain
11 cases from certain programs or entities; requiring the Secretary of the Health
12 and Mental Hygiene to appoint and convene a certain panel each year; requiring
13 certain panel to assist the Secretary in reviewing and determining certain codes
14 and bill protocols relating to child abuse and neglect cases; requiring the panel
15 to meet with certain representatives to provide certain training in certain codes
16 and billing protocols; requiring the panel to submit a certain report on or before
17 a certain date each year to the General Assembly on certain data collected on
18 data collected and activities of the Initiative; requiring the Governor to include
19 a certain appropriation in the State budget in a certain year; requiring the
20 Governor to include a certain appropriation in the State budget each year of a
21 certain amount; requiring the Office of Legislative Audits to audit certain
22 accounts and transaction of the Initiative; authorizing certain providers to
23 examine and treat certain children if the child is brought by certain individuals
24 required to report suspected child abuse or neglect; authorizing certain
25 providers to provide expert child abuse or neglect care under certain
26 circumstances; requiring the State Attorney General, in conjunction with the
27 Secretary and the Secretary of Human Resources to convene a certain
28 workgroup composed of certain representatives; requiring the workgroup to
29 investigate the use of, reimbursement for, availability of, and implementation of
30 videoconferencing as a resource in certain investigations; requiring the
31 workgroup to submit a certain report on or before a certain date to the General
32 Assembly regarding certain recommendations.

33 BY adding to

34 Article - Health - General

1 Section 13-2101 through 13-2107, inclusive, to be under the new subtitle
2 "Subtitle 21. Child Abuse and Neglect Centers of Excellence Initiative"
3 Annotated Code of Maryland
4 (2000 Replacement Volume and 2004 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article - Family Law
7 Section 5-712
8 Annotated Code of Maryland
9 (2004 Replacement Volume)

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

12 **Article - Health - General**

13 **SUBTITLE 21. CHILD ABUSE AND NEGLECT CENTERS OF EXCELLENCE INITIATIVE.**

14 13-2101.

15 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
16 INDICATED.

17 (B) "CENTER OF EXCELLENCE" MEANS A LOCAL OR REGIONAL
18 MULTIDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS AND HEALTH CARE
19 FACILITIES WITH THE EXPERTISE TO DIAGNOSE AND TREAT CHILD ABUSE AND
20 NEGLECT.

21 (C) "CENTERS OF EXCELLENCE FACULTY" MEANS A CORE GROUP OF
22 CLINICAL EXPERTS, WHO ARE FACULTY MEMBERS FROM THE MARYLAND CHAPTER
23 OF THE AMERICAN ACADEMY OF PEDIATRICS, UNIVERSITY OF MARYLAND MEDICAL
24 SYSTEM, AND JOHNS HOPKINS MEDICAL INSTITUTES, WHO PROVIDE TRAINING,
25 CONSULTATION, AND SUPPORT FOR THE DIAGNOSIS AND TREATMENT OF CHILD
26 ABUSE AND NEGLECT TO HEALTH CARE PROFESSIONALS.

27 (D) "CHILD ADVOCACY CENTER" MEANS AN ENTITY WITHIN OR OUTSIDE A
28 HEALTH CARE FACILITY THAT DIAGNOSES AND TREATS CHILD ABUSE AND NEGLECT.

29 (E) "INITIATIVE" MEANS THE CHILD ABUSE AND NEGLECT CENTERS OF
30 EXCELLENCE INITIATIVE.

31 (F) "MULTIDISCIPLINARY TEAM" MEANS A GROUP OF PROFESSIONALS WITH
32 EXPERTISE IN VARIOUS HEALTH CARE AND SOCIAL SERVICE PROFESSIONAL
33 DISCIPLINES WHO PROVIDE CONSULTATION, TREATMENT, AND PLANNING IN CASES
34 OF CHILD ABUSE AND NEGLECT.

1 13-2102.

2 (A) THERE IS A CHILD ABUSE AND NEGLECT CENTERS OF EXCELLENCE
3 INITIATIVE IN THE DEPARTMENT.

4 (B) THE PURPOSE OF THE INITIATIVE IS:

5 (1) TO IMPROVE THE PROTECTION OF CHILDREN IN THE STATE;

6 (2) TO RECRUIT LOCAL PHYSICIANS TO GAIN CLINICAL EXPERTISE IN
7 THE DIAGNOSIS AND TREATMENT OF CHILD ABUSE AND NEGLECT;

8 (3) TO DEVELOP AND GUIDE THE PRACTICE OF LOCAL OR REGIONAL
9 MULTIDISCIPLINARY TEAMS TO IMPROVE THE ASSESSMENT AND TREATMENT OF
10 CHILDREN WHO ARE THE SUBJECT OF A CHILD ABUSE OR NEGLECT INVESTIGATION
11 OR A CHILD IN NEED OF ASSISTANCE;

12 (4) TO FACILITATE THE APPROPRIATE PROSECUTION OF CRIMINAL
13 CHILD ABUSE AND NEGLECT; AND

14 (5) TO PROVIDE EXPERT CONSULTATION AND TRAINING TO LOCAL OR
15 REGIONAL MULTIDISCIPLINARY TEAMS IN THE DIAGNOSIS AND TREATMENT OF
16 PHYSICAL CHILD ABUSE AND NEGLECT AND SEXUAL ABUSE THROUGH
17 TELECONFERENCING AND ON-SITE SERVICES.

18 13-2103.

19 (A) THE INITIATIVE SHALL BE OPERATED, MANAGED, AND ADMINISTERED BY
20 THE MARYLAND CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS.

21 (B) THE DEPARTMENT SHALL COOPERATE AND ASSIST THE MARYLAND
22 CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS IN OVERSEEING THE
23 INITIATIVE.

24 13-2104.

25 THE CENTERS OF EXCELLENCE FACULTY SHALL:

26 (1) ASSIST LOCAL AND REGIONAL JURISDICTIONS TO DEVELOP
27 STANDARDS AND PROTOCOLS FOR THE COMPOSITION AND OPERATION OF LOCAL OR
28 REGIONAL CENTERS OF EXCELLENCE;

29 (2) PROVIDE TRAINING AND CONSULTATION TO LOCAL OR REGIONAL
30 CENTERS OF EXCELLENCE IN THE DIAGNOSIS AND TREATMENT OF CHILD ABUSE
31 AND NEGLECT;

32 (3) INVENTORY EXISTING ACADEMIC AND EMERGENCY RESOURCES
33 AVAILABLE FOR TELECONFERENCING AND FACILITATE THE USE OF THESE
34 RESOURCES FOR CHILD ABUSE AND NEGLECT INVESTIGATIONS AND TREATMENT
35 PLANS; AND

1 (4) PROVIDE FINANCIAL SUPPORT TO PART-TIME LOCAL AND REGIONAL
2 EXPERT CLINIC STAFF FOR THE DIAGNOSIS AND TREATMENT OF CHILD ABUSE AND
3 NEGLECT.

4 13-2105.

5 A CENTER OF EXCELLENCE MAY RECEIVE INFORMATION FROM THE
6 DEPARTMENT ON AND MAY CONSULT ON ANY CASE FROM:

7 (1) THE CHILDREN IN NEED OF ASSISTANCE PROGRAM;

8 (2) A CHILD COMMITTED TO THE DEPARTMENT OR A LOCAL
9 DEPARTMENT OF SOCIAL SERVICES; OR

10 (3) A CHILD WHO IS THE SUBJECT OF A CHILD ABUSE OR NEGLECT
11 INVESTIGATION.

12 13-2106.

13 (A) THE SECRETARY SHALL APPOINT AND CONVENE AN EXPERT PANEL ON
14 CHILD ABUSE AND NEGLECT RELATING TO RESEARCH AND DATA COLLECTION AT
15 LEAST ONE TIME EACH YEAR.

16 (B) THE PANEL SHALL ASSIST THE SECRETARY IN:

17 (1) REVIEWING THE APPROPRIATENESS OF CURRENT PROCEDURAL
18 TERMINOLOGY (CPT) CODES AND BILLING PROTOCOLS FOR SERVICES PROVIDED
19 REGARDING CHILD ABUSE AND NEGLECT; AND

20 (2) DETERMINING HOW DIAGNOSIS AND TREATMENT DATA MAY BE
21 PRESERVED TO PROVIDE STATISTICS ON THE EXTENT OF CHILD ABUSE AND
22 NEGLECT IN THE STATE INCLUDING BY CREATING A SPECIAL BILLING CODE.

23 (C) THE PANEL SHALL MEET AT LEAST ONE TIME EACH YEAR WITH
24 REPRESENTATIVES FROM EVERY EMERGENCY ROOM, CHILD ADVOCACY CENTER,
25 AND OTHER FACILITIES PROVIDING EXPERT CHILD ABUSE AND NEGLECT CARE, AS
26 DEFINED IN § 5-712 OF THE FAMILY LAW ARTICLE, TO PROVIDE TRAINING IN
27 CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND BILLING PROTOCOLS.

28 (D) THE PANEL SHALL SUBMIT A REPORT ON OR BEFORE DECEMBER 1 OF
29 EACH YEAR, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE,
30 TO THE GENERAL ASSEMBLY ON THE DATA COLLECTED ON CHILD ABUSE AND
31 NEGLECT DIAGNOSIS TREATMENT AND THE ACTIVITIES OF THE INITIATIVE.

32 13-2107.

33 (A) IN FISCAL YEAR 2007, THE GOVERNOR SHALL INCLUDE IN THE STATE
34 BUDGET AN APPROPRIATION IN THE AMOUNT OF \$225,000 FOR THE CHILD ABUSE
35 AND NEGLECT CENTERS OF EXCELLENCE INITIATIVE.

1 (B) IN EACH FISCAL YEAR BEGINNING WITH FISCAL 2007, THE GOVERNOR
2 SHALL INCLUDE IN THE ANNUAL BUDGET BILL SUBMITTED TO THE GENERAL
3 ASSEMBLY A GENERAL FUND APPROPRIATION FOR THE CHILD ABUSE AND NEGLECT
4 CENTERS OF EXCELLENCE INITIATIVE IN AN AMOUNT NOT LESS THAN THE AMOUNT
5 OF THE GENERAL FUND APPROPRIATION FOR THE INITIATIVE AS APPROVED IN THE
6 STATE BUDGET AS ENACTED BY THE GENERAL ASSEMBLY FOR THE PRIOR FISCAL
7 YEAR, INCREASED BY NOT LESS THAN THE PERCENTAGE BY WHICH THE PROJECTED
8 TOTAL GENERAL FUND REVENUES FOR THE UPCOMING FISCAL YEAR EXCEED THE
9 REVISED ESTIMATE OF TOTAL GENERAL FUND REVENUES FOR THE CURRENT
10 FISCAL YEAR, AS CONTAINED IN THE REPORT OF THE ESTIMATED STATE REVENUES
11 SUBMITTED BY THE BOARD OF REVENUE ESTIMATES TO THE GOVERNOR UNDER §
12 6-106(B) OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

13 (C) THE OFFICE OF LEGISLATIVE AUDITS SHALL AUDIT THE ACCOUNTS AND
14 TRANSACTIONS OF THE CHILD ABUSE AND NEGLECT CENTERS OF EXCELLENCE
15 INITIATIVE IN ACCORDANCE WITH §§ 2-1220 THROUGH 2-1227 OF THE STATE
16 GOVERNMENT ARTICLE.

17 **Article - Family Law**

18 5-712.

19 (a) (1) In this section[, "emergency"] THE FOLLOWING WORDS HAVE THE
20 MEANINGS INDICATED.

21 (2) (I) "EMERGENCY medical treatment" means medical or surgical
22 care rendered by a [physician or health care institution] PROVIDER IN A
23 LABORATORY, HEALTH CARE FACILITY, OR CHILD ADVOCACY CENTER to a child
24 under this section:

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

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

29 [(2)] (II) "Emergency medical treatment" [does not include:

30 (i) nonemergency outpatient treatment; or

31 (ii) periodic nonemergency health care] INCLUDES, IF
32 APPROPRIATE, THE USE OF TELEMEDICINE TO ACHIEVE A TIMELY EXPERT
33 DIAGNOSIS OF CHILD ABUSE OR NEGLECT.

34 (3) "EXPERT CHILD ABUSE OR NEGLECT CARE" MEANS THE DIAGNOSIS
35 OR TREATMENT OF CHILD ABUSE OR NEGLECT PROVIDED BY:

36 (I) A PHYSICIAN;

1 (II) A MULTIDISCIPLINARY TEAM OR MULTIDISCIPLINARY TEAM
2 MEMBER;

3 (III) A HEALTH CARE FACILITY; OR

4 (IV) A STAFF MEMBER OF A HEALTH CARE FACILITY WHO IS AN
5 EXPERT IN THE FIELD OF ABUSE AND NEGLECT.

6 (4) "MULTIDISCIPLINARY TEAM" MEANS A GROUP OF PROFESSIONALS
7 WITH EXPERTISE IN VARIOUS PROFESSIONAL DISCIPLINES WHO PROVIDE
8 CONSULTATION, TREATMENT, AND PLANNING IN CASES OF CHILD ABUSE AND
9 NEGLECT.

10 (5) "PROVIDER" INCLUDES A PHYSICIAN, MULTIDISCIPLINARY TEAM OR
11 MULTIDISCIPLINARY TEAM MEMBER, A CHILD ADVOCACY CENTER, A HEALTH CARE
12 FACILITY, OR HEALTH CARE FACILITY PERSONNEL.

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

18 (1) in accordance with a court order;

19 (2) by a representative of a local department OF SOCIAL SERVICES who
20 states that the representative believes the child is an abused or neglected child; [or]

21 (3) by a police officer who states that the officer believes that the child is
22 an abused or neglected child; OR

23 (4) BY AN INDIVIDUAL REQUIRED UNDER § 5-704 OF THIS SUBTITLE TO
24 REPORT SUSPECTED CHILD ABUSE OR NEGLECT.

25 (c) If a [physician] PROVIDER examines a child under subsection (b) of this
26 section and determines that emergency medical treatment OR EXPERT CHILD ABUSE
27 OR NEGLECT CARE is indicated, the physician may treat the child, with or without the
28 consent of the child's parent, guardian, or custodian.

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

32 (e) (1) In accordance with regulations adopted by the Secretary of Health
33 and Mental Hygiene, the Department of Health and Mental Hygiene shall pay for
34 emergency medical treatment charges that are incurred on behalf of a child who is
35 examined or treated under this section.

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

4 (3) The local department shall:

5 (i) immediately determine whether a child treated or examined
6 under this section is eligible for medical assistance payments; and

7 (ii) secure medical assistance benefits for any eligible child
8 examined or treated under this section.

9 (f) To the extent possible, the Governor shall include in the annual State
10 budget funds for the payment of emergency medical treatment for children examined
11 or treated under this section.

12 SECTION 2. AND BE IT FURTHER ENACTED, That:

13 (a) The Attorney General, in conjunction with the Secretary of Health and
14 Mental Hygiene and the Secretary of Human Resources, shall convene a workgroup
15 that consists of the following members:

16 (1) a State's Attorney with expertise in the prosecution of child abuse
17 and neglect;

18 (2) local directors of social services;

19 (3) local health officers;

20 (4) representative from the courts with expertise in child abuse and
21 neglect issues; and

22 (5) individuals who have participated in the prosecution of a child abuse
23 or neglect case as a witness, especially pediatricians.

24 (b) The workgroup shall investigate and make recommendations on the use of,
25 reimbursement for, availability of, and implementation of videoconferencing as a
26 resource in a child abuse or neglect investigation in the State.

27 (c) The workgroup shall submit a report on or before December 1, 2005, in
28 accordance with § 2-1246 of the State Government Article, to the General Assembly
29 regarding recommendations on videoconferencing as a resource in a child abuse or
30 neglect investigation.

31 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 October 1, 2005.