

Department of Legislative Services  
 Maryland General Assembly  
 2005 Session

FISCAL AND POLICY NOTE  
 Revised

House Bill 1341

(Delegate Hurson, *et al.*)

Health and Government Operations

Finance and Budget and Taxation

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

This bill creates a Child Abuse and Neglect Centers of Excellence Initiative within the Department of Health and Mental Hygiene (DHMH). In fiscal 2007, the Governor must include a \$225,000 appropriation in the State budget for the initiative. In each fiscal year beginning in fiscal 2008, the Governor must include in the annual budget bill a general fund appropriation for the initiative of an amount not less than the amount enacted by the General Assembly for the prior fiscal year. This amount must be increased by not less than the percentage by which the projected total general fund revenues for the upcoming fiscal year exceed the revised estimate of total general fund revenues for the current fiscal year, as contained in the report of estimated State revenues submitted by the Board of Revenue Estimates. The Office of Legislative Audits must audit the accounts and transactions of the initiative.

**Fiscal Summary**

**State Effect:** No effect in FY 2006. General fund expenditures could increase by at least \$225,000 annually beginning in FY 2007. No effect on revenues. The Office of Legislative Audits could audit the initiative with existing resources.

(in dollars)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	225,000	235,100	246,200	258,000
Net Effect	\$0	(\$225,000)	(\$235,100)	(\$246,200)	(\$258,000)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect*

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

**Bill Summary:** The purposes of the initiative are to: (1) improve the protection of children in Maryland; (2) recruit local physicians to gain clinical expertise in the diagnosis and treatment of child abuse and neglect; (3) develop and guide the practice of local or regional multidisciplinary teams to improve the assessment and treatment of children who are the subject of a child abuse or neglect investigation or a child in need of assistance (CINA); (4) facilitate the appropriate prosecution of criminal child abuse and neglect; and (5) provide expert consultation and training to local or regional multidisciplinary teams in the diagnosis and treatment of physical child abuse and neglect and sexual abuse through teleconferencing and onsite services.

“Centers of excellence faculty” must: (1) assist local and regional jurisdictions to develop standards and protocols for the composition and operation of local or regional centers of excellence; (2) provide training and consultation to local or regional centers of excellence in the diagnosis and treatment of child abuse and neglect; (3) inventory existing academic and emergency resources available for teleconferencing and facilitate the use of these resources for child abuse and neglect investigations and treatment plans; and (4) provide financial support to part-time local and regional expert clinic staff for the diagnosis and treatment of child abuse or neglect. DHMH must designate the participants in the centers of excellence facility.

A center of excellence may receive information from DHMH and may consult with DHMH on any case: (1) referred from the CINA program; (2) concerning a child committed to DHMH or a local department of social services; or (3) concerning a child who is the subject of a child abuse or neglect investigation.

The Secretary of Health and Mental Hygiene must appoint and convene an expert panel on child abuse and neglect relating to research and data collection at least once each year. By December 1 annually, the panel must submit a report to the General Assembly on the data collected on child abuse and neglect diagnosis and treatment and the activities of the initiative.

Under the Family Law statute relating to a physician’s examination and treatment of abused or neglected children, the bill expands the definition of emergency medical treatment to include medical or surgical care to a child rendered by a provider in a laboratory, health care facility, or child advocacy center. The care can be to relieve any injury or severe emotional distress or to determine the existence of any possible abuse or neglect.

It includes, if appropriate, the use of telemedicine to achieve a timely expert diagnosis of child abuse or neglect. Expert child abuse or neglect care is defined as diagnosis or treatment of child abuse or neglect provided by a physician, a multidisciplinary team or a team member, a health care facility, or a health care facility staff member who is an expert in the field of child abuse and neglect. The bill repeals a definition that emergency medical treatment does not include nonemergency outpatient treatment or periodic nonemergency health care.

### *Videoconferencing Workgroup*

The Attorney General, in conjunction with the Secretary of Health and Mental Hygiene and the Secretary of Human Resources, must convene a workgroup to investigate and make recommendations on the use of, reimbursement for, availability of, and implementation of videoconferencing as a resource in child abuse or neglect investigations in Maryland. The workgroup must submit a report by December 1, 2005 to the General Assembly regarding its findings and recommendations.

**Current Law:** Under the Family Law statute relating to a physician's examination and treatment of abused or neglected children, medical treatment is defined as medical or surgical care rendered by a physician or health care institution to a child. The care can be to relieve any urgent illness or life threatening health condition or to determine the nature or extent of any abuse or neglect. Emergency medical treatment does not include nonemergency outpatient treatment or periodic nonemergency health care.

A CINA is a child who requires court intervention because: (1) the child was abused or neglected or has a developmental disability or a mental disorder; and (2) the child's parents, guardian, or custodian are unable or unwilling to give the proper care and attention to the child and the child's needs.

**Background:** In fiscal 2004, 30,237 child protective service investigations occurred statewide, according to the Department of Human Resources (DHR). Of these investigations, 6,342 were closed with indications of abuse or neglect and 8,435 were closed as unsubstantiated with regard to abuse or neglect.

**State Expenditures:** No effect in fiscal 2006. The bill requires the Governor to include a \$225,000 general fund appropriation in the fiscal 2007 State budget to implement the initiative. Using this expenditure cap, this analysis reflects the grant to administer the initiative. It also reflects DHMH hiring one nurse to serve as the liaison with the grantee, monitor the contract with the grantee and training vendors, convene and support the expert panel and assist the panel in writing the annual report, and arrange for training on current procedural terminology coding procedures. It includes a salary, fringe benefits, one-time start-up costs, travel costs, and ongoing operating expenses.

Grant to Organization to Administer the Initiative	\$138,643
Salary and Fringe Benefits	66,715
Operating Expenses	17,874
Travel Costs	<u>1,768</u>
<b>Total FY 2007 State Expenditures</b>	<b>\$225,000</b>

Future year expenditures reflect: (1) a full salary with 4.6% annual increases and 3% employee turnover; (2) 1% annual increases in ongoing operating expenses; and (3) the grant increasing each year to reflect the Board of Revenue Estimates' anticipated percentage increase in total general fund revenues assuming the projected increases in the out-years are consistent with current projections (4.5% in fiscal 2008, 4.7% in fiscal 2009, and 4.8% in fiscal 2010).

However, since the escalator for the mandated appropriation is based on an annual report, the percentage increase would likely change.

The Office of the Attorney General, DHMH, and DHR could participate in the videoconferencing workgroup using existing budgeted resources. The Office of Legislative Audits reports that it could audit the initiative as part of its regular DHMH compliance audit.

### Additional Information

**Prior Introductions:** None.

**Cross File:** SB 782 (Senator Lawlah, *et al.*) – Finance and Budget and Taxation.

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

**Fiscal Note History:** First Reader - March 16, 2005  
 ncs/jr Revised - House Third Reader - April 1, 2005  
 Revised - Correction - April 4, 2005  
 Revised - Enrolled Bill - May 9, 2005

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