

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 Third Reader

House Bill 1389
 Judiciary

(Delegate D. Jones, *et al.*)

Finance

Public Health - Female Genital Mutilation

This bill alters, in statutory provisions that govern the reporting and investigation of suspected child abuse and neglect, the definition of “abuse” to include “female genital mutilation,” as defined under the bill. The bill also alters current criminal prohibitions and increases criminal penalties for female genital mutilation, requires a health occupations board to revoke an individual’s professional license under specified circumstances, and authorizes a victim of female genital mutilation to file a civil action. The bill requires the Maryland Department of Health (MDH) to submit an annual report to the General Assembly containing specified data, make the required report available to the public, and collaborate with community-based organizations to develop, publish, and distribute educational materials on female genital mutilation, as specified.

Fiscal Summary

State Effect: General fund expenditures increase by \$39,500 in FY 2027 for contractual personnel to assist with requirements under the bill. Future years reflect ongoing personnel costs and termination of the contractual position in FY 2029. Otherwise, the bill is not anticipated to materially affect State finances or operations.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	39,500	40,900	17,900	0	0
Net Effect	(\$39,500)	(\$40,900)	(\$17,900)	\$0	\$0

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

Local Effect: The bill is not anticipated to materially affect local government finances or operations.

Small Business Effect: None.

Analysis

Bill Summary:

Female Genital Mutilation – Criminal Prohibition

Except if medically necessary and performed by a licensed health practitioner, a person may not knowingly perform, attempt to perform, or conspire to perform female genital mutilation on an individual who is younger than age 18 or (2) transport an individual who is younger than age 18 out of the State for the purpose of performing or facilitating the performance of female genital mutilation on the individual.

Except if medically necessary and performed by a licensed health practitioner, a parent, guardian, or other individual is guilty of female genital mutilation if the individual (1) is legally responsible and charged with the care or custody of a child younger than age 18 and (2) knowingly consents to the performance of female genital mutilation on the child. The personal belief of any individual that the operation is required as a matter of custom or ritual may not be taken into account in making determinations of medical necessity for purposes of these prohibitions.

Violators are guilty of a felony that is punishable by imprisonment for up to 10 years and/or a \$10,000 fine.

Mandatory Revocation of Professional Licenses

If an individual who holds a license issued under the Health Occupations Article is convicted of, enters a plea of guilty or of *nolo contendere* for, or receives probation before judgment for a violation of these prohibitions, the applicable health occupations board must revoke the individual's license.

Civil Action

A victim of female genital mutilation performed in violation of the bill's prohibitions may file a civil action in the circuit court in the county in which the violation occurred or the victim resides. If the court finds that a person violated the prohibitions discussed above, the court may award the plaintiff specified types of damages and relief. The statute of limitations for this cause of action is the later of 10 years from the date the violation occurred or the date on which the victim reaches age 28.

Reporting Requirement

On or before December 1 each year, beginning in 2027, MDH, in consultation with the Social Services Administration, State and local law enforcement agencies, and other appropriate government agencies and public and private organizations, must submit a report to the General Assembly, containing de-identified and disaggregated data on the number of:

- reports of female genital mutilation submitted in accordance with § 5-704 of the Family Law Article;
- individuals prosecuted for and individuals convicted of a violation of the bill's provisions; and
- civil actions filed as authorized under the bill and civil actions in which a judgment was entered, whether by settlement or adjudication.

MDH must make the report available to the public.

MDH, in collaboration with community-based organizations, must develop and publish culturally and linguistically appropriate educational materials on female genital mutilation, including the signs that an individual has been subjected to female genital mutilation, the physical and mental health risks caused by female genital mutilation, and the criminal penalties for a violation of the bill's prohibitions. MDH and the organizations must distribute these educational materials to health care providers, law enforcement agencies, schools, the public, and any other professional or community-based organizations that may work or interact with individuals who are at risk of female genital mutilation.

Current Law:

Definition of "Abuse" in Title 5, Subtitle 7 of the Family Law Article

Title 5, Subtitle 7 of the Family Law Article generally defines abuse as the physical or mental injury of a child under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed by a parent; household member or family member; person who has permanent or temporary care or custody of the child; person who has responsibility for supervision of the child; or person who, because of the person's position or occupation, exercises authority over the child. Abuse also means (1) the sexual abuse of a child, whether or not physical injuries are sustained and (2) labor trafficking of a child by any individual.

Mandatory Reporting of Suspected Child Abuse and Neglect – Generally

Mandatory Reporters: Under Title 5, Subtitle 7 of the Family Law Article, health care practitioners, police officers, educators, and human service workers who are acting in a professional capacity, and who have reason to believe that a child has been subjected to abuse or neglect must notify the local department of social services or the appropriate law enforcement agency. An “educator or human service worker” includes any teacher, counselor, social worker, caseworker, and parole or probation officer. If the worker is acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, then the individual must notify the head of the institution or the designee.

Reporting by Other Individuals: Although the term “mandatory reporters” refers only to individuals who must report suspected child abuse or neglect because of their professional capacity, State law generally requires all individuals to report suspected child abuse and neglect.

Child Abuse and Neglect Investigations – Generally

Generally, after receiving a report of suspected abuse or neglect of a child who lives in Maryland that is alleged to have occurred in the State, the local department of social services and/or the appropriate law enforcement agency must promptly and thoroughly investigate the report to protect the health, safety, and welfare of the child or children. Within 24 hours after receiving a report of suspected physical or sexual child abuse, and within five days after receiving a report of suspected child neglect or mental injury, the local department or law enforcement agency must (1) see the child; (2) attempt to have an on-site interview with the child’s caretaker; (3) decide on the safety of the child and of other children in the household; and (4) decide on the safety of the other children in the care or custody of the alleged abuser. The determinations and assessments that are required during an abuse or neglect investigation are specified in statute. The local State’s Attorney must assist in the investigations if requested to do so by a local department of social services.

Statute includes additional requirements in regard to the investigations, including the timeframe by which investigations must be completed and findings reported to the local State’s Attorney. Reports of child abuse and neglect may also be referred for an alternative response in specified circumstances. An “alternative response” means a component of the child protective services program that provides for a comprehensive assessment of (1) risk of harm to the child; (2) risk of subsequent child abuse or neglect; (3) family strengths and needs; and (4) the provision of or referral for necessary services. An alternative response does not include an investigation or a formal determination as to whether child abuse or neglect has occurred. Only a low-risk report of abuse or neglect may be considered for an

alternative response. Statutory provisions also set forth procedures for an alternative response, including timeframes by which assessments and written reports must be completed.

Female Genital Mutilation – Criminal Prohibition

Except if medically necessary and performed by a licensed health practitioner, a person who performs specified procedures on an individual younger than age 18 is guilty of female genital mutilation. Subject to the same exceptions, a parent, guardian, or other individual is guilty of female genital mutilation if the individual (1) is legally responsible and charged with the care or custody of a child younger than age 18 and (2) knowingly consents to specified procedures on the child. The personal belief on the part of any individual that the operation is required as a matter of custom or ritual may not be taken into account in making determinations of medical necessity for purposes of these prohibitions.

Violators are guilty of a felony that is punishable by imprisonment for up to five years and/or a \$5,000 fine.

State Expenditures: General fund expenditures increase by \$ 39,463 in fiscal 2027, which accounts for the bill’s October 1, 2026 effective date.

MDH has determined that a permanent, part-time contractual position is needed to implement the bill. However, the Department of Legislative Services advises that the bulk of added responsibilities incurred by this legislation are not permanent. This estimate reflects the cost of hiring one part-time health policy analyst in the initial years to establish collaborations and data collection practices and procedures, prepare the first two required reports, and develop educational materials. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.5
Salary and Fringe Benefits	\$31,364
Operating Expenses	<u>8,099</u>
Total FY 2027 State Expenditures	\$39,463

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses and termination of the position on December 1, 2028, after submission of the second annual required report.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 907 (Senator Love, *et al.*) - Finance.

Information Source(s): Anne Arundel and Baltimore counties; Judiciary (Administrative Office of the Courts); Office of the Public Defender; Maryland Department of Health; Department of Human Services; Department of Public Safety and Correctional Services; Maryland Health Care Alternative Dispute Resolution Office; Department of Legislative Services

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