



**Working to end sexual violence in Maryland**

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**Testimony Opposing Senate Bill 503**  
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March 8, 2023

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Judicial Proceedings Committee to report unfavorably on Senate Bill 503.

**Senate Bill 503 – Child Advocacy Centers and 48 Hour Notice of Personnel Changes**

This bill imposes personnel policies on child advocacy centers by requiring notice regarding changes in a child's "behavioral, mental, or other health care provider" within 48 hours of the change. Further it requires the employer to provide the former employee's contact information to the parent or guardians of a child, and permits the former employee to contact the client and perform a "termination session" and assist with the transfer of the case.

Child advocacy centers (CACs) are "one-stop" shops that respond to sexually abused children. They help ensure that children are not retraumatized during the investigatory process. All jurisdictions in Maryland have CACs. Most are government based and others are in non-profits or have a hybrid model. MCASA fully supports CACs as a best practice in investigation of child sexual abuse.

This bill appears to be prompted by very serious allegations in one CAC and complaints made by former employees. This was investigated by the Montgomery County Office of the Inspector General and it appears that significant changes in the local CAC have occurred. MCASA shares the concerns of the sponsor, however, we believe that SB503 is not the correct response. The requirements established in SB503 create an unrealistic burden on child advocacy centers (CACs), do not account for the variety of personnel issues these agencies may encounter, and - most importantly - are not closely related to helping the vulnerable children that CACs serve.

In particular, the requirement to mandate contact with the former provider is not always appropriate. There are a host of reasons that a provider may leave any practice, CAC or otherwise. We appreciate that the bill provides that contact is not required if the provider was terminated for conduct detrimental to a child, however, other bad conduct such as harassment of

a coworker or dishonesty may lead to termination. An employer in that situation should be permitted to take alternative steps to transfer a case in a way that is appropriate for the children involved and the organization. SB503 would mandate something that is best left to individual circumstances.

Additionally, SB503 applies to “other health care provider(s)” who may not see CAC clients on an ongoing basis. For example, pediatricians and nurses conduct forensic medical exams (SAFEs) at CACs for children with suspected sexual abuse. These are generally one-time exams; return visits are uncommon. Requiring notice regarding changes in this staff is an unnecessary burden on already short-staffed programs. MCASA also notes that the Health Care Worker Whistleblower Protection Act already applies to CACs in non-governmental entities. If there are concerns that some CAC staff are not protected by this Act, MCASA respectfully suggests that the Committee (or the Health & Government Operations Committee) consider amendments to that statute.

Providing continuity of health care services to vulnerable children is enormously important. It is an important component in the ethical rules governing clinicians providing treatment. There is also no indication that there is an issue beyond the one case that prompted the OIG investigation. Even if there were a more widespread problem, however, there other more effective and realistic ways to ensure continuity of care and take into account the needs of individual children.

**The Maryland Coalition Against Sexual Assault urges the  
Judicial Proceedings Committee to report unfavorably on Senate Bill 503**