

Date: March 8, 2023

Bill number: SB0503

Committee: Senate Judicial Proceedings Committee

Bill title: **Criminal Procedure - Child Advocacy Centers - Care Providers**

DHS Position: **LETTER OF INFORMATION**

The Maryland Department of Human Services (DHS) thanks the Committee for the opportunity to provide written information for Senate Bill 503 (SB 503).

Senate Bill 503 would establish certain procedures for Child Advocacy Centers (CAC) when there is a change in the child's behavioral, mental health, or other health care provider. This bill requires the CAC to provide written notification within 48 hours, to the child and the child's parent or guardian when there is a change in health care providers, unless the CAC has reason to believe that such notification may endanger the child. The bill requires the previous health provider to contact the child and their parent or guardian to conduct a termination session and assist in transferring the child's care to a new provider unless the previous provider was terminated for conduct detrimental to the health, safety, and welfare of a child. This bill also requires that certain CAC health care providers are included in the Health Care Worker Whistleblower Protection Act ("the Act"). To the extent that any CAC health care providers are State employees, the bill would create confusion because the Act currently exempts State employees.

Should the bill pass, Senate Bill 503 would introduce ambiguity into the interpretation of Maryland's statutes. Presently, Health General §20-104 permits discretion for parental notification when a minor consents to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic.¹ As written, Senate Bill 503 provides that a CAC is not required to provide notification when it may endanger the child.

Child Advocacy Centers (CAC) coordinate investigation and intervention services by bringing together professionals and agencies as a multi-disciplinary team to create a child-focused approach to child maltreatment cases. This multi-disciplinary team comprises members from many disciplines including law enforcement, social services, legal services, mental health, medical and victim advocacy, all of whom work together in the investigation, treatment, management and prosecution of child maltreatment cases. In fact, the Child Advocacy Center model was developed to ensure that children are not re-victimized by the very system designed to protect them. Child Advocacy Centers provide important support and services in partnership with the Local Departments of Social Services (LDSS) to children who have experienced extreme trauma due to maltreatment.

The Department appreciates the opportunity to provide the aforementioned information to the Committee for consideration during your deliberations. DHS welcomes continued collaboration with the Committee on Senate Bill 503.

¹ See Health Gen. 20-104 which grants a minor 12 or older the ability to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic and allows a health care provider discretion to notify a parent of such unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care in which case the health care provider is prohibiting from notifying a parent.

