

# **THE COALITION TO PROTECT MARYLAND'S CHILDREN**

*Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.*

## **Testimony before the Senate Judicial Proceedings Committee being heard in SB503- CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS**

**March 8, 2023**

### **Testimony of the Coalition to Protect Maryland's Children**

**Position: OPPOSE**

---

The Coalition to Protect Maryland's Children (CPMC) is a consortium of Maryland organizations and individuals formed in 1996 to promote meaningful child welfare reform. We oppose SB503.

Members in support of this position include the State Council on Child Abuse and Neglect, Md. Chapter of American Academy of Pediatrics Child Justice, Maryland Chapter of the National Association of Social Workers, the Family Tree, Center for Hope and the Maryland Children's Alliance.

Each of our organizations has a mission to protect children, especially the most vulnerable among them.

SB503, though well meaning, does not ultimately protect vulnerable children. Instead it imposes an unrealistic burden on our state's child advocacy centers and any health provider or mental health provider who works with them. It also sets a dangerous precedent for youth-serving organizations by legislating internal health and regulatory policy outside the Department of Health or any health or mental health regulatory agency. This bill does not codify an existing continuity of care standard, it creates a new one and bypasses health and regulatory agencies altogether. It has no clear or understandable enforcement mechanism.

It is not common industry practice to provide 48 hour notice window to families in the event that "there is a change in the child's behavioral, mental, or other health care provider" and then to "include the name and contact information of the new and previous providers." It is also unclear what is meant by "change." It would be very difficult to apply this standard. For many reasons (staffing, caseload, shortages, family's choice, skillset), the name of a new health or mental health provider is not always available within 48 hours.

Youth serving agencies, including child advocacy centers, already have professional, legal, regulatory, and ethical duties to their patients and clients, and many have internal policies on continuity of care and staffing. This law would needlessly confuse or contradict many of those policies. We ask for an UNFAVORABLE report.