State Council on Child Abuse and Neglect (SCCAN)
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SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) "to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."

TESTIMONY IN OPPOSITION TO SB503:

CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS

****OPPOSE****

TO: Hon. William Smith, Chair, and members of the Senate Judicial Proceedings Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)

DATE: March 8, 2023

SCCAN opposes SB503, Criminal Procedure – Child Advocacy Centers – Care Providers. We understand that the intent of the bill is to ensure continuity of care for vulnerable children, a goal that SCCAN applauds. However, the requirements established in SB 503 are unclear, and create an unrealistic burden on child advocacy centers (CACs) and any medical or mental health professional who provides care through contract with a CAC.

It is standard of care for medical and mental health professionals who leave their practice to notify patients/clients that they will no longer be providing services at that site. However, neither Maryland law nor Maryland regulations require that this notice be made within 48 hours, and the requirement for notification and provision of contact information for current and previous providers within this time frame simply ***does not make sense***.

This notification and time frame are unrealistic for several reasons. First, SB 503 does not specify when the clock starts; does it begin the moment a medical or mental health professional resigns? On the professional's last day? Some other time? Second, the requirement to provide the ***name and contact information of the new provider*** within this time frame may not be possible. Larger mental health practices or programs within CACs may need more time to assess the case loads of other providers in order to determine which provider(s) can accept additional patients into their practice, and how many they can accept. Smaller CACs that may only have one mental health provider will likely need more time

to hire a replacement mental health provider. CACs that provide mental health services through contracts with individuals or groups may need additional time to negotiate a new contract. Third, the requirement to provide the ***name and contact information of the previous provider*** may not be possible for a number of reasons. The previous provider may have decided to retire, to pursue a different line of work, or to take time off from practice, in which case they may not have forwarding contact information.

Another problem with SB 503 is that the mandate extends to "other health care provider(s)" who may not see CAC clients in an ongoing manner, but who may be seen by the child or family as their doctor or their nurse. For example, pediatricians and nurses conduct medical exams at CACs for children with suspected sexual abuse. These are generally one-time exams; return visits are uncommon. If that physician or nurse leaves the CAC, does the CAC need to notify any or all of the children seen for medical evaluations in case the family requests a return visit?

In sum, the requirements of SB 503 will be difficult, if not impossible to follow. We agree with the importance of providing continuity of health care services to vulnerable children but believe that there are other more effective and realistic ways to ensure this continuity of care and to prevent children from falling through the cracks. We welcome ongoing conversation with Senator Muse to find a more realistic mechanism achieving this laudable goal.

For these reasons, we request an UNFAVORABLE report.