

HB762 - Criminal Procedure - Child Advocacy Centers - Care Providers

House Judiciary Committee – March 2, 2023

Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development

Position: **OPPOSE**

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I am writing to OPPOSE HB762. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital). LifeBridge Health is the only community hospital system that dedicates significant resources to violence intervention and prevention, including a Child Advocacy Center (“CAC”), formerly known as the Baltimore Child Abuse Center. Operation of this CAC and its related efforts to improve health outcomes for children is compromised by this bill.

HB762 creates new continuity of care standards for a child's "health care provider." As written, the bill applies to ALL medical and health staff involved in a child's care at a child advocacy center. Medical or other somatic care providers are regulated by their own boards as well as covered by LifeBridge employment guidelines yet are caught up in the language. Furthermore, the bill's overly broad language reaches beyond the CAC to ANY health care provider who may not be employed or contracted by a CAC, creating confusion for both providers.

The requirement for written notification "within 48 hours to the child and the child's parent or guardian when there is a change in the children's behavioral, mental, or other health care provider" subverts the work being performed on behalf of a child victim by the CAC. A CAC may have many providers involved in the care of a particular child in the course of treatment and disposition of the case. Health care providers and hospitals already have continuity of care rules and policies that govern their conduct and are appropriate to the kind of personnel changes at issue, such as referral, vacation, illness, sickness, death, termination, retirement. This is unrealistic and unworkable in the healthcare setting, and especially if the child is referred out for treatment. Nowhere in statutes governing "health care providers" are providers required to provide written notice to a patient when a change in provider occurs and this arbitrary requirement should not apply in a CAC setting either.

Furthermore, mandating that a child's parent be notified violates Health General § 20-102, which states that "a licensed health care practitioner may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor," further compromising care of the minor in a sensitive situation.

Similarly, providing the names of all providers working with the child and allowing the “previous provider” (there could be many, and it may not be clear which will apply) to conduct “a termination session” with the child is overly burdensome and likely disruptive and disturbing to the child and child’s family/guardian or other representative, as changes may occur frequently and will, in some cases, involve difficult relationships between the provider and patient. Under this requirement, LifeBridge Health medical staff working at the Center for Hope’s CAC will have to provide written notice to a child or family every time there is a change of any type in provider, including new or additional, temporary, replacement, such as changes in nursing staff, consulting physician, and so on.

Finally, licensed healthcare providers, including management, working in CACs are subject to their own professional and ethical rules. CACs are also guided by national accrediting standards by the National Children's Alliance, which are already incorporated into Human Services §11-928. Employees and contractors of CACs need not be regulated independently from their employers or contractors.

For all the above stated reasons, we request an **UNFAVORABLE** report for HB762.

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