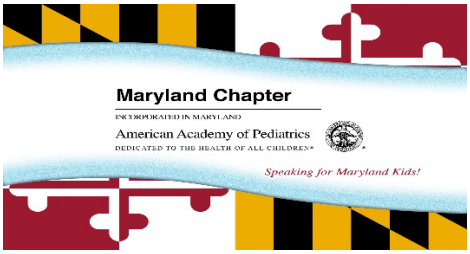

TO: The Honorable Luke Clippinger, Chair
Members, House Judiciary Committee
The Honorable Jon S. Cardin

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
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410-244-7000

DATE: March 2, 2023

RE: **OPPOSE** – House Bill 762 – *Criminal Procedure – Child Advocacy Centers – Care Providers*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **opposition** for House Bill 762.

House Bill 762 proposes various procedures for child advocacy centers (CACs) when there is a change in health care providers and proposes various other protections for parents or guardians who may want to raise various concerns about a CAC's operations or standards of care. While MDAAP strongly supports the apparent intent of the bill – ensuring high quality continuity of care for some of Maryland's most vulnerable children, the provisions of the bill conflict with or duplicate existing provisions of current law and create an unrealistic burden on CACs and any medical or mental health professional who provides care through a contract with a CAC.

The current standard of care for medical and mental health professionals who leave their practice is 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 is neither realistic nor attainable. For example, when does the timeframe for notification begin – at the time of resignation, the professionals last day or some other undefined point in time. Further, the requirement to provide the name and contact information of the new provider is often not possible. The health care providers in large practices within CACs may need time to assess the case loads of other providers in order to determine which provider(s) can accept additional patients. Smaller CACs that may only have one mental or physical health provider will likely need more time to hire a replacement provider. CACs that provide physical or mental health services through contracts with individuals or groups may need additional time to negotiate a new contract.

Another problem with House Bill 762 is that the mandate extends to "other health care provider(s)" who may not see CAC clients on an ongoing basis. For example, pediatricians 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?

The requirements of House Bill 762 will be difficult, if not impossible to follow. While MDAAP agrees with the importance of providing continuity of health care services to vulnerable children, it is their belief that there are other more effective and realistic ways to ensure this continuity of care and to prevent children from falling through the cracks. For these reasons, MDAAP looks forward to working with the bill's sponsors and other stakeholders to find realistic and achievable solutions to their intended objectives but respectively ask for an unfavorable report on House Bill 762.