

# **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 House Judiciary Committee being heard in HB762- CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS**

**March 2, 2023**

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

**Position: OPPOSE**

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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 HB762.

Members in support of this position include the State Council on Child Abuse and Neglect (SCCAN), Maryland Coalition Against Sexual Assault (MCASA), Md. Chapter of American Academy of Pediatrics, Child Justice, Maryland Chapter of the National Association of Social Workers (NASW-MD), the Family Tree, Center for Hope, the Maryland Children's Alliance, and the Citizens Review Board for Children.

Each of our organizations has a mission to protect children, especially the most vulnerable among them. We do not believe there is a need for this bill.

HB762 does not ultimately protect vulnerable children. Instead it imposes an unrealistic burden on providers at 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 child-serving organizations like ours by legislating a completely new health and regulatory policy. 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 written notice window to children and 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. There is a shortage of qualified mental health and health providers with the necessary skills to work with very vulnerable populations. The name of a new health or mental health provider, especially with referrals to outside agencies, is not always available within 48 hours.

Child-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

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continuity of care and notice. This law would needlessly confuse or contradict many of those policies.

We urge an UNFAVORABLE report.