



Harford County Child Advocacy Center



The Honorable Will Smith
Chair, Judicial Proceedings Committee
Miller Senate Office Building, 2 East Wing
11 Bladen St., Annapolis, MD 21401

RE: HB 1480– Appropriations– Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations

POSITION: UNFAVORABLE

Dear Chair Smith:

Thank you for the opportunity to testify on Senate Bill 1480 - *Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations*. We respectfully request that this committee return an **unfavorable** report on the bill for the reasons set forth in this letter.

House Bill 1480 requires a CAC to report a change in provider to a “child and parent or guardian”.

By using the term “parent or guardian”, children may be put at risk since parents are frequently the maltreater in these cases. Best practices provide that only *non-offending caregivers* should be contacted regarding a change in a child’s provider. In 2024, Maryland CACs served 5,387 children. In 1,715 of these cases, the parent or stepparent was the offender so including the word “parent” here could jeopardize the investigation and put the child at further risk of harm.

Additionally, this bill would require me, a representative of Harford County law enforcement, to be responsible for the staffing changes of a third-party organization. This puts an unnecessary burden on law enforcement and CAC staff since we only partner with Maryland licensed providers. This could also create client confidentiality concerns for clients.

Reporting requirements under the bill are issues covered by state licensure.

If a licensed mental health professional that has been treating a child victim is no longer able to treat that child victim due to termination, change in job, or any other reason, the licensure standards established in COMAR governing each professional’s licensure establish the continuity of care requirements.

Licensed mental health professionals have continuity of care requirements governed by their professional licensure requirements. For example, **Md. Code Regs. 10.36.05.07 outlines the continuity of care required of psychologists or psychology associates** in the event that there is a termination of services. **Social workers** have similar requirements under **Md. Code Regs. 10.42.03.03**. The Board of Examiners of Psychologists as well as the Board of Social Work Examiners investigate complaints against professionals licensed under their authority. Each Board’s complaint process and investigation is comprehensive.

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The proposed adjustments are not required of any other provider in the state. Any changes in licensure requirements for professionals in health departments, school systems, and private mental health treatment facilities is the responsibility of the licensure board. This is relevant because 20 out of 24 CACs do not employ licensed mental health providers; however, all 24 CACs coordinate services with licensed mental health providers (through a linkage agreement) who are under the oversight of their relevant licensing board. The contracted licensed mental health providers have continuity of care requirements within the existing regulatory framework. The reporting requirement under the bill as proposed creates tremendous practical challenges for CACs, especially those that work with external providers.

For these reasons, we request an unfavorable report on HB 1480.

Sincerely,

Lt. Marziale

Lieutenant Paul Marziale
Director, Harford County Child Advocacy Center