

March 28, 2025

Committee Chairman Will Smith
Miller Senate Office
Building, 3 West 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 House 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.

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.

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 our CAC coordinates 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 our CAC.

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.

The complaint provisions of House Bill 1480 do not consider possible issues related to confidentiality.

HB1480 requires that “each child advocacy center shall provide written notification to the parent or guardian when there is a change in a provider of medical or mental health services.” **This information may not be stored by our CAC.** Instead, this and related information would be stored by the third-party service provider. Our CAC has a linkage agreements with external providers who would be responsible for retaining this information as required by licensure. The CAC provides a medical exam but not ongoing services in most cases. **Additionally, medical services are rarely ongoing after the initial exam.** There would be no mechanism to provide ongoing services or a continuity of care plan in these cases.

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

Sincerely,

A handwritten signature in cursive script that reads "Lisa Donovan".

Lisa Donovan
Program Coordinator
Carroll County Advocacy & Investigation Center