



March 11, 2026

The Honorable Ben Barnes
Chair, House Appropriations Committee
120 Taylor House Office Building
Annapolis, Maryland 21401

RE: House Bill 1292 – Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations

Position: Favorable with Amendment

Dear Chair Barnes, Vice Chair Kaiser, and Committee Members:

Thank you for the opportunity to testify on House Bill 1292 - *Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations*. The Maryland Children's Alliance (MCA) agrees with the underlying intent of this bill to ensure that child advocacy centers operate under standards that ensure the best care for the children we serve. As a result, we are supportive of this legislation with some key amendments to reflect the unique work of Maryland child advocacy centers and their multi-disciplinary teams. We respectfully request that this committee considers amendments on the bill for the reasons set forth below.

MCA is the nonprofit organization that functions as the State Chapter within the National Children's Alliance and serves as a convener of the **24 child advocacy centers (CACs) in Maryland**. CACs are child-focused facilities that help abused children heal by coordinating the multi-disciplinary team response to child physical and sexual abuse, trafficking, and exploitation. CACs also provide children and families with advocacy and case coordination to get the help they need to heal. CAC multi-disciplinary teams are made up of forensic interviewers, family advocates, medical providers, law enforcement, child protective services, trauma therapists, and prosecutors. The multi-disciplinary approach focuses the investigation collaboratively in order to provide the best outcomes for children and communities. Every jurisdiction in the State of Maryland has the ability to respond to allegations of child maltreatment in a way that best supports healing for children who are survivors of abuse.

House Bill 1292 requires a CAC to report a change in provider to a "child and parent or guardian".

MCA understands and agrees with the Sponsors' efforts to provide information on provider changes. Unfortunately, however, parents are frequently the maltreater in CAC cases. In 2025, Maryland CACs served 5,446 children. In 37% of these cases, the parent, guardian, or stepparent of the child was the offender. In such cases, notification to a parent could compromise an active investigation and put the child at further risk of harm. As a result, best practices provide that only *non-offending caregivers* should be contacted regarding a change in a child's provider. MCA recommends that "the child and parent or guardian" be replaced with "the non-offending caregiver, if known" or, alternatively, that language be

added to specify that information is provided to a parent or guardian only if it would not present a risk to the child.

Child Advocacy Centers generally do not provide the medical services referenced in House Bill 1292.

The inclusion of mental health services throughout the bill is appropriate and necessary. However, in most cases, a CAC provides a medical exam, but not ongoing medical services. **Additionally, acute medical services are not provided at a CAC.** Many children who receive acute medical exams are brought to emergency rooms across the state. In those cases, there would be no mechanism to provide ongoing services or a continuity of care plan. CACs provide access to non-acute medical exams as part of the multi-disciplinary team response. However, these exams do not include long-term or follow-up care generally. As a result, MCA recommends removing the references to medical services.

House Bill 1292 requires GOCPP to report complaints and standards adherence on a publicly accessed website, regardless of the status of the complaint investigation.

MCA agrees with the importance of ensuring that complaints against CAC staff are properly reviewed. However, as currently drafted, HB 1292 requires publication of complaint information unless confidential or otherwise protected by federal law, but does not specify whether the complaints must have been substantiated or investigations concluded. CACs are statutorily obligated to investigate child abuse in the jurisdiction where the crime occurred. Publishing specific complaint information by individual CAC prior to full adjudication could jeopardize the reputation of a CAC and limit the ability of the state to prosecute these challenging cases.

MCA is committed to ensuring that CACs meet national best practice standards and to providing training on appropriate standards of care. We applaud the Sponsor's efforts to further standardize CAC response in Maryland. For these reasons, we respectfully request a favorable report with the amendments discussed above.

Sincerely,



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Executive Director



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