

**CAROLYN A. QUATTROCKI**  
*Chief Deputy Attorney General*

**LEONARD J. HOWIE III**  
*Deputy Attorney General*

**CARRIE J. WILLIAMS**  
*Deputy Attorney General*

**SHARON S. MERRIWEATHER**  
*Deputy Attorney General*

**ZENITA WICKHAM HURLEY**  
*Deputy Attorney General*



**PETER V. BERNS**  
*General Counsel*

**CHRISTIAN E. BARRERA**  
*Chief of Staff*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

**ANTHONY G. BROWN**  
*Attorney General*

March 11, 2026

TO: The Honorable Ben Barnes  
Chair, Appropriations Committee

FROM: Tiffany Clark  
Director, Legislative Affairs, Office of the Attorney General

RE: House Bill 1292 – Child Advocacy Centers – Continuity of Care Standards  
for Health Care Professionals and Reports of Violations (Letter of Concern)

---

The Office of the Attorney General (OAG) respectfully submits this letter of concern regarding **House Bill 1292** – Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations. House Bill 1292 requires child advocacy centers to establish continuity of care plans when providers of medical or mental health services change, mandates reporting of certain complaints to the Governor's Office of Crime Prevention and Policy for referral to the Attorney General for investigation and further action, and requires public disclosure of compliance and complaint information on GOCPP's website.

While we appreciate the sponsors' intent to strengthen accountability and improve continuity of services for child victims of abuse, we have identified the following considerations that warrant the Committee's attention:

**1. The Bill Vests Investigatory Authority in the Attorney General Without Providing the Necessary Resources or Legal Authority to Act**

House Bill 1292 would require complaints regarding the provision of medical and mental health services at child advocacy centers to be referred to the Attorney General for investigation and further action, if necessary, but does not define the purpose of that referral, authorize the resources needed to conduct the investigations, or vest the Attorney General with authority to impose sanctions or compel remedial action upon a finding of noncompliance.

The OAG does not have a specialized unit with programmatic expertise in child abuse and neglect investigations, nor the clinical expertise necessary to evaluate the quality of medical or mental health services provided at child advocacy centers. Child advocacy centers operate under the oversight of GOCPP, which contracts with and oversees the centers and is better positioned, both structurally and programmatically, to receive, assess, and respond to complaints of this nature. The Department of Human Services similarly has deep, daily operational involvement in child abuse and neglect cases and possesses the specialized expertise and established relationships necessary to evaluate such complaints effectively. Routing complaints to the Attorney General, without corresponding authority or infrastructure, would create an enforcement mechanism that cannot be meaningfully used.

This concern reflects a broader structural principle. Agencies with established investigatory functions, including the Office of Health Care Quality (OHCQ) and the health occupations boards administered under the Maryland Department of Health, such as the Maryland Board of Physicians and the Maryland Board of Social Work Examiners, conduct complaint investigations and compliance reviews by drawing on programmatic expertise, clinical knowledge, and established regulatory frameworks that reside within the agency itself. Where those investigations give rise to legal questions or enforcement proceedings, the agency works in conjunction with assigned Assistant Attorneys General who provide legal advice and representation in support of the agency's exercise of its own authority. The Attorney General's role in that model is to provide legal counsel, not to serve as the primary investigator. House Bill 1292 would invert that structure entirely, assigning the investigatory function to the OAG without the underlying subject matter expertise, operational relationships, or enforcement authority that make such investigations effective and meaningful.

Moreover, the historical complaint volume does not justify this structural shift. The Department of Human Services identified only two complaints under the prior framework, providing little basis for determining the appropriate scope of an investigatory function or what resources it would require. Assigning this function to the OAG under these uncertain conditions would be an inefficient use of limited State resources and risks creating an accountability gap rather than closing one.

## **2. The Mandatory Parental Notification Provision Conflicts with Existing Law and Threatens the Rights and Safety of Child Victims**

House Bill 1292 would require child advocacy centers to provide written notification to a child *and* the child's parent or guardian whenever there is a change in a provider of medical or mental health services, and to permit the former provider to contact the child and parent or guardian to conduct a termination session. This universal notification requirement conflicts with existing Maryland law and the Maryland Declaration of Rights in ways that could cause direct harm to child victims.

Maryland law expressly permits minors to consent to and receive certain medical and mental health services without parental involvement, including medical treatment following rape or sexual offense, reproductive health services, and treatment for mental or emotional disorders

including substance use. Providers of these services are not required to disclose treatment information to parents or guardians and are expressly prohibited from disclosing information related to a minor's receipt of abortion services or mental health treatment where such disclosure could lead to harm or deter the minor from seeking care<sup>1</sup>. Requiring universal parental notification under this bill, without exception, would override these protections and may also implicate Article 48 of the Maryland Declaration of Rights, which guarantees a fundamental right to reproductive freedom.

The practical consequences are significant. Child advocacy centers serve children who have experienced abuse at the hands of a parent or guardian. The Maryland Children's Alliance has reported that a parent or stepparent was the perpetrator in 1,715 cases handled by Maryland CACs in 2024. Mandatory notification in these circumstances does not protect children – rather it can expose them. Children who know that a change in their provider will trigger notice to an abusive parent may avoid seeking or continuing care altogether, undermining the very purpose of the child advocacy center system.

The OAG recommends that the bill be amended to include an "if appropriate" qualifier before any reference to notification of a parent or guardian, consistent with the existing statutory framework governing minors' health care rights, to ensure that this provision does not operate to harm the children it is designed to protect.

We appreciate Delegates Bagnall and Cullison's commitment to improving outcomes for child victims of abuse and remain available to work collaboratively with the sponsors and the Committee to address these concerns as the legislation advances.

Cc: Members of the Committee

---

<sup>1</sup> Sections 20-102(f), 20-103(f), 20-104(c)(3) of the Health - General Article.