

HB1292 CPMC FAV JPR.pdf

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Position: FAV

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 budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.



**HB1292 – Child Advocacy Centers – Continuity of Care Standards for
Healthcare Professionals and Reports of Violations
Senate Judicial Proceedings Committee
March 26, 2026**

Position: SUPPORT

The Coalition to Protect Maryland's Children is a consortium of organizations and individuals formed in 1992 who are concerned about the care of Maryland's most vulnerable children and work together to educate and promote meaningful child welfare reform. **CPMC urges a favorable report on HB1292 - Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations.**

Child Advocacy Centers (CACs) are designed to provide a coordinated, child-focused response to allegations of abuse. Each center operates using a multi-disciplinary team that includes professionals from law enforcement, child protective services, medical and mental health services, and prosecutors. We are aware of versions of the bill having been introduced in the last few years and believe that the intent of this legislation is to ensure that CACs operate under quality standards across all jurisdictions, although complaints about CACs are exceedingly very rare. Our main concerns with this year's bill appear to have been addressed through amendments by the House Judiciary Committee.

It is for these reasons that the Coalition to Protect Maryland's Children **urges a favorable report on HB1292 - Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations.**¹

¹ Members of CPMC represented by this written testimony include – American Academy of Pediatrics - MD Chapter, Center for Hope, Child Justice, Court Appointed Special Advocates (CASA - Baltimore County), Maryland Association of Resources for Families and Youth (MARFY), Maryland Children's Alliance, Maryland Network Against Domestic Violence, National Association of Social Workers – MD (NASW), the State Council on Child Abuse & Neglect (SCCAN), and individual members of the coalition.

SN HB1292Heather Bagnall.pdf

Uploaded by: Heather Bagnall

Position: FAV

HEATHER BAGNALL
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Health and Government Operations
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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 26, 2026

Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations

Chair, Mr. Vice Chair and members of the esteemed members of the Senate Judicial Proceedings Committee

Thank you for the opportunity to testify in support of House Bill 1292 Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations.

Maryland has 24 Child Advocacy Centers, one in every county and Baltimore City, which provide critical services for some of Maryland's most vulnerable children; children who have experienced abuse or neglect. For over three decades, Child Advocacy Centers have been an integral part of Maryland's care network, and a crucial tool in fighting child abuse. Three years ago, this body set out on a journey of understanding when House Bill 1100 was introduced.

The bill would have required child advocacy centers to report annually to the Behavioral Health Administration certain information related to behavioral health care services provided at CACs. It would also have required the issuance of an annual report, and it would have authorized the Secretary of Health to investigate certain complaints related to child advocacy centers. This bill was the result of an ongoing dispute between a CAC and a behavioral health provider.

Although that bill did not ultimately pass and the dispute was resolved through other means, the work to understand the bill identified a more concerning and overarching issue - despite receiving significant state funding through the Governor's Office of Crime Prevention and Policy (GOCPP), these centers currently lack specific oversight or accountability mechanisms. Working with stakeholders during the 2025 session, this committee amended HB 1480 into a posture which passed unanimously from this committee and the House 137-1. House Bill 1292 is in the same posture as it passed out of the House in 2025.

I understand we have additional amendments which have been recommended by stakeholders in review of the language and are clarifying in nature. HB 1292 will establish oversight standards for Maryland's Child Advocacy Centers (CACs) shoring up the safety net for some of our most vulnerable children.

The bill requires GOCPP to collect complaints against the centers and produce an annual report, authorizing GOCPP to refer them to the Attorney General for further review, streamlining all complaints and response through GOCPP, aligning the process with the center's funding source. Additionally, the bill applies to individuals employed by the CACs, ensuring that the centers can be held accountable for their staff's actions and must ensure all providers of medical and mental health are licensed or certified by the appropriate health occupations board, providing a meaningful role of oversight to the state of Maryland while holding centers accountable to ensure quality and continuity of care.

HB 1292 is an essential step to ensure our most vulnerable children continue to receive the highest standard of care the CACs already maintain and ensure we are holding ourselves accountable to ensuring our state dollars are meaningfully supporting these individuals and for these reasons I ask for a favorable report on HB 1292

CFH JPR FAV HB1292 Child Advocacy Centers Continu

Uploaded by: Jennifer Witten

Position: FAV

March 26, 2026

Senate Judicial Proceedings Committee

HOUSE BILL 1292: Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations

Position: Favorable

Dear Chairman Smith and Members of the Committee:

On behalf of LifeBridge Health's Center for Hope, thank you for the opportunity to provide testimony in support amended House Bill 1292. LifeBridge Health's Center for Hope is a comprehensive violence intervention and prevention program that, in 2025 provided trauma informed crisis intervention and prevention services to more than 5,700 survivors and caregivers impacted by child abuse, domestic violence, and homicide. As Baltimore City's nationally accredited Child Advocacy Center (CAC), we helped over 1,500 children last year and collaborate daily with multidisciplinary partners to ensure child safety, investigative integrity, and access to appropriate care. As a critical part, and often unseen member of Maryland's broad child protection community, we appreciate the intent underlying HB1292 to promote continuity of care for children and accountability for all of Maryland's 24 Child Advocacy Centers. Continuity of care is a critical value we share and foundational to trauma informed practice.

Maryland's CACs already operate within a robust framework of oversight and accountability. Under Md. Code, Criminal Procedure § 11-928, CACs must meet national accreditation standards established by the National Children's Alliance (NCA). The US Department of Justice's Office of Juvenile Justice and Delinquency Prevention have endorsed these ten standards. Maryland has formally incorporated those standards into the statute. These standards are evidence based, nationally recognized, and include clear requirements related to organizational capacity, mental health services, medical evaluations, and coordination of care. Compliance is assessed through a rigorous accreditation and reaccreditation process every five years. In fact, Center for Hope recently passed its accreditation after a rigorous site review and evaluation of hundreds of pages of documents. A comprehensive review of these standards and the evidence behind them can be found at <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/childrens-advocacycenters>.

Helping children and caregivers heal from abuse and trauma is of critical importance for the child advocacy center. With thanks to philanthropic supporters and available government funds such as Victims of Crime Act (VOCA) grants, Center for Hope provided high quality free treatment for almost 150 clients equaling almost 3,000 sessions in FY24. Licensed healthcare professionals practicing within CACs remain subject to the full authority of their respective licensing boards and existing

state regulations governing ethical practice, client welfare, and continuity of care. These systems provide meaningful protections for children and families while allowing providers the clinical discretion necessary to respond to complex and sensitive circumstances.

Nonetheless, maintaining robust mental health practices is a challenge for any provider, let alone Maryland's various child advocacy centers. Recognizing that not all of Maryland's child advocacy centers have the same capacity for oversight and care that LifeBridge Health has invested in Center for Hope, we support the call for ensuring mental health care provided by a CAC meets acceptable standards and addresses the appropriate handoff towards a smooth transition when providers change.

Center for Hope discussed amendments to the original draft of HB1292 with the bill sponsors and appreciates the thoughtful consideration and understanding of how CACs function. These amendments as discussed with sponsors include:

- Clarifying that clinicians practicing under lawful supervision are included in the licensing provision.
- Expanding the confidentiality provision to reference HIPAA and other applicable federal and State confidentiality laws
- Refining the complaint reporting requirement so it applies when a determination has been made that a violation of CAC standards or applicable professional ethics occurred.
- Clarifying who retains discretion to determine safety and clinical appropriateness regarding termination sessions and provider contact.
- Ensuring that any public reporting of complaint information is appropriately limited to protect confidential medical and investigative information.

Center for Hope supports HB1292 as amended by the House with one additional technical amendment offered by bill sponsor to modify effect date from 2026 to 2027. Thank you for your consideration and for your continued commitment to protecting Maryland's children.

Respectfully submitted,

Jennifer Witten, MBA

Vice President Government Relations & Community Development

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Written Senate Testimony CAC Bill HB1292.pdf

Uploaded by: R. Patrick Savage Jr

Position: FAV



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March 24, 2026

Senator William C. Smith, Jr., Chair
Senator Jeff Waldstreicher, Vice Chair
Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

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

Position: Strong Support

I am Dr. Pat Savage, licensed psychologist who retired from clinical practice, in Maryland. I provided mental health services for 40 years to the residents of Maryland. I am the current chair of the Maryland Psychological Association's Political Action Committee (MPAPAC), a past Chair of the Maryland Psychological Association's (MPA) Legislative Committee as well as a Past President of the Association. Today I am writing in support of HB 1292. I am testifying for the fourth year in a row on a bill designed to protect vulnerable children and their families as well as the mental health therapists who serve them. I want to thank the House and members of the House Health Committee, particularly Delegates Pena-Melnyk, Bagnall, and Shetty who were involved in supporting HB1480 last year as well as those who have supported this bill over the last three years. I'd like to thank Delegate Ben Cardin who sponsored three prior versions of this bill and has worked tirelessly to protect vulnerable kids and families from harm. I'd also like to express my sincere appreciation to Senator Malcolm Augustine who sponsored a version of this bill and courageously spoke about his personal experiences relevant to this bill. My hope is that you will advance this bill as another step towards improving the safe, effective and trauma informed delivery of mental health services to your constituents.

HB 1292 has been introduced (different forms) in three prior sessions to address a serious incident that negatively affected some of the State's most vulnerable children and their families as well as the mental health professionals who work to help them heal their emotional wounds. These children's emotional pains have typically arisen from experiencing multiple episodes of mental and/or physical trauma. These vulnerable individuals turned to services offered through the Child Advocacy Centers (CACs), financially supported by the state of Maryland, as they generally do not have the resources to seek help on their own. The centers are designed to allow children and their families access to an array of services through one organization rather than having to move through multiple organizations to obtain the assistance they require to heal their traumas. In one instance we are aware of, these children and their families did not experience a safe environment in which they could heal from their mental and physical wounds, rather, they were further traumatized by the administrative actions of a CAC. Additionally, the mental health professionals who were working to treat these children were placed in jeopardy of administrative action from their professional licensing boards. Hence the need to introduce legislation.

What happened? My understanding is that a group of mental health therapists was summarily terminated by the administrator of a CAC who prohibited the therapists from conducting a termination session or transition of care session for the families and kids in treatment. Further the therapists were not allowed to coordinate through the CAC to provide the new therapists with critical information regarding their needs and care, creating a major gap in continuity of care. Kids and their families were suddenly unable to speak to the one person with whom they had worked, many times for months, to build the trust so necessary for emotional healing. Therapy for each of these children and their families was terminated with little to no apparent regard for the child or

families emotional state, nor the effect that an “abandonment,” forced by the CACs in this case, by their therapist would have upon their mental health. As you may know from testimony provided in previous years, children and families showed up for their regularly scheduled appointments only to find that their therapists did not appear. No notice. No explanation. In fact, therapists were ordered not to contact a client to provide any explanation for their absence. A clear violation of the standard of care that any mental health professional is expected to follow, placing not only the child and family in jeopardy but the therapist as well. This all occurred with no evidence that any of these therapists represented a threat to the children and families involved in this incident.

The reason these standards of care exist is to prevent further harm to clients by providers, as most if not all clients will assume that there is something they did or said that created the rupture in the therapeutic relationship. These dynamics further damage already fragile individuals. This belief arises as these individuals have often been told by those who emotionally or physically abuse them that it is their fault, or they deserve what has happened to them. All of this makes it even more difficult for clients or their families to trust that agencies or individuals representing organizations that “care,” hence making further treatment near impossible or at least tremendously difficult.

As a result of this incident, we discovered, after attempting to work with the CACs to correct this situation, that there is no direct oversight of the administrative decisions made by personnel of a CAC that directly affect their client’s mental health nor ability to provide corrective measures for the individual’s affected by these decisions. We discovered that many CACs lacked a simple policy regarding continuity of care to guide administrative decisions when the therapeutic process must be or is disrupted by external events. We say this after reviewing the results of a report provided last year to the Health and Government Operations Committee requested by then Chair Delegate Pena-Melnyk asking for CACs to provide information on the number of their organizations or contractors who had written continuity of care policies.

While most organizations and in fact most CACs would not act this way, the state of the law in Maryland does not speak to the oversight of these organizations in a manner that clearly protects this vulnerable population and those who endeavor to serve them.

House Bill 1292 as drafted requires that Child Advocacy Centers (CACs) from across the State to institute the following best practices to protect the children receiving services from any lapse in care. The bill accomplishes the following:

- All providers of mental health services must be licensed or certified by the appropriate health occupations board to provide a service within the scope of their license or certification, and
- CACs must establish a continuity of care plan that minimally includes:
 - Written notification of children, parents and/or guardians if there is turnover of their health care providers
 - Provide contact information for the new and former provider to the child, family, and/or guardian
 - Allow the former provider to contact the child, parent, and/or guardian to conduct a termination visit, in accordance with the professional’s ethics and standards of care. This would lessen the negative impacts on a child and their family as well as allow the former provider to encourage the child and family to continue to utilize the services provided by the CAC necessary to restore their mental and physical health.

The bill also establishes:

- A limited complaint mechanism through the Governor's Office of Crime Prevention and Policy and if necessary, to the Attorney General for investigation as well as further action to address each complaint.
- Public posting of complaints and their resolution.

I strongly support House Bill 1292 as it serves to protect the most vulnerable children in our state, and the mental health professionals providing care. This bill will provide safeguards for CACs and the health care providers that work with the centers, and transparency for the children and families that rely on their much-needed services. Most importantly it is consistent with a "Do No Harm" approach to caring for kids and families.

Child Advocacy Centers (CACs) are an essential part of the care spectrum for children who are victims of abuse. CACs operate by and large on limited budgets and despite that, generally excel at what they do. A major goal of this bill is to strengthen the CACs by bringing their clinical care standards in line with that required of the licensing/certification boards of their mental health providers and provide relief to children and their families when those standards are violated.

Lastly, after three years of attempting to introduce and pass what we thought would be a relatively simple and straightforward bill designed to protect vulnerable kids, families, and therapists from harm, we have heard many reasons from the opponents as to why this bill is not necessary. I have included an appendix following this letter outlining those explanations as well as what I know to be true about their objections to this legislation.

I and those on our team ask for a favorable report on House Bill 1292.

If I can be of any further assistance as the Judicial Proceedings Committee considers this bill, please do not hesitate to contact me at rpatrickssavagejrphd@gmail.com or by phone at 301-906-3437.

Respectfully submitted,



R. Patrick Savage, Jr., Ph.D., ABMP
Licensed Psychologist MD 2219
Past President, Maryland Psychological Association
Past Legislative Chair, Maryland Psychological Association
Member, Editorial Board of Applied Neuropsychology: Child
Member, Editorial Board of Applied Neuropsychology: Adult

APPENDIX:

Over the past 3 years of attempting to ensure that something like the incident that motivated the introduction of the prior bills and now HB 1292, all of which were/are designed to protect kids and therapists, we have heard the following claims made during testimony, which do not reflect what I know to be true after 40 years providing mental health services to children and their families.

1. Health professional's licensing boards are responsible for monitoring and correcting situations created by the administrative decisions of an organization such as the CACs. "Reporting requirements under the bill are issues covered by state licensure."

Reality: Licensing/certification boards are charged with investigating and resolving complaints against licensed/certified providers and have no jurisdiction over the actions of administrative staff, unless they are a licensed/certified healthcare provider. Their responsibilities do nothing to address either the immediate or longer-term potential harm suffered by vulnerable kids and their families due to the administrative actions of a CAC or their contractors. CACs are not currently "required to comply with state licensing board regulations." If so, how did this precipitating event happen and why were mental health providers prevented from providing an appropriate termination to these kids and families.

2. National certification organizations such as the National Children's Alliance for the CACs address issues or complaints of this nature.

Reality: They do not and when contacted during the incident that precipitated the introductions of bills over the last three years, clearly stated that they have no jurisdiction nor mechanisms for addressing complaints of this nature. They are not oversight bodies but an accrediting organization whose role is to establish standards, not address what happens when a standard is not met.

3. CACs have policies in place to address continuity of care issues.

Reality: A recent report, requested of the CACs and others by Delegate now Speaker Pena-Melnyk that went to the Governor's Office, revealed that a very small minority of programs offering mental health services, under the umbrella of CACs, had a written continuity of care policy.

4. No one was harmed by the incident that precipitated this bill. ("House Bill 1292 and its predecessors is a solution in search of a problem.")

Reality 1: The team that has worked on these bills, as well as a family harmed by the actions of the CAC, have provided testimony attesting to the type of harm potentially experienced by 41 children and their families. In fact, during the hearing last year in the House Appropriation Committee, two families were brave enough to offer anonymous testimony to the distress and short-term disruption that this event created in their lives. We can only project, based on research in this area, what the longer-term consequences will be for these 41 kids and families. The research on sudden abandonments upon previously traumatized individuals is quite clear that harm occurs to these individuals.

Reality 2: If one reads the report issued by the Maryland Office of Inspector General of Montgomery County, you can clearly see that none of the individuals affected by this event were interviewed, there was no review of clinical records, and only one therapist of the group affected was interviewed. For whatever reason the IG focused on speaking to the CAC staff, not what I would call a thorough investigation of the incident. My question: How does one conclude there is no harm if you don't interview the victims, or the therapists involved?

Reality 3: This is the one we know about. How many incidents of this nature occurred where no one spoke out? Also consider how many vulnerable children and families need to be affected before it is considered a problem! For those affected we are already there.

Reality 4: The mental health providers (psychologists and social workers) were placed in jeopardy of discipline by their licensing boards that could have included removal of their license to practice. Abandonment of a client is considered a serious offense by our board (Board of Examiners of Psychology). Additionally, providers working at or for the CACs don't see clients for the money but because they are dedicated to providing high quality care to a vulnerable population. If that were true, they would be working in other jobs that reimburse far better. Losing that ability alone created immense emotional stress in the therapist's lives, which motivated them to reach out to the National Children's Alliance, their own licensing boards, Maryland Children's Alliance, Maryland Attorney General's office, Montgomery County Council and other groups, to order to provide an appropriate termination for the affected kids/families. This required spending hours of professional time, that could have been spent providing care, to address the unfortunate CAC administrative decision. Lastly, being placed in the position of adhering to the law or your ethics is a tremendously stressful ask of those who take on providing services to this vulnerable population. Wouldn't their time have been better spent addressing the crying need for mental health services than attempting to correct a poor administrative decision made by a CAC?

5. If continuity of care policies are put in place at CACs, mental health providers will be reticent to participate as care providers.

Reality: Aligning the continuity of care policies with the ethics and standard of care guidelines that exist within the professions of mental health providers will encourage providers to consider offering their services through CACs. Providers will no longer be at risk of being charged with abandonment of a client due to an administrator's directive, when attempting to provide appropriate continuity of care.

6. The complaint provisions of House Bill 1292 do not consider possible issues related to confidentiality.

Reality: Requiring either a CAC or contracted provider to adhere to an appropriate continuity of care plan for each kid/family served can and should be easily done if providers are allowed to follow the standards of care and ethics prescribed by their professions and licensing boards. Professional standards of care and ethics clearly speak to the confidentiality issues involved while providing care.

WolfWrittenTestimony2026.pdf

Uploaded by: stephanie wolf

Position: FAV

HB1292

My name is Dr. Stephanie Wolf, I am a child and forensic psychologist here in Maryland. I am the President of Maryland Psychological Association, I am here to testify with strong support for HB1292

This Bill is VERY Doable:

I understand CACs. I worked for five years within a CAC, I also recently worked with a CAC and co-created a therapy program providing state of the art therapy services.

The opposition says the CACs are too different, housed in different structures to have a uniform requirement. While it may be true that they are different organizational structures there are fundamental similarities that make them CACs. To meet the definition of a CAC all CACs must either offer or have contractual relationships that offer medical, mental health, forensic and victim advocacy services. What these services look like are specifically spelled out by the National Children's Alliance. Thus, despite the differences across State CACs there are far more similarities. As such adding in a continuity of care requirement and reporting to the state with CAC's now - even collaborating closely with one helping to create a state-of-the-art therapy program. CACs are wonderful places. However, no place is infallible- not even CACs. CAC's can and have done harm. I was part of a terrible incident at a CAC in 2020 in which 5 therapists reported wrongdoing at a center and their employment was terminated. This resulted in 41 children suddenly losing their mental health providers. Last year the employment matter has been settled- our firings were changed to resignations we were compensated with back pay. the CAC did not admit they did anything wrong. I didn't need them

too. What I need is for oversight and a legislative fix to make sure kids are never put in this position again.

Abused Children suddenly lost their therapist

These children had been abused by parents, people they loved and people they trusted but had found a safe space with their therapist. The sudden loss of that therapist was like a surgeon leaving in the middle of a procedure. These children were likely left with the message that not only could they not trust whoever abused them, they couldn't even trust therapists and the centers that were supposed to help. The lack of required continuity of care plans at CAC's allowed this to occur.

These kids required more than just a new therapist. They required a goodbye with their old therapist, they required an understanding of what happened, and a new therapist trained in the treatment that they were receiving. None of these children received these basic tenets of mental health continuity of care. Us as providers tried to find help and follow best practices.

No one and no entity could help us

There was no specific place for the families to make complaints to. There was no place that could help us as providers. We contacted NCA, we contacted the Maryland Children's' Alliance, we contacted the psychology and social work boards, we contacted the media, the county council and even hired attorneys to help. No one could. No one was able to allow these children to have the option of discharge sessions, to know what happened and to continue care if they wanted.

This Bill is needed

This bill aims to provide much needed oversight to CACs. It will force strong policies to protect kids and providers. We learned from a report submitted in the Fall on this matter that only 2 of the 24 CACs even have a continuity of care plan. We also learned that out of the 24 CACs in the past 5 years all together they have only received 4 complaints in. This lack of complaints underlines that the mechanism is broken. It is beyond belief that with that many persons receiving services at a CAC only 4 patients would be unhappy. Reform is desperately needed. The legislation will provide tracking of problems, a mechanism for complaints and investigations. Most importantly this bill will make sure that the crucial work of taking care of vulnerable kids is always done with care and compassion and never causes destruction.

I leave you with one reminder. This bill was brought forth out of the loss of therapists that occurred to 41 children back in September of 2020. However, its purpose is to prevent such a loss for any child related to a child advocacy center in the future. For over 4.5 years no one has been able to do anything regarding these children. Now you have the choice to support this bill- Please do something.

2026_03_26 HB 1292 Child Advocacy Centers (Senate)

Uploaded by: Tiffany Clark

Position: FAV

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STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

ANTHONY G. BROWN
Attorney General

March 26, 2026

TO: The Honorable Will Smith
Chair, Judicial Proceedings 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 (Support)

The Office of the Attorney General (OAG) supports House Bill 1292 – Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations, as amended. House Bill 1292 strengthens accountability at child advocacy centers by establishing continuity of care standards when providers of medical or mental health services change and by creating a mechanism for the reporting and investigation of complaints regarding compliance with those standards.

OAG previously submitted a Letter of Concern regarding this legislation, in which we noted that the bill, as introduced, did not clearly define the basis upon which the Attorney General would be called upon to act on a referred complaint, and expressed concern about assigning an investigatory function to OAG without the underlying subject matter expertise or enforcement authority to carry it out effectively.

The House's amendments address this concern. As amended, the bill requires that a finding by child protective services based on certain standards be made *before* a matter is referred to the Attorney General. This ensures that the determination of whether a violation has occurred rests with those who have the appropriate clinical and programmatic expertise to make it.

We appreciate the General Assembly's work on this important policy and welcome the opportunity to share our perspective. For the foregoing reasons, the Office of the Attorney General respectfully urges the Committee to give House Bill 1292 a favorable report.

Maryland Children's Alliance_Favorable_HB1292.pdf

Uploaded by: Wendy Myers

Position: FAV



March 26, 2026

The Honorable Chair William Smith
2 East Miller Senate 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

Dear Chair Smith:

Thank you for the opportunity to provide testimony 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 as some key amendments have been included to reflect the unique work of Maryland child advocacy centers.

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.

We applaud the Sponsor's efforts to further standardize CAC response in Maryland. We respectfully request a favorable report on House Bill 1292.

Sincerely,

Wendy Myers
Executive Director

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