

I am writing in opposition to HB282 not in spirit, but in an abundance of caution to ensure the language as written not only protects vulnerable adults, but also ensures caregivers can wholeheartedly do their jobs, and that there is no unfunded mandate in our state or in our counties due to increased APS scope.

1. Changing the language of “any person” in the statute to “an individual in a trusted relationship should be approached with caution.”
 - a. This appears to narrow the scope of who APS would have mandate to investigate, possibly leaving our most vulnerable adults less protected.
 - i. I have had conversation with MD DSS indicating they do not investigate “strangers,” because a stranger perpetrating an abuse typically would be a crime, and thus outside their jurisdiction. This sounds reasonable, but I am raising the question here for more eyes and assurances.
 - b. In my own situation, I am a (very recent) former caregiver of a sibling with brain injury and chronic mental illness. Under this new statute, I wonder if my “trusted relationship” of both someone who is a “relative,” and someone who “assumed” care (there is no guardianship), would ever trigger an APS investigation for something like neglect, even though my sibling is no longer under my roof, if she were to refuse care in other places.
 - i. After speaking with MD DSS, I have been assured “neglect” is akin to a willful deprivation, not a caregiving situation where there were limited options and the caregiver actively sought care. So this also is perhaps not a worry for caregivers, but I would feel more comfortable personally if the language reflected an “active” trusted relationship, rather than the open-ended language being proposed.
2. The committee should carefully consider whether “psychological harm” should be added to the scope of APS investigations.
 - a. In my own situation, my sibling had chronic mental illness that included delusions and we had difficulty getting care. How can an outsider who has not been following an individual ascertain whether a “psychological harm” was triggered by an ongoing psychosis, or was an outside and separate event? This is a very specific circumstance, to be sure, and not relatable to all caregiver/vulnerable adult situations, but I want to bring it up to make sure no families or vulnerable adults fall through the cracks and become subject to a very stressful (even if well intentioned) investigation.
 - b. Adding “psychological harm” to the scope of APS’s investigations (and the flip side of the coin is, a mandated reporter’s responsibility) will potentially be an unfunded mandate on the state and counties, because it increases the scope of what APS is doing. Training will have to happen, and most likely more cases will be reported because our system is biased toward more reporting rather than less. Maryland mandated reporting casts a wide net and APS is the agency that must sort through *every one* of those claims, with a mandatory minimum amount of days (in other words manpower and thus resources and funding), to investigate. Does “psychological harm” need to be singled out as a standalone investigatory trigger, or is it part and parcel of abuse? Would adding this mean counties would also have to add more staff? The additional cost is not necessarily prohibitive, but

we need to make sure we are doing everything we can to be as fiscally responsible as possible in our current budgetary situation, and also to ensure we do not pass on even more costs to counties.

It is my understanding this modification will bring MD law in line with federal guidance. While that is done in good faith, I would urge the committee to think about the impact this language has on Maryland, in our ability to provide services, in our budgetary considerations, and in our communities. The simple fact that the federal government has pushed for a policy does not and should not adhere Marylanders to the changing winds of Washington D.C.

Thank you for your consideration.