

MedChi

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TO: The Honorable Joseph F. Vallario, Jr., Chairman
Members, House Judiciary Committee
The Honorable Kathleen Dumais

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 25, 2010

RE: **OPPOSE** – House Bill 811 – *Child Abuse and Neglect – Mandatory Reporting
– Children in Contact with Sexual Offenders*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, opposes House Bill 811.

House Bill 811 would require physicians, among others, to report to the proper authorities that a child may be regularly associating with or residing with an individual who appears on a child abuse registry or has been convicted of child abuse or child sexual abuse.

MedChi agrees with the sponsor's goal of preventing children from associating with individuals who have abused children previously. Indeed, physicians are obligated to report child abuse and face professional discipline should they not do so.

However, MedChi's concern with the mandate contained in House Bill 811, that a physician report if they have "reason to believe" that a child is associating or residing with an abuser, is the unlikely ability of a physician to have information sufficient to comply with the mandate. How is a physician to know that the person who has brought a child into their practice is on the child abuse registry or has been convicted of child abuse? Moreover, how does a physician know what meets the threshold of "association" between a child and an adult abuser?

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The majority of cases that would arise as a result of this mandate would undoubtedly involve a physician who has, at best, unconfirmed suspicions or anecdotal information in this regard, but may be judged in hindsight as having been in a position to have “reason to believe”. MedChi’s concern is that physicians in this situation will wrongly be held responsible for any harm to the child that may later occur.

Again, while MedChi appreciates the aim of House Bill 811, it believes the scarce resources available to identify and address child abuse can be better directed than to create a reporting requirement that is likely to be based on supposition or less than complete information. MedChi requests an unfavorable report.

For more information call:

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