

Testimony on Senate Bill 27

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**House Children and Youth Committee
April 29, 2014**



Good morning Chairwoman Watson, Chairwoman Bishop and committee members. I am Cathy Utz, Acting Deputy Secretary for the Department of Public Welfare's (Department) Office of Children, Youth and Families (OCYF). I would like to take the opportunity to commend and thank the members of the General Assembly for your diligent efforts to enact legislation that will widen the safety net for children within our communities. These amendments to the Child Protective Services Law (CPSL) strengthen our ability to better protect children from abuse and neglect by amending the definitions of child abuse and perpetrator; streamlining and clarifying mandatory child abuse reporting processes; increasing penalties for failure to report suspected child abuse and protecting persons who report child abuse; promoting the use of multi-disciplinary investigative teams (MDITs) to investigate child abuse related crimes; and supporting the use of information technology to increase efficiency and tracking of child abuse data. Senate Bill 27, Printer's Number 1388 is yet another step toward ensuring effective communication between physicians and children and youth agencies both of whom are responsible for the safety and well-being of the children they serve.

Currently, the CPSL maintains the confidentiality of information in the possession of the Department or county agency to protect a family's right to privacy (see 23 Pa.C.S. §6339). Section § 6340 of the CPSL authorizes the release of information, including summaries of child abuse, written reports, photographs or x-rays taken when abuse is suspected, to a limited number of specifically enumerated persons, including physicians. Section 6340 (a)(2)

permits the exchange of information with a physician examining or treating a child or the director, or person specifically designated by the director, of any hospital or medical institution where the child is being treated if the physician or director suspects that the child is being abused or is in need of protection. This section limits the release of information to the physician or director when they suspect abuse. In order for the county agency to obtain information about a child's medical care on an ongoing basis or from another physician who is treating the child, but was not the person who suspected the abuse, the agency must explain to the parent why it is necessary to talk with the physician and request that a consent form be signed to release the information. If the parent refuses, the agency must petition the court for an order to permit the exchange of information between the county and the physician.

Senate Bill 27 seeks to ensure that any physician treating a child who is receiving services from the county agency is aware of the agency's involvement and is permitted to receive information from the agency. As it relates to cases of suspected child abuse, the medical practitioner is required to provide relevant medical information related to current or prior health as well as information for future examinations and treatments. This provides additional clarity to the existing provision related to the release of information between the county and the physician. The legislation further expands the exchange of information beyond the alleged victim of child abuse to any other child in the child victim's household. When investigating a report of suspected child abuse, a county is required to ensure the safety of the child and all children in the household.

Receiving medical information related to other children in the home would assist in fulfilling this mandate.

Senate Bill 27 also permits the county agency to share information, upon request, with the child's primary care physician or a licensed medical practitioner who is providing ongoing care to the child. The county would be required to provide information related to the condition and well-being of the child, progress and outcomes of the investigation, and information on any other licensed medical practitioners providing medical care to the child. Additionally, information must be provided related to other children within the child's home if the information is relevant to the medical evaluation of the child. A pediatrician has a critical role in protecting children from harm and is often the first line of defense in our fight to identify potential child abuse and neglect. Ensuring that counties and physicians are able to exchange information on an ongoing basis is critical to the safety and protection of children.

Senate Bill 27 also requires that the county agency must notify the child's primary care physician or another licensed medical practitioner who is providing ongoing care to the child whenever an investigation, assessment or the provision of services is initiated, along with the reason for agency involvement. The bill also requires the county agency to provide a copy of the family services plan and the outcome of any child abuse investigation to the medical practitioner.

Currently, only the physician making a report of suspected child abuse is entitled to receive notice of the outcome of the investigation and whether services were

provided. Strengthening the communication between the physicians caring for children and the county agency promotes our ability to better protect children.

We support efforts to improve the communication between physicians and the county agencies to assist in early identification and treatment of child abuse and neglect related issues. Thank you for the opportunity to address you today, I will take any question you have at this time.