**MEMORANDUM**

To: House Committee on Human Services

From: Chuck Myers, Ph.D.

Re: Possible Amendment to H.622

Date: February 17, 2016

**Proposed Amendment to H.622**

It is my understanding that the Committee is considering an amendment to H. 622. As you know, that bill was intended as a corrective measure to address the problems stemming from the over-reporting of suspected abuse or neglect of children by mandated reporters to the Department for Children and Families ("DCF"). Act 60 was the source of this issue since it imposed a requirement that mandated reporters make reports of suspected child abuse or neglect to DCF even though an initial report previously had been made.

This portion of Act 60 has had a distinctly negative impact on mandated reporters and Designated Agencies, in particular. If a clinician made a mandated report of suspected abuse or neglect and then so informed his or her supervisor, then Act 60 required the supervisor to make another report even though he or she had no new information to offer. Act 60 thus triggered a needless over-reporting of suspected abuse or neglect and only placed additional pressures on DCF intake personnel. For these reasons, this Committee reviewed and adopted the corrective provision set out in Section 1 of H.622.

I understand that the Committee now is weighing a possible compromise that would exempt hospitals and medical settings from duplicative reporting. All mandated reporters who do not work in such settings would continue to be obligated by Act 60 to report suspected child abuse or neglect even when: (1) they knew that the incident in question previously had been reported to DCF and (2) they had no additional information to add to the original report.

The rationale for H.622 was that one unintended consequence of Act 60 was the duplicative reporting of suspected child abuse or neglect by mandated. If that premise remains valid, what reason is there to decline to address this issue comprehensively with a provision that applies to all mandated reporters?

I am not aware of any factual information that would suggest that the problem of duplicative reporting was limited to hospitals and medical settings. I know from my conversations with other Designated Agencies, Special Service Agencies, and school personnel that Act 60's excessive reporting obligation was a problem that impacted them directly. If there is no factual basis for concluding that the excessive reporting was limited primarily to hospitals and medical settings, then why should the solution, as set out in H.622, be limited exclusively to them?

The proposed amendment to H.622 raises a related problem: what is the justification for the creation of a two-tiered system of mandated reporting, one that is based not on one's professional status, but rather the location of service delivery (e.g., in a hospital or a doctor's office)? Why should the mandated reporting obligations of teachers, social workers, camp counselors, and the clergy be different from those of doctors and nurses? By creating two separate standards for making mandated reports, an amended Act 622 only increases the chances of misunderstandings and reporting errors.

Most importantly, this amendment to H.622 also does not adequately address the strains on DCF personnel and resources posed by Act 60's requirement of over-reporting. While the exemption of hospitals and medical settings provides some measure of relief for DCF intake personnel, there seems to be little reason not to promote the most efficient use of agency resources by reducing all forms of duplicative reporting.

For these reasons, I respectfully request that the Committee stick with the wisdom of its original proposal and adopt H.622's straightforward, across-the-board solution to the issue of duplicative reporting.