



**Testimony in Support of HB 2632:  
Adrian's Law Amendment Recommendation**

February 16<sup>th</sup>, 2022

Chair Concannon and Children & Seniors Committee Members,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 425 practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas can grow up safe and strong. It is with this goal in mind that we would like to share our support for an amendment to Adrian's Law, House Bill 2632.

Thank you for the opportunity to provide information on an amendment to this very important bill that will save young lives. We applaud your interest in assuring that every potential case of child maltreatment is thoroughly investigated and agree that is the goal we should be working towards.

While work is currently ongoing in this area through the leadership of the Department of Children and Families (DCF), there is work yet to be done. KAAP proposes the following recommendations to create a process that provides the best possible follow up for child physical abuse and neglect reports:

1. **CARE Network:** Increase the workforce physicians who are CARE Providers throughout the state, especially in rural areas. A CARE Provider is a medical provider who would participate in initial and ongoing training on the medical evaluation of child maltreatment, including recognition of abusive injuries and testing and treatment for children when abuse is suspected. Training and ongoing mentorship would be provided by board certified child abuse pediatricians in Kansas (Wichita and Kansas City). Increasing the number of local physicians across the state with expertise in the medical evaluation of child maltreatment will allow children to receive appropriate high quality medical care in their communities, decreasing burdens on families and investigators, and will also provide additional local resources for law enforcement and DCF specialists who investigate abuse concerns. While there is a component of CARE Provider training already in place that would be appropriate for continuing education, initial trainings would have to be set up and organized for participating physicians. Child advocacy centers should be included in training opportunities because they include interdisciplinary teams that are key partners in this work.
2. **CARE Referrals:** Maximize existing systems for statewide triage based on the model that is currently being piloted in Johnson and Wyandotte Counties. This system includes a short *written* referral form that is completed by DCF specialists for young children with reported abuse and emailed to a centralized email address. The form is then reviewed by a board-certified child abuse pediatrician at a Kansas **Child Abuse Medical Resource**

**Center** (Wichita and Kansas City), who provides recommendations regarding medical evaluation of the child. These recommendations may include immediate medical care at an emergency room, a scheduled visit with the child's primary care provider, a scheduled visit for a medical evaluation for abuse/neglect concerns called a **CARE Exam** with a medical provider trained in identifying child abuse (**CARE Provider**), or it could be determined there is not a need for any specific medical follow up. This triage system will help ensure that the children who would most benefit from a medical exam could receive that evaluation in the appropriate setting and would not overburden the medical system by requiring all children with alleged maltreatment receive medical care that may not be necessary.

To provide this level of care throughout the state as soon as possible, the CARE Referral triage system can be implemented by relying on local primary care physicians and hospital personnel, with consultation services from child abuse pediatricians as needed, to examine and assess children for concerns of abuse and neglect. The process will evolve as we increase the workforce of medical providers with specific training in the evaluation of child abuse and neglect throughout the state by providing appropriate training.

3. The state would need to be sure that a **payment system is in place for CARE Exams performed by CARE Providers and for the triage system.** These approved CARE Providers will bill the state for each exam they perform, and it is important that a reliable system of payment, which accounts for the additional time and expertise required of these evaluations, is in place before the workforce is created. Payment should be tied to compliance with training requirements for CARE Providers to ensure the highest quality of care.

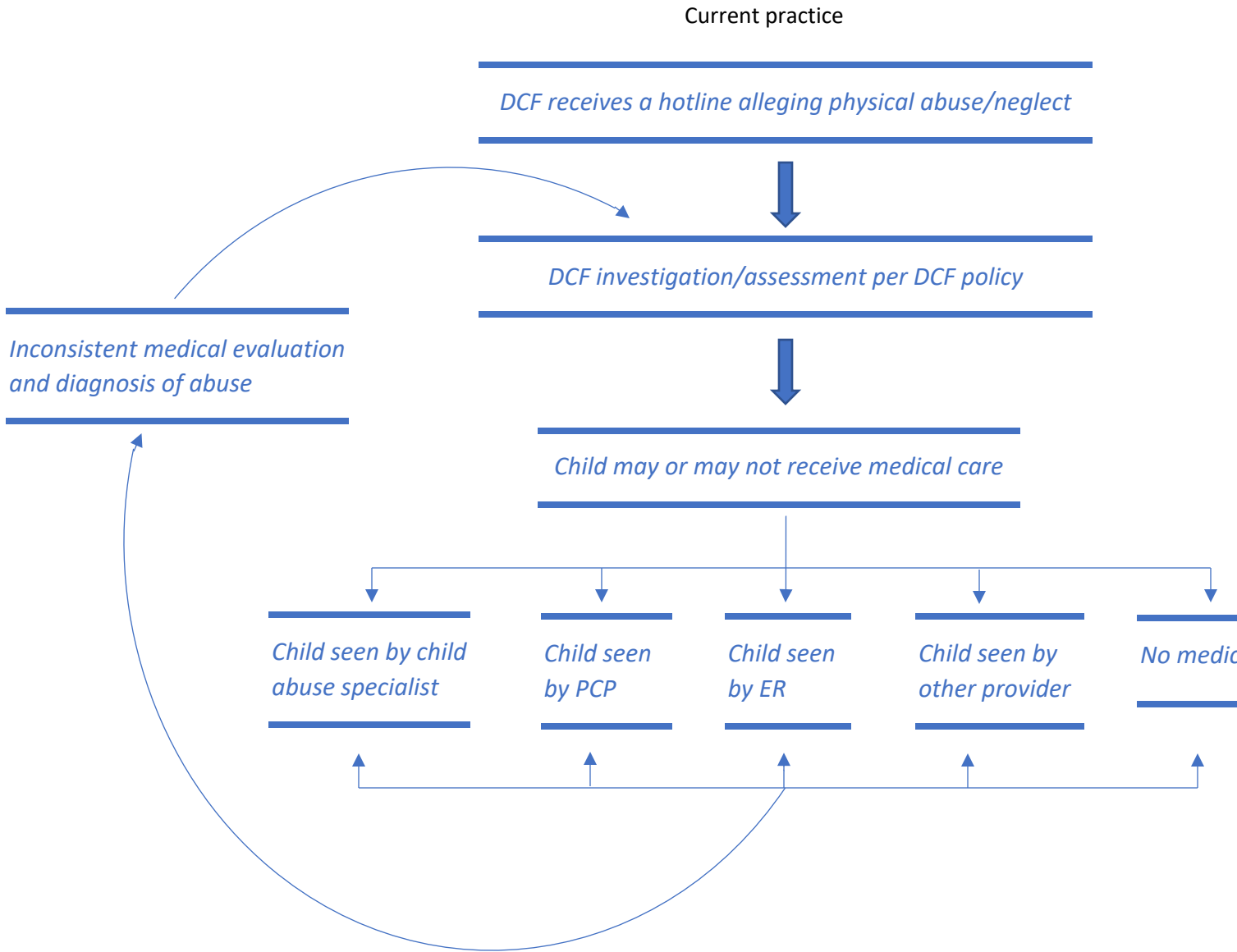
Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on all pediatric issues.

Respectfully submitted,

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KAAP Public Policy Committee Representatives

Provision of medical care for alleged victims of child abuse



Provision of medical care for alleged victims of child abuse

Practice under proposed CARE Network model

