

June 11, 2007
Hon. Edmund G. Brown Jr.
Attorney General
1300 I Street, 17th Floor
Sacramento, California 95814

Attention: Ms. Toni Melton
Initiative Secretary

Dear Attorney General Brown:

Pursuant to Elections Code Section 9005, we have reviewed the proposed initiative related to the reporting of child sexual abuse (A.G. File No. 07-0013, Amendment #1-S). This measure would expand the requirements for reporting a suspicion of child sexual abuse, and would institute new requirements specifically for clinics, doctors, and medical personnel.

Background

Child Abuse Reporting. California law defines child abuse and neglect as either (1) physical injury inflicted on a child, (2) sexual abuse, (3) emotional abuse, or (4) neglectful treatment which threatens the child's health or welfare. The law requires specified individuals, such as all workers who care for children (including teachers, teacher's aides, child care workers, and counselors), health care practitioners, and clergy members to report any instances of known or suspected child abuse or neglect. These "mandated reporters" may make these reports to the local county child welfare agency or to their local law enforcement agency. The child welfare agency will investigate the suspected instance of abuse and neglect to determine what response is needed to protect the safety of the children involved. In cases where sexual abuse or severe abuse or neglect is alleged, law enforcement is required to be involved in the investigation and may prosecute the perpetrators of abuse. With respect to suspected sexual abuse, current law states, "the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse."

Results of Reports. Of the approximately 500,000 reports of suspected child abuse statewide each year, about 22 percent (about 100,000) are substantiated and result in the provision of some social services to the children and families involved. Of those substantiated, about one-third of those result in the removal of a child from the home and placement in foster care.

Proposal

The proposed measure would:

- Establish that a diagnosis of sexually transmitted infection, pregnancy, or miscarriage, or complications of pregnancy, abortion, or miscarriage in a minor 15 years old or under constitutes, in and of itself, a reasonable suspicion of sexual abuse.
- Require that a mandated reporter who makes a report of a reasonable suspicion of sexual abuse, provide an additional statement as to their belief that sexual abuse has or has not occurred, and requires the mandated reporter to ensure that physical evidence of the abuse is preserved and made available to law enforcement.
- Mandate that health care professionals provide proof that they have reported suspected sexual abuse when a patient 15 or under is diagnosed with a sexually transmitted disease, is pregnant, or has complications thereof, in order to receive any Medi-Cal or other state reimbursement.
- Require all health facilities or clinics to post a warning that preventing or dissuading minor victims from reporting sexual abuse is a crime.

Fiscal Effects

Cost to Child Welfare Services Program. The proposed measure would require that mandated reporters make a referral for suspected sexual abuse when there is a diagnosis of pregnancy or sexually transmitted disease. Such a diagnosis could be made by a medical professional, or in the case of pregnancy, by any mandated reporter who observes that a child 15 or under is pregnant. Data from the Department of Health Services indicates that statewide there are approximately 5,000 cases of sexually transmitted diseases and slightly less than 9,000 pregnancies among teens 15 and younger. The proposed measure would require that diagnoses in these children be reported as suspected cases of child sexual abuse. These reports would then be investigated by county child welfare agencies in order to determine the appropriate response, including placement in foster care. Accordingly, we estimate that this measure would result in annual child welfare and foster care costs to the state, in the range of \$4 million to \$5 million. Increased county child welfare and foster care costs would be about \$2 million.

Cost to Local Law Enforcement and Courts. A report of suspected sexual abuse is one of the types of allegations that must be reported to law enforcement. As a result, the increase in reports resulting from this proposed measure would result in additional costs to local law enforcement, prosecutors, public defenders, and courts for the investigation and resolution of these cases. We estimate these costs to be in the range of \$5 million to \$6 million per year, on a statewide basis.

Impact on Medi-Cal Costs. The proposed measure requires health care providers to provide proof of compliance with the new reporting requirement in order to receive Medi-Cal payment for treatment of children with the diagnoses mentioned earlier. There would be minor ongoing state administrative costs for the review of providers' compliance with this requirement. In addition, there may be one-time automation costs unlikely to exceed a few million dollars.

Potential Offsetting Savings. The proposed measure would result in increased involvement of child welfare agencies with families where a youth 15 and under has a diagnosis related to sexual activity. Parents would be alerted to the sexual activity of their young teen. Greater parental and social worker involvement could have the effect of decreasing the incidence of sexually transmitted diseases, HIV, or preventing future teen pregnancies. If this is the case, there would be unknown savings to the state in health care and public assistance costs.

Summary of Fiscal Impacts

- ***Health and Social Services Costs.*** Annual costs in the range of \$4 million to \$5 million for the state and about \$2 million for counties, and potential one-time Medi-Cal automation costs unlikely to exceed a few million dollars.
- ***Costs to Local Law Enforcement and Courts.*** Annual costs in the range of \$5 million to \$6 million per year.
- ***Potential Offsetting Savings.*** Unknown, potential savings to the state in health care and public assistance costs from decreases in sexually transmitted diseases and teen pregnancy.

Sincerely,

Elizabeth G. Hill
Legislative Analyst

Michael C. Genest
Director of Finance