

Department of Legislative Services
 Maryland General Assembly
 2022 Session

FISCAL AND POLICY NOTE
Third Reader

Senate Bill 590
 Finance

(Senator Augustine)

Health and Government Operations

Public Health - Behavioral Risk Factor Surveillance System - Requirements

This bill requires the Maryland Department of Health (MDH), beginning in 2023 and every three years thereafter in which MDH conducts a survey as part of the Behavioral Risk Factor Surveillance System (BRFSS), to include the U.S. Centers for Disease Control and Prevention (CDC) module on adverse childhood experiences (ACEs) in at least one version of the survey. Beginning in 2023, if MDH conducts a survey as part of BRFSS, MDH must conduct sampling for the survey in a manner designed to ensure that counties in which the population is at a statistically higher risk for adverse health outcomes are oversampled. If MDH includes a module on ACEs as part of BRFSS, MDH must post a State- and county-level data summary and trends report on all data related to ACEs or positive childhood experiences (PCEs) within eight months after receiving data from CDC.

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$43,300 in FY 2023 and 2024, and \$50,100 in FY 2026 and 2027 to include the ACEs module in BRFSS administered in calendar years 2023 and 2026. Expenditures continue every three and four years thereafter. General fund expenditures increase by \$26,400 in FY 2025 (and additionally every three years thereafter) for contractual personnel. Revenues are not affected.

(in dollars)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	43,300	43,300	26,400	50,100	50,100
Net Effect	(\$43,300)	(\$43,300)	(\$26,400)	(\$50,100)	(\$50,100)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law:

Behavioral Risk Factor Surveillance System

The Maryland BRFSS is an ongoing telephone-based, chronic disease surveillance program designed to collect data on the behaviors and conditions that place Maryland adults at risk for chronic diseases, injuries, and preventable infectious diseases. Maryland BRFSS also collects information on health care access and health disparities. The typical sample size is more than 10,000 noninstitutionalized Maryland residents age 18 and older per year. MDH, local health departments, other public health programs, universities, and research organizations use Maryland BRFSS data to assess need, plan and evaluate programs, inform policy, and apply for funding.

Adverse Childhood Experiences

ACEs are potentially traumatic events that occur in a child's life such as physical or emotional abuse, neglect, caregiver mental illness or substance abuse, and household violence. According to Harvard University's Center on the Developing Child, the more ACEs a child experiences, the more likely the child is to suffer from poor academic achievement and health conditions such as heart disease, diabetes, and substance use later in life.

Chapters 569 and 570 of 2021 require the Maryland State Department of Education (MSDE), in coordination with MDH, to include at least five questions from CDC's Youth Risk Behavior Survey (YRBS) on ACEs or PCEs in the Youth Risk Behavior Survey/Youth Tobacco Survey. By May 31, 2023, and every even-numbered fiscal year thereafter, MDH must publish a data summary and trends report with State and county-level data.

State Expenditures: MDH's Center for Chronic Disease Prevention and Control (CCDPC), part of the Prevention and Health Promotion Administration, oversees the annual administration of BRFSS, as well as the cleaning, analysis, and reporting of BRFSS data. BRFSS is conducted via a calling contract with a vendor at a cost of approximately \$7,500 per question.

Under the bill, CCDPC staff will be responsible for ensuring the ACEs module is administered every three years; adjusting sampling methods as required under the bill (as allowed by CDC rules); and cleaning, analyzing, and reporting ACEs or PCEs data at the State and county level. The current CDC ACEs module is 11 questions. Although sampling changes can be handled with existing budgeted resources, completion of data cleaning,

analysis, and reporting following receipt of additional data from CDC requires additional contractual personnel equivalent to a part-time (25%) grade 18 epidemiologist. This contractual position is required in fiscal 2025 and every three years thereafter.

Survey Administration Costs

MDH general fund expenditures increase by \$86,626 to add 11 questions to BRFSS administered in calendar 2023 at a cost of \$7,875 per question (which assumes a 5% increase in the cost of the calling contract annually). As BRFSS is administered over the entire calendar year and the calling contract is billed monthly, general fund expenditures increase by \$43,313 in fiscal 2023 and \$43,313 in fiscal 2024.

General fund expenditures increase by \$100,280 to include the additional questions in BRFSS administered in calendar 2026 at a cost of \$9,116 per question (which assumes a 5% increase in the cost of the calling contract annually). General fund expenditures increase by \$50,140 in fiscal 2026 and \$50,140 in fiscal 2027.

General fund expenditures continue to increase every three and four years thereafter to reflect the cost to include CDC's ACEs module in BRFSS.

Contractual Personnel to Clean, Analyze, and Report Data

BRFSS data is typically received by MDH from CDC in September of the year following the year in which the survey is conducted (data for the calendar 2023 administration will be received in September 2024). Thus, MDH general fund expenditures increase by \$26,353 in fiscal 2025 for contractual personnel to complete data cleaning and analysis and prepare a State- and county-level data summary and trends report on all data related to ACEs or PCEs.

General fund expenditures continue to increase every three years thereafter for contractual personnel costs.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 1392 (Delegate Queen) - Rules and Executive Nominations.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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