

Department of Legislative Services
 Maryland General Assembly
 2022 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 282 (Senator Augustine)
 Finance

Workgroup on Screening Related to Adverse Childhood Experiences

This bill establishes a Workgroup on Screening Related to Adverse Childhood Experiences. The Maryland Department of Health (MDH) must provide staff for the workgroup. A member of the workgroup may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations. The workgroup must submit a report of its findings and recommendations to the Governor and the General Assembly by October 1, 2023. **The bill terminates September 30, 2024.**

Fiscal Summary

State Effect: MDH general fund expenditures increase by at least \$64,100 in FY 2023 and \$17,800 in FY 2024 for contractual staff support. Reimbursements for workgroup members are assumed to be minimal and absorbable within existing budgeted resources. Revenues are not affected.

(in dollars)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	64,100	17,800	0	0	0
Net Effect	(\$64,100)	(\$17,800)	\$0	\$0	\$0

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

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup must:

- update, improve, and develop screening tools for primary care providers to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience;
- submit the screening tools to MDH;
- recommend changes to the physical examination form that the Maryland State Department of Education (MSDE) requires for all new students entering a public school;
- study and make recommendations on the actions a primary care provider should take following the use of the developed screening tool;
- study best practices in Youth Risk Behavior Survey (YRBS) data summaries and trends reports nationally;
- develop a YRBS template for a State- and county-level data summary and trends report that includes specified information;
- make recommendations for improving YRBS and the Youth Tobacco Survey (YTS) and the surveys' data and trends reports, including specified items; and
- develop recommendations for unifying and coordinating child- and family-serving agencies to better link them with needed interventions and services.

Current Law: A physical examination is required of each child entering the Maryland public school system for the first time. The examination must be completed within a 15-month period, specifically within 9 months before entrance or 6 months after entrance. The physical examination form designated by MSDE and MDH must be used to meet this requirement. The physical examination must be completed by a physician or a certified nurse practitioner.

The Maryland YRBS/YTS is an on-site survey of students in Maryland public middle and high schools, focusing on behaviors that contribute to the leading causes of death and disability, including but not limited to, alcohol and other drug use, tobacco use, sexual behaviors, unintentional injuries and violence, and poor physical activity and dietary behaviors. Questions on YRBS and YTS are generated by the U.S. Centers for Disease Control and Prevention and required to be administered in public middle and high schools across the State. MDH and MSDE jointly administer the surveys. Statewide and county-level data from YRBS/YTS (most recently administered during the 2018-2019 school year) is available on MDH's Prevention and Health Promotion Administration [website](#).

Chapters 569 and 570 of 2021 require MSDE, in coordination with MDH, to include at least five questions from YRBS on adverse childhood experiences (ACEs) or positive childhood experiences in the YRBS/YTS. 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 general fund expenditures increase by at least \$64,128 in fiscal 2023, which accounts for the bill’s October 1, 2022 effective date. This estimate reflects the cost of hiring one advanced health policy analyst to staff the workgroup and prepare the required report. It includes a salary, fringe benefits, and one-time start-up costs.

	<u>FY 2023</u>	<u>FY 2024</u>
Contractual Position	1.0	(1.0)
Salary and Fringe Benefits	\$56,785	\$17,529
Operating Expenses	<u>7,343</u>	<u>266</u>
Total MDH Administrative Expenditures	\$64,128	\$17,795

Fiscal 2024 expenditures reflect a partial year salary with an annual increase and employee turnover, annual increases in ongoing operating expenses, and elimination of the contractual position on October 1, 2023, concurrent with the due date for the workgroup’s report.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Additional Comments: 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. In 2017, California established a workgroup to advise on the appropriate tools and protocols for screening children for trauma within the state’s Early and Periodic Screening, Diagnostic, and Treatment Medicaid benefit. A screening tool was developed and, effective January 1, 2020, screening for ACEs became a covered benefit in California’s Medicaid program for children and adults up to age 65 (excluding those dually eligible for Medicaid and Medicare).

Additional Information

Prior Introductions: SB 425 of 2021, as amended in the Senate, was referred to the House Health and Government Operations and Ways and Means committees, but no further action was taken. Its cross file, HB 783, received a hearing in the House Health and Government Operations Committee, but no further action was taken. HB 666 of 2020, a similar bill, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Designated Cross File: None.

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

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