

**House Bill 628 Health Occupations – Primary Care Providers –
Adverse Childhood Experiences Screening**

Health and Government Operations Committee

February 26, 2020

Position: LETTER OF INFORMATION

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to present this letter of information regarding House Bill 628.

HB 628 establishes the Adverse Childhood Experiences Screening Grant Program. The purpose of the program is to provide grants to primary care providers to screen, identify and treat minors for mental health disorders related to adverse childhood experiences (ACEs).

It is estimated that 50% of all children are exposed to a traumatic event, and as many as 67% of trauma survivors experience lasting psychosocial impairment. According to the National Child Traumatic Stress Network (NCTSN) and the Family Informed Trauma Treatment Center in Maryland, nearly one-third of children in Baltimore City have two or more ACEs.

ACEs include abuse, neglect, extreme poverty, experiencing or witnessing violence, and growing up in a household with substance misuse or instability due to parental separation or incarceration. These traumas can have a direct impact on normative development, and they can negatively impact future health, academic, social and economic outcomes. Further, ACEs are a significant risk factor for mental health and substance use disorders, and they can they can impact prevention efforts.

There is no question that ACEs are a growing and critical concern that must be addressed. However, we must ensure that our strategies for tackling the issue do not conflict with other ongoing initiatives.

The Maryland Primary Care Program (MDPCP) is a key element of Maryland's Total Cost of Care model. MDPCP is a voluntary program open to all qualifying Maryland primary care providers that provides funding and support for the delivery of advanced primary care throughout the state. The program uses prospective payment arrangements that allow primary care providers to play an increased role in prevention, management of chronic disease, and reduction in unnecessary hospitalization. Nearly 500 primary care practices across the state have agreed to participate in MDPCP, and all are expected to integrate behavioral health screening and treatment into their practices.

It is unclear how the screening grants proposed in HB 628 would complicate the prospective payments providers are already receiving as MDPCP participants. Were the General Assembly to pass this bill, it should ensure there would not be multiple payments for the provision of similar services.

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