



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 16, 2021

RE: **SUPPORT ONLY IF AMENDED** – Senate Bill 425 – *Workgroup on Screening Related to Adverse Childhood Experiences*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for Senate Bill 425, **only if the legislation is amended**.

First, MDAAP would like to applaud the sponsor for his strong commitment to address adverse childhood experiences (ACEs), a critical priority for the MDAAP. Senate Bill 425 creates the Workgroup on Screening Related to Adverse Childhood Experiences. There is no doubt that ACEs have short and long-term physical and mental health consequences. Studies have confirmed that maternal depression increases the risk that a child will exhibit aggressive behavior, peer conflict, hyperactivity, and inattention, and be diagnosed with depression, anxiety, and conduct disorder. Adolescents of parents who use substances show high rates of psychopathology such as depression, anxiety, substance use, and is associated with children's hospitalization for both somatic and psychiatric conditions. During childhood and adolescence, victims of child sexual abuse may exhibit anxiety, social withdrawal, school failure, depression, self-injury, suicide attempts, eating disorders, risky sexual behavior, and teen pregnancy.

Given the potential for mental health issues related to ACEs, as well as the high rate of mental health disorders among today's children, MDAAP supports the need for screening for mental health disorders, including those that may be the result of ACEs. However, to be effective in achieving the objectives of the legislation, MDAAP would recommend making several changes to the bill.

- The addition of representatives from several primary care organizations, including the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American Academy of Family Physicians, and the Mid-Atlantic Association of Community Health Centers. These three organizations represent a large portion of the primary care providers for children in the state of Maryland.
- Enhancement of the final requirement of the bill, "to study and make recommendations a primary care provider should take..." It is impossible to make recommendations about what a primary care provider should do for children with mental health disorders related to ACEs without knowing what resources are

available in their community and what resources are lacking. Therefore, we recommend that the workgroup also be tasked with identifying available resources, identifying Counties that lack adequate resources, and making recommendations to the General Assembly, the Governor, and the Maryland Department of Health regarding how to improve access to mental health resources.

While MDAAP would support the passage of Senate Bill 425 with the above requested amendments, MDAAP would also like to call attention to *Senate Bill 548: Public Schools – Centers for Disease Control and Prevention Surveys – Revisions*, also introduced by the sponsor of this legislation, which MDAAP believes would provide additional valuable data to Maryland citizens and policymakers and will enable the data to be used to target prevention and treatment services and to track the success of interventions. MDAAP would suggest that Senate Bill 548 is a preferable approach to address the objectives of both pieces of legislation. However, if the Committee chooses to move forward with both proposals, MDAAP would support a favorable report on Senate Bill 425, but only with the above referenced amendments.

For more information call:

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