

Department of Legislative Services
 Maryland General Assembly
 2020 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 628 (Delegate Queen, *et al.*)
 Health and Government Operations

Health Occupations - Primary Care Providers - Adverse Childhood Experiences
 Screening

This bill establishes an Adverse Childhood Experiences Grant Program to provide specified grants to primary care providers who provide care to minors as well as an Adverse Childhood Experiences Grant Fund. The Governor must include an appropriation of \$45.0 million to the fund in the fiscal 2022 budget. The bill also requires the Maryland Department of Health (MDH), by January 1, 2022, to develop a course on integrating mental and physical health care in a primary care setting; by July 1, 2022 (and every five years thereafter), each primary care provider must complete that course. Beginning in fiscal 2022, the Governor must include in the budget an annual appropriation of \$5.0 million for MDH to carry out the bill’s provisions related to the required course. **The bill takes effect July 1, 2020.**

Fiscal Summary

State Effect: General fund expenditures increase by \$91,500 in FY 2021 (for initial staff to set up the grant program), \$50.0 million in FY 2022, and \$5.0 million annually thereafter. Special fund revenues increase by \$45.0 million in FY 2022 due to the one-time mandated appropriation to the fund. Special fund expenditures increase beginning in FY 2022 for additional staff to administer the grant program and provide grants. **This bill establishes mandated appropriations beginning in FY 2022.**

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
SF Revenue	\$0	\$45,000,000	\$0	\$0	\$0
GF Expenditure	\$91,500	\$50,000,000	\$5,000,000	\$5,000,000	\$5,000,000
SF Expenditure	\$0	-	-	-	-
Net Effect	(\$91,500)	-	-	-	-

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

Local Effect: None.

Small Business Effect: Meaningful.

Analysis

Bill Summary:

Adverse Childhood Experiences Grant Program

The purpose of the program is to provide grants to primary care providers who provide care for minors so that they can implement screening tools in their practice to identify and treat minors who have a mental health disorder that is determined to be caused by or related to an adverse childhood experience. MDH must administer the program and adopt regulations to implement the bill.

Adverse Childhood Experiences Grant Program Fund

The fund is a special, nonlapsing fund, administered by MDH. The fund consists of (1) money appropriated in the State budget to the fund and (2) any other money from any other source accepted for the benefit of the fund. The fund may be used only to provide grants to primary care providers in accordance with the requirements of the program and pay any administrative expenses associated with the program. Expenditures from the fund may be made only in accordance with the State budget.

Course on Integrating Mental and Physical Health Care in a Primary Care Setting

The course must include screening tools a primary care provider can use to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience. By July 1, 2022, and by the end of each fifth year thereafter, each primary care provider (including all physicians, registered nurse practitioners, and physician assistants who provide primary care to a patient – not specifically to a minor) must complete the course.

Uncodified language specifies that, if House Bill 666 of 2020 passes, which would establish a workgroup on screenings related to adverse childhood experiences, MDH must include the screening tools updated, improved, and developed by the workgroup in the course developed under the bill.

Current Law/Background: According to the U.S. Substance Abuse and Mental Health Services Administration, nationally, 61% of men and 51% of women report exposure to at least one lifetime traumatic event, and 90% of clients in public behavioral health care settings have experienced trauma.

According to the U.S. Centers for Disease Control and Prevention, adverse childhood experiences are costly. The economic and social costs to families, communities, and society total hundreds of billions of dollars each year.

State Revenues: Special fund revenues increase by \$45.0 million in fiscal 2022 only for a one-time mandated appropriation to the Adverse Childhood Experiences Screening Grant Program Fund.

State Expenditures: General fund expenditures increase by \$91,521 in fiscal 2021, which accounts for a 90-day start-up delay from the bill’s July 1, 2020 effective date. This estimate reflects the cost of hiring one program manager to set up the Adverse Childhood Experiences Screening Grant Program in anticipation of providing grants in fiscal 2022. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

	<u>FY 2021</u>	<u>FY 2022</u>
New Positions	1.0	8.5
Salaries and Fringe Benefits	\$82,367	\$630,791
One-time Start-up Expenses	4,890	44,010
Ongoing Operating Expenses	<u>4,264</u>	<u>70,754</u>
Total Personnel Expenditures	\$91,521	\$745,555

Beginning in fiscal 2022, this position becomes funded with special funds from the \$45.0 million mandated appropriation, and eight additional full-time positions (one database specialist, four administrators, one administrative officer, and two grant specialists) and one part-time contractual psychiatrist are added effective July 1, 2021, to fully staff the grant program, begin providing grants to primary care providers, and develop the required course. The costs associated with the additional positions are likewise covered by the mandated appropriations.

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses. The part-time psychiatrist position is eliminated in fiscal 2023 after the course has been developed.

General fund expenditures increase by a total of \$50.0 million in fiscal 2022 for two mandated appropriations: (1) a \$45.0 million one-time only appropriation to the Adverse Childhood Experiences Screening Grant Program Fund; and (2) \$5.0 million to MDH for the required course on integrating mental and physical health care in a primary care setting. In future years, general fund expenditures increase by \$5.0 million annually for the ongoing mandated appropriation to MDH for the course requirement. The Department of Legislative Services notes that development of such a course is not anticipated to cost \$5.0 million and is a one-time rather than an ongoing expense for MDH. Although primary care providers must complete the course by July 1, 2022, and every

fifth year thereafter, the bill does not require MDH to update or rewrite the course after its initial development.

Small Business Effect: Primary care providers (physicians, registered nurse practitioners, and physician assistants who provide primary care to a patient) must take the course on integrating mental and physical health care in a primary care setting by July 1, 2022, and by the end of each fifth year thereafter. Primary care providers may also receive grant money to implement screening tools in their practice to identify and treat minors who have a mental health disorder caused by or related to an adverse childhood experience.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Substance Abuse and Mental Health Services Administration; U.S. Centers for Disease Control and Prevention; Department of Legislative Services

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