



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  
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DATE: February 8, 2022

RE: **SUPPORT ONLY IF AMENDED** – Senate Bill 282 – *Workgroup on Screening Related to Adverse Childhood Experiences*

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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 282, **only if amended as described below**.

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 282 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, or inattention, and be diagnosed with depression, anxiety, and conduct disorder. Adolescents of parents who use substances are at increased risk for psychopathology such as depression, anxiety, and substance use.

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. Furthermore, MDAAP strongly supports the provisions of the bill that require the development of recommendations for unifying and coordinating child and family serving agencies to better link youth and families to needed interventions and services. However, to be effective in achieving the objectives of the legislation, MDAAP would recommend making several changes to the bill.

- It is unnecessary for the committee to develop, update, or improve screening tools to identify children with behavioral or mental health disorders. The creation of an effective screening tool requires clinical research to assess its validity before it is used in clinical practice. This can be expensive and time consuming. Many valid screening tools have already been developed. Some examples include the Pediatric Symptom Checklist, the Child Behavior Checklist (CBCL), the 9-item Patient Health Questionnaire (PHQ-9), and the 7-item Generalized Anxiety Disorder screen (GAD-7).<sup>1</sup> For children with

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<sup>1</sup> [https://www.massgeneral.org/psychiatry/services/psc\\_home.aspx](https://www.massgeneral.org/psychiatry/services/psc_home.aspx);

known traumatic exposure, the Pediatric Traumatic Stress Screening Tool can assess a child's response to that trauma.<sup>2</sup>

- 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.
- The YRBS does not collect zip codes from respondents. It would therefore not be possible to report results by zip code.

Despite its notable objectives, MDAAP is concerned about unintended consequences and a lack of effective impact that could be associated with the bill as drafted and would support a favorable report on Senate Bill 282, but only with the above referenced amendments.

**For more information call:**

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<sup>2</sup><https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>