

HOUSE BILL 783

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CF SB 425

By: **Delegate Queen**

Introduced and read first time: January 29, 2021

Assigned to: Health and Government Operations and Ways and Means

A BILL ENTITLED

1 AN ACT concerning

2 **Workgroup on Screening Related to Adverse Childhood Experiences**

3 FOR the purpose of establishing the Workgroup on Screening Related to Adverse Childhood
4 Experiences; providing for the composition, chair, and staffing of the Workgroup;
5 prohibiting a member of the Workgroup from receiving certain compensation, but
6 authorizing the reimbursement of certain expenses; requiring the Workgroup to
7 update, improve, and develop certain screening tools, submit certain screening tools
8 to the Maryland Department of Health, study certain actions and best practices,
9 develop a certain template, and make and develop certain recommendations;
10 requiring the Workgroup to report its findings and recommendations to the Governor
11 and the General Assembly on or before a certain date; providing for the termination
12 of this Act; and generally relating to the Workgroup on Screening Related to Adverse
13 Childhood Experiences.

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15 That:

16 (a) There is a Workgroup on Screening Related to Adverse Childhood
17 Experiences.

18 (b) The Workgroup consists of the following members:

19 (1) the State Superintendent of Schools, or the State Superintendent's
20 designee;

21 (2) the Secretary of Health, or the Secretary's designee;

22 (3) the Director of the Maryland Department of Health's Office of
23 Population Health Improvement, or the Director's designee;

24 (4) the Executive Director of the Maryland State Council on Child Abuse

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 and Neglect, or the Executive Director's designee;

2 (5) the following members, appointed by the Secretary of Health:

3 (i) one mental health expert;

4 (ii) one managed care plan expert;

5 (iii) one behavioral health expert;

6 (iv) one child welfare expert;

7 (v) one primary care provider who performs physical examinations
8 on children entering school for the first time;

9 (vi) the coordinator and epidemiologist charged with administering
10 Maryland's Youth Risk Behavior Survey under § 7-420 of the Education Article and the
11 Youth Tobacco Survey, as defined in § 13-1001 of the Health – General Article;

12 (vii) one representative from the Behavioral Health Administration
13 with expertise in adverse childhood experiences and positive childhood experiences;

14 (viii) two members of the research community with expertise in
15 adverse childhood experiences and positive childhood experiences;

16 (ix) one coordinator of a local adverse childhood experiences
17 initiative in the State;

18 (x) one director of a local management board in the State with
19 expertise in adverse childhood experiences and positive childhood experiences;

20 (xi) one director of a county parks and recreation department or a
21 similar department in the State;

22 (xii) one director of children's services for a county library system in
23 the State; and

24 (xiii) one individual with expertise in public health communications
25 and marketing on issues and policies related to children's well-being;

26 (6) the following members, appointed by the State Superintendent of
27 Schools:

28 (i) one parent of a child in a public primary or secondary school;

29 (ii) one local superintendent or principal implementing efforts to
30 have the superintendent's school system or principal's school become trauma-informed;

1 (iii) one parent of a public middle school or high school student in the
2 State:

3 1. interested in and knowledgeable about the impact of
4 adverse childhood experiences and positive childhood experiences; and

5 2. active in the student's local public school;

6 (iv) one school nurse in a local school system in the State with
7 expertise in adverse childhood experiences and positive childhood experiences research;
8 and

9 (v) one local school system coordinator of mental health services or
10 student support services;

11 (7) one representative of the Maryland School Psychologists' Association,
12 designated by the President of the Association; and

13 (8) one representative of the Maryland Psychological Association,
14 designated by the President of the Association.

15 (c) The Workgroup shall elect the chair of the Workgroup by a majority vote at
16 the first meeting.

17 (d) The Maryland Department of Health shall provide staff for the Workgroup.

18 (e) A member of the Workgroup:

19 (1) may not receive compensation as a member of the Workgroup; but

20 (2) is entitled to reimbursement for expenses under the Standard State
21 Travel Regulations, as provided in the State budget.

22 (f) On or before October 1, 2022, the Workgroup shall:

23 (1) update, improve, and develop screening tools that primary care
24 providers can use in a primary care setting to identify and treat minors who have a mental
25 health disorder that may be caused by or related to an adverse childhood experience;

26 (2) submit the screening tools to the Maryland Department of Health;

27 (3) recommend changes to the physical examination form that the State
28 Department of Education requires of all new students entering a public school, including
29 requiring that a physical examination include an assessment of trauma;

30 (4) study and make recommendations on the actions a primary care

1 provider should take after screening a minor for a mental health disorder that may be
2 caused by or related to an adverse childhood experience and finding that the minor shows
3 signs of trauma;

4 (5) study best practices in Youth Risk Behavior Survey data summaries
5 and trends reports from across the country, including those that report on adverse
6 childhood experiences and positive childhood experiences;

7 (6) develop a Youth Risk Behavior Survey template for a State– and
8 county–level data summary and trends report on adverse childhood experiences and
9 positive childhood experiences to be distributed for use and action by State and local
10 policymakers, adverse childhood experiences and trauma–informed State and local
11 initiatives, and philanthropic, business, faith–based, and community–based organizations,
12 that includes:

13 (i) the prevalence of individual adverse childhood experiences
14 among the population of middle school and high school students in the State, including
15 information disaggregated by gender, race, ethnicity, sexual orientation, and county;

16 (ii) the relationship between the number of adverse childhood
17 experiences and the risk behaviors and negative outcomes in the student middle school and
18 high school population in the State, including information disaggregated by gender, race,
19 ethnicity, sexual orientation, and county;

20 (iii) the relationship between individual positive childhood
21 experiences and risk behaviors and negative outcomes in the student middle school and
22 high school population in the State, including information disaggregated by gender, race,
23 ethnicity, sexual orientation, and county;

24 (iv) data trends for the immediately preceding 5 years, to the extent
25 data is available, in the prevalence of adverse childhood experiences and positive childhood
26 experiences in the State;

27 (v) the identification and a summary of the best available policies,
28 programs, and practices that prevent adverse childhood experiences and promote positive
29 childhood experiences, as determined by available evidence;

30 (vi) effective public health communications, marketing, and
31 distribution of the Youth Risk Behavior Survey adverse childhood experiences and positive
32 childhood experiences State– and county–level data summary and trends report; and

33 (vii) any other information and factors that the Workgroup
34 determines are important for effective reporting, distribution, and action on the data at the
35 State and local level;

36 (7) make recommendations for improving the Youth Risk Behavior Survey
37 and the Youth Tobacco Survey and the surveys' data and trends reports, including:

1 (i) whether the surveys should be expanded to reach all students in
2 middle school and high school;

3 (ii) whether the analyses and reporting should be made publicly
4 available at the zip code, census, or school level; and

5 (iii) any other criteria that the Workgroup determines are important
6 to ensuring the prevention and mitigation of adverse childhood experiences and risk
7 behaviors and the promotion of positive childhood experiences; and

8 (8) develop recommendations for unifying and coordinating child- and
9 family-serving agencies to better link youth and families to needed interventions and
10 services.

11 (g) On or before October 1, 2022, the Workgroup shall report its findings and
12 recommendations to the Governor and, in accordance with § 2-1257 of the State
13 Government Article, the General Assembly.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
15 October 1, 2021. It shall remain effective for a period of 2 years and, at the end of September
16 30, 2023, this Act, with no further action required by the General Assembly, shall be
17 abrogated and of no further force and effect.