

Department of Legislative Services
 Maryland General Assembly
 2021 Session

FISCAL AND POLICY NOTE
 Third Reader - Revised

House Bill 771
 Ways and Means

(Delegate Queen)
 Education, Health, and Environmental Affairs

Public Schools - Centers for Disease Control and Prevention Surveys - Revisions

This bill requires the Maryland State Department of Education (MSDE), in coordination with the Maryland Department of Health (MDH), to include *at least* five questions from the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) on adverse childhood experiences (ACEs) or positive childhood experiences in the Youth Risk Behavior Surveillance System survey (renamed the Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) under the bill to reflect current practice). MSDE must work in coordination with MDH to implement the survey per current practice. By May 31, 2023, and every even-numbered fiscal year thereafter, MDH must publish a data summary and trends report with State and county-level data. **The bill takes effect July 1, 2021.**

Fiscal Summary

State Effect: MDH general fund expenditures increase by approximately \$50,000 in FY 2023, FY 2026, and each even-numbered fiscal year thereafter to generate the required report, as discussed below, with potential additional minimal costs in FY 2023 and 2024. MSDE can coordinate with MDH using existing budgeted resources. Revenues are not affected.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	50,000	-	0	50,000
Net Effect	\$0	(\$50,000)	(\$-)	\$0	(\$50,000)

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

Local Effect: Local school systems may need to dedicate slightly more time to Maryland YRBS/YTS administration every other year, but the operational impact is likely minimal. Revenues are not affected.

Small Business Effect: None.

Analysis

Current Law:

Youth Risk Behavior Survey and Youth Tobacco Survey

The Maryland YRBS/YTS is an on-site survey of students in Maryland public middle and high schools, focusing on behaviors that contribute to the leading causes of death and disability, including but not limited to, alcohol and other drug use, tobacco use, sexual behaviors, unintentional injuries and violence, and poor physical activity and dietary behaviors.

Questions on YRBS and YTS are generated by CDC and required by statute to be administered in public middle and high schools across the State. MSDE must establish procedures for the administration of YRBS. MSDE may omit up to one-third of survey questions if the department considers the content inappropriate. As part of the Tobacco Use Prevention and Cessation Program, MDH must administer YTS in cooperation with MSDE and each selected school.

In practice, to reduce the burden on schools, MDH and MSDE formally agreed in 2013 to partner and administer the two surveys jointly to a representative sample of students. MDH funds the entirety of the survey and provides staff to oversee survey implementation and development, including a contract for administration and training. MSDE provides logistical support, assistance with survey questionnaire development, school enrollment/selection, and training for school system personnel. The Maryland YRBS/YTS survey is administered every even-numbered calendar year during the fall semester.

Youth Risk Behavior Survey Question Selection

MDH, in collaboration with stakeholders, selects and recommends specific survey questions for consideration to include in the YRBS portion of the survey. MSDE considers all questions on both the middle and high school survey and only requests removal of those very few questions that may be deemed as too intrusive by students, parents, and communities served by the schools. Parents and other constituent groups have shared their

concerns with MSDE about a select few questions over the years, and those questions are considered seriously by MSDE.

Parental Permission

YRBS utilizes a passive parental permission structure. MSDE must require a local school system to provide each parent with a denial of permission form that may be returned to the school. The denial of permission forms must be provided on the emergency contact information forms distributed by public schools to each student or each student's parent or guardian. In addition, local school systems must notify parents that the survey is confidential, survey responses will be kept private, students' names will not be required on the survey response sheets, that the survey is designed to identify risk behaviors, and how a parent can obtain a copy of the survey questions and information from CDC.

Adverse Childhood Experiences

ACEs are potentially traumatic events that occur in a child's life such as physical or emotional abuse, neglect, caregiver mental illness or substance abuse, and household violence. According to Harvard University's Center on the Developing Child, the more ACEs a child experiences, the more likely the child is to suffer from poor academic achievement and health conditions such as heart disease, diabetes, and substance use later in life. YRBS is designed to capture information on the prevalence of ACEs across the country.

State Expenditures:

Survey Administration Costs

MDH advises that the agency is already working with partners to include at least five ACEs or positive childhood experiences questions in YRBS. Therefore, the impact of the bill's requirement to include such questions is minimal.

Maryland Department of Health Required Reports

MDH further advises that the unit responsible for producing reports, the Prevention and Health Promotion Administration (PHPA), requires an additional \$50,000 to generate the required data and trend report on YRBS data in applicable fiscal years. In prior years, CDC provided State- and jurisdiction-level data summaries to MDH, which are available on the [MDH website](#). However, in future years, MDH advises that CDC will no longer provide jurisdiction-level data tables and trend reports. Therefore, in order to create a report with county-level data, PHPA will need to undertake a significant amount of additional data analysis. Based on the cost of producing the Biennial Tobacco Study, and assuming the

report requires about 2.5 months of work to produce analyses for each of Maryland's 24 jurisdictions (two days per jurisdiction), MDH estimates that it will incur approximately \$50,000 in contracting costs to produce the report in each applicable fiscal year.

The Department of Legislative Services (DLS) concurs with this assessment and advises that general fund expenditures increase by at least \$50,000 in fiscal 2023 to complete the *initial* report (due May 31, 2023). MDH may also incur an indeterminate amount of additional expenditures to produce the *initial* report on an accelerated timeline from survey completion. DLS also notes that the fiscal 2024 report (due May 31, 2024) would likely be duplicative of the fiscal 2023 report, since both would cover the most recent survey conducted in fall 2022. Therefore, MDH expenditures are assumed to increase only minimally in fiscal 2024 to create a second report on the fall 2022 survey results. In fiscal 2026, and in each even-numbered fiscal year thereafter, MDH expenditures increase by approximately \$50,000 to produce required reports.

Additional Comments: MSDE notes that certain questions such as those regarding forced sexual encounters, which constitute a crime, create concern. If included, the survey would yield data reflecting knowledge of a crime but not allow for the support needed to help the victim of that crime since all responses are anonymous. MSDE further advises that including ACEs questions, with no way to support victims, can cause secondary victimization and harm.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 548 (Senator Augustine) - Education, Health, and Environmental Affairs.

Information Source(s): Baltimore City Public Schools; Montgomery County Public Schools; Maryland State Department of Education; Maryland Department of Health; Maryland Association of County Health Officers; Department of Legislative Services

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