Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 16, 2021

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

RE: SB0425 – Workgroup on Screening Related to Adverse Childhood Experiences – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 425 – Workgroup on Screening Related to Adverse Childhood Experiences (ACEs).

SB 425 would establish a Workgroup on Screening Related to ACEs (Workgroup) and require MDH to provide staff for the Workgroup. The responsibilities of the Workgroup, in part, include updating and developing screening tools that primary care providers can use to identify and treat minors who have a mental health disorder that may be caused by ACEs. It would also have to recommend changes to the school physical examination form to include an assessment of trauma. Further, the Workgroup would develop and submit ACEs screening tools to MDH to be used by providers, and implement a new Youth Risk Behavior Survey (YRBS) Module to survey students about ACEs.

Currently, Education Articles §§ 7 - 401 - 402 require the Maryland State Department of Education (MSDE) and MDH to develop standards and guidelines for school health services programs and to adopt regulations requiring a physical examination form be completed by a student's health care provider on entry into a Maryland public school. It is important to note that the physical examination form is not required after a student's first entry into a school system. Therefore, subsequent ACEs screening done by a health care provider would not be shared with the school.

A YRBS is distributed in secondary school every two years. As the YRBS is an anonymous survey of a sample of students, it cannot be used to address individual student concerns regarding ACES. Given the one-time submission of the physical exam form, information about ACEs among elementary school age children after first admission to school will not be obtained through the processes outlined by this bill.

While a single validated tool for screening young children for ACEs may be lacking, the assessment of ACEs has become an important part of the well child visit and several screening

tools are currently available. The American Academy of Pediatrics (AAP) has several policy statements related to violence and toxic stress.[1] Additionally, the AAP website has many resources, including screening tools, to assist health care providers screen for ACEs.[2] Clinical screening tool development is a significant research endeavor that goes beyond the scope of expertise of the workgroup and would require significant effort and resource allocation to implement given the vast existing information regarding ACEs, clinical application of screening tools, and the need for clinical validation of any clinical tools developed by the Workgroup. This type of research is more appropriately done by an academic research institution.

I hope this information is useful. If you would like to discuss this further, please contact me at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,

Webster Ye
Assistant Secretary of Health Policy

[1] https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Related-AAP-Policy.aspx

[2] https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx