



Maryland
Hospital Association

February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 282 - Workgroup on Screening Related to Adverse Childhood Experiences

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 282.

The effects of trauma are pervasive in our culture and can harm health outcomes. Children who experience more of trauma have greater risk of long-term negative physical and mental health.¹ According to the Centers for Disease Control and Prevention, 61% of adults in 25 states report having at least one adverse childhood experience (ACE), and nearly one in six report four or more.² In Maryland, 23% of adults on average report three to eight ACEs.³ These include child abuse, neglect, witnessing community violence, death of a family member, and incarceration of a relative. High ACE scores can take years off a person's life. Adults with the highest ACE scores reduced their life expectancy by up to 20 years.⁴ Black and Hispanic youth and youth from low-income families are more likely to experience three or more adverse events.⁵

Maryland hospitals support comprehensive efforts to address the root causes driving disparities in health outcomes, which is aligned with the field's Commitment to Racial Equity. One of the key initiatives prioritized by MHA's Health Equity Task Force is reducing health disparities by addressing social determinants of health and inequity that often underlies housing, education, nutrition, employment, and public safety. Research shows people can overcome traumatic experiences with the appropriate supports and interventions.⁶

Addressing ACEs is complex. Accurately identifying affected individuals and determining successful interventions will require an all-hands-on-deck approach. Bringing together a diverse group of professionals to create meaningful screening tools, recommendations, and analyses, Maryland will be better equipped to reverse and undo the cycle of trauma and its impacts. We commend the sponsor for introducing this legislation to establish the work group and look forward to the results of their efforts on behalf of Marylanders.

For these reasons, we urge a *favorable report* for SB 282.

¹ US Department of Health & Human Services. (n.d.). "[Adverse Childhood Experiences \(ACEs\)](#)."

² Centers for Disease Control and Prevention. (n.d.) "Preventing Adverse Childhood Experiences."
www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

³ Maryland Behavioral Risk Factor Surveillance System. (January, 2020). "[Adverse Childhood Experiences \(ACEs\) in Maryland: Data from the 2018 Maryland BRFSS](#)."

⁴ Texas Health and Human Services. (n.d.). "[Cross-Systems Trauma-Informed Care](#)."

⁵ Child Trends. (n.d.). "[Adverse Childhood Experiences](#)."

⁶ Substance Abuse and Mental Health Services Administration. (July, 2014). "[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)."

For more information, please contact:
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