

SENATE BILL 282- Workgroup on Screening Related to Adverse Childhood Experiences

Senate Committee on Finance

Testimony in Favor

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Good afternoon, Chair Kelley, Vice Chair Feldman, and members of the Committee.

My name is Nick Melucci. I am a 4th year Medical Student at Michigan State University as well as a Master of Public Health Student at Johns Hopkins University. This legislative term, I have had the opportunity to intern with Senator Malcolm Augustine. I am here to ask you to give a favorable report on Senate Bill 282.

The opinions expressed herein are my own and do not necessarily reflect the views of The Johns Hopkins University.

During my third year of medical school, I had the opportunity to treat patients in the emergency department. I was working at a hospital in Detroit that often treats victims of gun violence, domestic abuse, substance abuse, etc. Unfortunately, I had the misfortune of treating many children who were the victims of violence.

One story remains in my head: a fifteen-year-old boy was brought into the emergency department via ambulance after being shot in the arm and shoulder. Luckily, he did not sustain any life-threatening injuries. I walked into his patient room and talked with him about what had happened. He seemed unfazed as I washed out the bullet wounds with saline solution. I could not tell if he was numb to the violence he had experienced or if this was a normal part of his life he had witnessed since early youth. I thought to when I was his age, what I was doing as a fifteen-year-old. This event, and many others, has me determined to create change. No child should have to experience such trauma in their life.

According to the Maryland Behavioral Risk Factor Surveillance System, nearly 62% of Maryland adults have one or more ACE(s) (1). This is a harrowing statistic showing the need for legislation (such as SB 282) as well as cross-sector infrastructure improvement to reduce ACE incidence in Maryland.

SB 282 aims to understand how ACEs are impacting Maryland's youth. The bill includes not only screening practices to gather data on ACEs, but initial recommendations on interventions to mitigate occurrence/reoccurrence of ACEs. Once proper data is collected, plans for effective intervention strategies (i.e., effective intervention systems for breaking intergenerational trauma, parental social support, mental health infrastructure, etc.) can be implemented appropriately. I believe this legislation will establish a group passionate about reducing ACEs in Maryland to provide a brighter future for Maryland's youth.

Thank you.

References

1. Maryland Department of Health. "Adverse Childhood Experiences (ACEs) in Maryland: Data from the 2018 Maryland BRFSS." Maryland, 29 Jan. 2020.