



Maryland
Hospital Association

February 11, 2021

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

Re: Letter of Support - Senate Bill 299 - Human Services - Trauma-Informed Care - Commission and Training

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 299.

The effects of trauma are pervasive in our culture. 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.¹ In Maryland, 23% of adults on average report three to eight ACEs.² These include child abuse, neglect, witnessing community violence, death of a family member, and incarceration of a relative. Children who experience more of these traumas have greater risk of long-term negative health effects—both physically and mentally.³ High ACE scores can take years off a person's life. Adults with the highest ACE scores reduced their life expectancy by 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 a trauma-informed care delivery, 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 racism that often underlies housing, education, nutrition, employment, and public safety. Research shows people can overcome traumatic experiences with the appropriate supports and interventions, yet most people never have access to these services.⁶

A trauma-informed care framework has significant benefits and requires a culture shift to recognize and respond to people impacted by trauma on a physical, psychological, and emotional level to empower the individual.⁷ Other states adopted this framework, including Delaware.⁸ In 2018, the

¹ Centers for Disease Control and Prevention. (n.d.) "Preventing Adverse Childhood Experiences." www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

² Maryland Behavioral Risk Factor Surveillance System. (January, 2020). "[Adverse Childhood Experiences \(ACEs\) in Maryland: Data from the 2018 Maryland BRFSS.](#)"

³ US Department of Health & Human Services. (n.d.). "[Adverse Childhood Experiences \(ACEs\).](#)"

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.](#)"

⁷ Texas Health and Human Services. (n.d.). "[Cross-Systems Trauma-Informed Care.](#)"

⁸ Ibid.

state’s governor signed an executive order declaring it a “trauma-informed state.” This led to a cabinet-level council established to improve services and interventions for children and families exposed to trauma and develop trainings and tools for state employees and community partners.⁹

SB 299 would enact a similar approach in Maryland by forming a commission to work toward a statewide trauma–responsive strategy. We commend the sponsor for introducing this legislation and look forward doing our part to promote trauma-informed care delivery for all Marylanders.

For these reasons, we urge a *favorable report* for SB 299.

For more information, please contact:
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⁹ ACES Connection. (October 19, 2018). [“Governor Carney Signs Executive Order Making Delaware a Trauma-Informed State.”](#)