TO THE HOUSE OF REPRESENTATIVES:

The Committee on Health Care to which was referred House Bill No. 762 entitled "An act relating to Adverse Childhood Experience Questionnaire" respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS AND PURPOSE

(a) The Adverse Childhood Experience (ACE) Questionnaire contains ten questions pertaining to abuse, neglect, and family dysfunction. It is used to measure childhood exposure to traumatic stressors. Based on a respondent's answers to the Questionnaire, an ACE Score is calculated, which is the total number of categories of ACEs reported by a respondent.

(b) In a 1998 article entitled "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults" published in the American Journal of Preventative Medicine, evidence was cited of a "strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

(c) According to the Centers for Disease Control and Prevention, the greater the number of ACEs experienced by a respondent, the greater the risk for the following health conditions and behaviors: alcoholism and alcohol

abuse, chronic obstructive pulmonary disease, depression, obesity, illicit drug use, Ischemic heart disease, liver disease, intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, and unintended pregnancies.

(d) ACEs are implicated in the ten leading causes of death in the United States.

(e) An individual with a score of two or more ACEs is associated with a 100 percent increased risk of rheumatic autoimmune disease. An individual with a score of four or more ACEs has a three to four times higher risk of depression; is up to ten times more likely to attempt suicide; is five times more likely to become an alcoholic; and is eight times more likely to be a victim of rape. An individual with a score of six or more ACEs is 2.6 times more likely to experience chronic obstructive pulmonary disease; is three times more likely to experience lung cancer; and is 4,600 times more likely to abuse intravenous drugs.

(f) Physical, psychological, and emotional trauma during childhood may result in damage to multiple brain structures and functions and may even alter a child's genes.

(g) ACEs are common in Vermont. In 2011, the Vermont Department of Health reported that 58 percent of Vermont adults experienced at least one adverse event during their childhood, and that 14 percent of Vermont adults

have experienced four or more adverse events during their childhood. Seventeen percent of Vermont women have four or more ACEs.

(h) It is the belief of the General Assembly that Vermont cannot control health care costs without addressing population health, particularly ACEs.

(i) The earlier in life an intervention occurs for an individual with ACEs, the more likely that intervention is to be successful.

(j) ACEs can be prevented where a multigenerational approach is employed to interrupt the cycle of ACEs within a family, including both prevention and treatment throughout an individual's lifespan.

Sec. 2. FAMILY WELLNESS COACH PILOT PROGRAM

(a) There is established a pilot program within at least five community health teams throughout the State using the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach.

(b) Community health teams interested in participating may hire a family wellness coach who shall provide prevention, intervention, and wellness services to families within the community health team's region.

(c) Each family wellness coach shall:

(1) complete a four-day training program on the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach.

(2) conduct outreach activities for school nurses and parent child centers operating in the community health team's region.

(3) bring knowledge of trauma-informed care to the provision of health care within the community health team.

(d) On or before January 15 of each year through January 15, 2017, the Blueprint for Health shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding any findings or recommendations related to the implementation of the Family Wellness Coach Pilot Program.

(e) The Family Wellness Coach Pilot Program shall cease to exist on June 30, 2017.

Sec. 3. VERMONT FAMILY BASED APPROACH PILOT PROGRAM

(a) There is established a pilot program within at least five primary school districts throughout the State using the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach.

(b) A nurse or social worker employed at any primary school district in Vermont may apply to the Department of Health to participate in a four-day training program on the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach. The Department shall select at least five nurses or social workers from among the applicants to participate in the training at the Department's expense.

(c) Upon completion of the four-day training program, each participating nurse or social worker shall employ the training received on the Vermont

Family Based Approach in his or her school district. This shall include a formal presentation on the Vermont Family Based Approach for faculty members at the participating nurse or social worker's school district.

(d) On or before January 15 of each year through January 15, 2017, the Department shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding any findings or recommendations related to the Vermont Family Based Approach Pilot Program in schools.

(e) The Vermont Family Based Approach Pilot Program shall cease to exist on June 30, 2017.

Sec. 4. 18 V.S.A. chapter 13, subchapter 3 is added to read:

Subchapter 3. Trauma-Informed Care

§ 751. TRAUMA-INFORMED CARE COORDINATOR

The Agency of Human Services shall designate a coordinator within the Secretary's office who shall be responsible for ensuring consideration and consistent use of trauma-informed services throughout the Agency.

Sec. 5. 18 V.S.A. § 4a is added to read:

§ 4a. DIRECTOR OF ADVERSE CHILDHOOD EXPERIENCE, EDUCATION, AND TREATMENT

The Commissioner of Health shall designate a director of Adverse Childhood Experience, Treatment, and Prevention within the Department who shall be responsible for:

(1) surveying existing resources in each community health team's region and identifying gaps, if any;

(2) coordinating the implementation of trauma-informed services throughout the Department;

(3) providing advice and recommendations to the Commissioner on the expansion of trauma-informed services throughout the State; and

(4) developing and implementing programs aimed at preventing and treating adverse childhood experiences.

Sec. 6. 18 V.S.A. § 10b is added to read:

§ 10b. UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING CURRICULUM

The University of Vermont's College of Medicine and School of Nursing shall consider including in its curriculum information on the Adverse Childhood Experience Study.

Sec. 7. TRAUMA-INFORMED EDUCATIONAL MATERIALS

(a) On or before January 1, 2015, the Vermont Board of Medical Practice, in collaboration with the Vermont Medical Society and the Vermont Program for Quality in Health Care, shall develop educational materials pertaining to

the Adverse Childhood Experience Study, including available resources and evidence-based interventions for physicians, physician assistants, and advance practice registered nurses.

(b) On or before July 1, 2016, the Vermont Board of Medical Practice and the Office of Professional Regulation shall disseminate the materials prepared pursuant to subsection (a) of this section to all physicians licensed pursuant to 26 V.S.A. chapters 23, 33, and 81, physician assistants licensed pursuant to 26 V.S.A. chapter 31, and advance practice registered nurses licensed pursuant to 26 V.S.A. chapter 28, subchapter 3.

Sec. 8. GREEN MOUNTAIN CARE BOARD REPORT

On or before December 15, 2014, the Green Mountain Care Board shall submit a written report to the Senate Committee on Health and Welfare and to the House Committee on Health Care containing:

(1) recommendations for expanding Vermont's network of parent-child centers and the Positive Parenting Program; and

(2) recommendations for expanding the Nurse Family Partnership program in Vermont.

Sec. 9. DEPARTMENT OF HEALTH REPORT

On or before December 15, 2014, the Department of Health shall submit a written report to the Senate Committee on Health and Welfare and to the House Committee on Health Care containing:

(1) recommendations for incorporating education, treatment, and prevention of adverse childhood experiences into Vermont's medical practices and the Department of Health's programs;

(2) recommendations on age appropriate screening tools and evidence-based interventions for individuals from prenatal to adult; and

(3) recommendations on additional security protections that may be used for information related to a patient's adverse childhood experiences.

Sec. 10. STEP AHEAD RECOGNITION SYSTEM RULEMAKING

The Department for Children and Families shall amend the rules governing its Step Ahead Recognition System (STARS) to include training in trauma-informed care as one of the recognized achievement "arenas" within the State's program.

Sec. 11. EFFECTIVE DATE

This act shall take effect July 1, 2014.

(Committee vote: _____)

_____

Representative [surname]

FOR THE COMMITTEE