TO THE HOUSE OF REPRESENTATIVES:

The Committee on Health Care to which was referred House Bill No. 762 entitled "An act relating to the 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) It is the belief of the General Assembly that controlling health care costs requires consideration of population health, particularly Adverse Childhood Experiences (ACEs).

(b) The ACE Questionnaire contains ten questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. 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 ACE categories reported as experienced by a respondent.

(c) 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 Preventive 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."

(d) 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.

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

(f) An individual with an ACE score of two is associated with a 100 percent increased risk of rheumatic autoimmune disease. An individual with an ACE score of four has a three to four times higher risk of depression; is five times more likely to become an alcoholic; is eight times more likely to be a victim of rape; and is up to ten times more likely to attempt suicide. An individual with an ACE score of six or higher 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.

(g) 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.

(h) 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.

(i) The impact of ACEs is felt across socioeconomic boundaries.

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

(k) 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. 18 V.S.A. § 710 is added to read:

§ 710. ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE

Each health care provider participating in the Blueprint for Health that uses the Adverse Childhood Experience Questionnaire shall receive an additional per member, per month payment in a manner prescribed by the Director.

Sec. 3. 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, or contract with a community partner organization who shall serve as a family wellness coach, to provide prevention, intervention, and wellness services to families within the community health team's region.

(c) Each family wellness coach or individual working on behalf of the contracting organization 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) serve as a resource for family physicians within the community health team's region.

(4) 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, 2020, 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, 2020.

Sec. 4. VERMONT FAMILY BASED APPROACH PILOT PROGRAM

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

(b) A nurse or mental health professional employed at any primary school in a Vermont school district 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 mental health professionals 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 mental health professional 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 mental health professional's school district.

(d) On or before January 15 of each year through January 15, 2020, 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, 2020.

Sec. 5. 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.

§ 752. 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 in resources, 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, if applicable, aimed at preventing and treating adverse childhood experiences.

Sec. 6. 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 Education and Research Foundation, 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 on July 1, 2014.

(Committee vote: _____)

_____

Representative [surname]

FOR THE COMMITTEE