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.”

1 (d) The greater the number of ACEs experienced by a respondent, the
2 greater the risk for the following health conditions and behaviors: alcoholism
3 and alcohol abuse, chronic obstructive pulmonary disease, depression, obesity,
4 illicit drug use, ischemic heart disease, liver disease, intimate partner violence,
5 multiple sexual partners, sexually transmitted diseases, smoking, suicide
6 attempts, and unintended pregnancies.
7 (e) ACEs are implicated in the ten leading causes of death in the United
8 States.
9 (f) An individual with an ACE score of two is twice as likely to be at risk
10 of rheumatic disease. An individual with an ACE score of four has a three to
11 four times higher risk of depression; is five times more likely to become an
12 alcoholic; is eight times more likely to experience sexual assault; and is up to
13 ten times more likely to attempt suicide. An individual with an ACE score of
14 six or higher is 2.6 times more likely to experience chronic obstructive
15 pulmonary disease; is three times more likely to experience lung cancer; and is
16 46 times more likely to abuse intravenous drugs. An individual with an ACE
17 score of seven or higher is 31 times more likely to attempt suicide.
18 (g) Physical, psychological, and emotional trauma during childhood may
19 result in damage to multiple brain structures and functions and may even alter
20 a child's genes.

1 (h) ACEs are common in Vermont. In 2011, the Vermont Department of
2 Health reported that 58 percent of Vermont adults experienced at least one
3 adverse event during their childhood, and that 14 percent of Vermont adults
4 have experienced four or more adverse events during their childhood.
5 Seventeen percent of Vermont women have four or more ACEs.
6 (i) The impact of ACEs is felt across all socioeconomic boundaries.
7 (j) The earlier in life an intervention occurs for an individual with ACEs,
8 the more likely that intervention is to be successful.
9 (k) ACEs can be prevented where a multigenerational approach is
10 employed to interrupt the cycle of ACEs within a family, including both
11 prevention and treatment throughout an individual's lifespan.
12 (l) It is the belief of the General Assembly that people who have
13 experienced adverse childhood experiences are resilient and that with the
14 appropriate trauma-informed care they can succeed in leading happy, healthy
15 lives.
16 Sec. 2. TRAUMA-INFORMED CARE IN THE BLUEPRINT FOR HEALTH
17 (a) The Director of the Blueprint for Health, in consultation with
18 appropriate stakeholders, shall explore ways to implement the following
19 initiatives:
20 (1) use of a questionnaire containing questions on the ten categories of
21 adverse childhood experiences at Blueprint for Health practices, including

1 appropriate training for providers using the questionnaire and increased per
2 member, per month payments to incentivize use of the questionnaire; and
3 (2) a pilot program using the Vermont Center for Children, Youth, and
4 Families' Vermont Family Based Approach, in which participating community
5 health teams may hire a family wellness coach, or contract with a community
6 partner organization who shall serve as a family wellness coach, to provide
7 prevention, intervention, outreach, and wellness services to families within the
8 community health team's region.
9 (b) On or before December 15, 2014, the Director of the Blueprint for
10 Health shall submit a report to the House Committee on Health Care and to the
11 Senate Committee on Health and Welfare containing findings and
12 recommendations regarding the implementation of the initiatives listed in
13 subsection (a) of this section.
14 Sec. 3. VERMONT FAMILY BASED APPROACH PILOT PROGRAM
15 (a) There is established a pilot program for primary schools within at least
16 five school districts throughout the State using the Vermont Center for
17 Children, Youth, and Families' Vermont Family Based Approach.
18 (b) A nurse or mental health professional employed at any primary school
19 in a Vermont school district may apply to the Department of Health to
20 participate in a four-day training program on the Vermont Center for Children,
21 Youth, and Families' Vermont Family Based Approach. The Department shall

1 select at least five nurses or mental health professionals from among the
2 applicants to participate in the training at the Department's expense.
3 (c) Upon completion of the four-day training program, each participating
4 nurse or mental health professional shall employ the training received on the
5 Vermont Family Based Approach in his or her school district. This shall
6 include a formal presentation on the Vermont Family Based Approach for
7 faculty members at the participating nurse or mental health professional's
8 school district.
9 (d) On or before January 15 of each year through January 15, 2020, the
10 Department shall report to the House Committee on Health Care and to the
11 Senate Committee on Health and Welfare regarding any findings or
12 recommendations related to the Vermont Family Based Approach Pilot
13 Program in schools.
14 (e) The Vermont Family Based Approach Pilot Program shall cease to exist
15 on June 30, 2020.
16 Sec. 4. 18 V.S.A. chapter 13, subchapter 3 is added to read:
17 Subchapter 3. Trauma-Informed Care
18 § 751. TRAUMA-INFORMED CARE COORDINATOR [Jurisdiction?]
19 The Agency of Human Services shall designate a coordinator within the
20 Secretary's office who shall be responsible for ensuring consideration and
21 consistent use of trauma-informed services throughout the Agency.

1 § 752. DIRECTOR OF ADVERSE CHILDHOOD EXPERIENCE,
2 EDUCATION, AND TREATMENT
3 The Commissioner of Health shall designate a director of Adverse
4 Childhood Experience, Treatment, and Prevention within the Department who
5 shall be responsible for:
6 (1) surveying existing resources in each community health team's region
7 and identifying gaps in resources, if any;
8 (2) coordinating the implementation of trauma-informed services
9 throughout the Department;
10 (3) providing advice and recommendations to the Commissioner on the
11 expansion of trauma-informed services throughout the State; and
12 (4) developing and implementing programs, if applicable, aimed at
13 preventing and treating adverse childhood experiences.
14 Sec. 5. RECOMMENDATION; UNIVERSITY OF VERMONT'S COLLEGE
15 OF MEDICINE AND SCHOOL OF NURSING CURRICULUM
16 The General Assembly recommends to the University of Vermont's College
17 of Medicine and School of Nursing that they consider adding or expanding
18 information about the Adverse Childhood Experience Study and the impact of
19 adverse childhood experiences on lifelong health to their curricula.
20 Sec. 6. TRAUMA-INFORMED EDUCATIONAL MATERIALS

1 (a) On or before January 1, 2015, the Vermont Board of Medical Practice,
2 in collaboration with the Vermont Medical Society Education and Research
3 Foundation, shall develop educational materials pertaining to the Adverse
4 Childhood Experience Study, including available resources and
5 evidence-based interventions for physicians, physician assistants, and advance
6 practice registered nurses.
7 (b) On or before July 1, 2016, the Vermont Board of Medical Practice and
8 the Office of Professional Regulation shall disseminate the materials prepared
9 pursuant to subsection (a) of this section to all physicians licensed pursuant to
10 26 V.S.A. chapters 23, 33, and 81, physician assistants licensed pursuant to
11 26 V.S.A. chapter 31, and advance practice registered nurses licensed pursuant
12 to 26 V.S.A. chapter 28, subchapter 3.
13 Sec. 7. REPORT ON PARENTING SUPPORTS [Jurisdiction?]
14 On or before December 15, 2014, the Agency of Human Services, in
15 consultation with the Green Mountain Care Board, shall submit a written
16 report to the Senate Committee on Health and Welfare and to the House
17 Committee on Health Care containing:
18 (1) recommendations for expanding Vermont's network of parent-child
19 centers and the Positive Parenting Program; and
20 (2) recommendations for expanding the Nurse Family Partnership
21 program in Vermont.

1 Sec. 8. DEPARTMENT OF HEALTH REPORT

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

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

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

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

12 Sec. 9. STEP AHEAD RECOGNITION SYSTEM RULEMAKING

13 [Jurisdiction?]

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

18 Sec. 10. EFFECTIVE DATE

19 This act shall take effect on July 1, 2014.

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21

1 (Committee vote: ___________)

2 ______________________

3 Representative [surname]

4 FOR THE COMMITTEE