

House Committee on Health Care
H-762

I am writing to you today about H-762 the Adverse Childhood Experience bill.

I am writing to you as a Psychologist, Master with 25 years of experience working with patients, families and children who are recovering from the consequences of adverse childhood experiences.

I am encouraged with the committee's interest in the experiences of trauma that so many Vermonters have had and continue to experience. I am fully in agreement that we as a society need to find more successful ways to address and reduce the terrible impact of abuse, violence, drug abuse and child neglect.

My concern is the way the bill is currently written, will have unintended negative consequences on the very population you are aiming to help. Mandating primary care doctors to utilize this adverse experience questionnaire has the strong potential of having a detrimental impact on patients that will actually block or inhibit their being able to access the care and treatments that is so vitally needed. The questionnaire risks patients feeling exposed, overwhelmed with trauma memories and then afraid at the information being placed in a permanent patient record that can be subject to subpoena in court hearings.

Doctors already have ready access to trauma symptom inventories that do not have the potential of becoming a traumatic experience in itself for patients.

In addition, there is currently no adequate referral source for bringing patients and families to treatment in a timely way. Please consider including H.115: the bill for the Blueprint to create and operate a single web based statewide registry and referral resource for all seeking mental health and substance abuse treatments. Recognizing the problem is a vital first step; the second is to ensure the appropriate systemic response.

Here is language for a process of helping identify family members at risk for adverse experiences:

§ 1901g. ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE

Reimbursement for primary care provided to a Medicaid patient shall be contingent upon the provider's use of an appropriate PTSD symptom checklist. If follow up is indicated, a trained mental health clinician may use the Adverse Childhood Experience Questionnaire for the purpose of assessing the patient's health risks. As used in this section, "primary care" means health services provided by health care professionals to identify and treat asymptomatic individuals who have risk factors or preclinical disease, but in whom the disease is not clinically apparent, including immunizations and screening, counseling, treatment, and medication determined by scientific evidence to be effective in preventing or detecting a condition.

I urge the committee to consider finding successful and healthy avenues to address these vital issues.

*Sincerely,
Alexandra Forbes
Legislative chair
Vermont Psychological Association*