

1 TO THE HOUSE OF REPRESENTATIVES:

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

7 Sec. 1. FINDINGS AND PURPOSE

8 (a) It is the belief of the General Assembly that controlling health care
9 costs requires consideration of population health, particularly Adverse
10 Childhood Experiences (ACEs).

11 (b) The ACE Questionnaire contains ten questions for adults pertaining to
12 abuse, neglect, and family dysfunction during childhood. It is used to measure
13 childhood exposure to traumatic stressors. Based on a respondent’s answers to
14 the Questionnaire, an ACE Score is calculated, which is the total number of
15 ACE categories reported as experienced by a respondent.

16 (c) In a 1998 article entitled “Relationship of Childhood Abuse and
17 Household Dysfunction to Many of the Leading Causes of Death in Adults”
18 published in the American Journal of Preventive Medicine, evidence was cited
19 of a “strong graded relationship between the breadth of exposure to abuse or
20 household dysfunction during childhood and multiple risk factors for several of
21 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 associated with a 100
10 percent increased risk of rheumatic autoimmune disease. An individual with
11 an ACE score of four has a three to four times higher risk of depression; is five
12 times more likely to become an alcoholic; is eight times more likely to be a
13 victim of rape; and is up to ten times more likely to attempt suicide. An
14 individual with an ACE score of six or higher is 2.6 times more likely to
15 experience chronic obstructive pulmonary disease; is three times more likely to
16 experience lung cancer; and is 4,600 times more likely to abuse intravenous
17 drugs. An individual with an ACE score of seven or higher is 3,100 times
18 more likely to attempt suicide.

19 (g) Physical, psychological, and emotional trauma during childhood may
20 result in damage to multiple brain structures and functions and may even alter
21 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 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 Sec. 2. 18 V.S.A. § 710 is added to read:

13 § 710. ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE

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

17 Sec. 3. FAMILY WELLNESS COACH PILOT PROGRAM

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

1 (b) Community health teams interested in participating may hire a family
2 wellness coach, or contract with a community partner organization who shall
3 serve as a family wellness coach, to provide prevention, intervention, and
4 wellness services to families within the community health team’s region.

5 (c) Each family wellness coach or individual working on behalf of the
6 contracting organization shall:

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

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

11 (3) serve as a resource for family physicians within the community
12 health team’s region.

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

15 (d) On or before January 15 of each year through January 15, 2020, the
16 Blueprint for Health shall report to the House Committee on Health Care and
17 to the Senate Committee on Health and Welfare regarding any findings or
18 recommendations related to the implementation of the Family Wellness Coach
19 Pilot Program.

20 (e) The Family Wellness Coach Pilot Program shall cease to exist on June
21 30, 2020.

1 **Sec. 4.** VERMONT FAMILY BASED APPROACH PILOT PROGRAM

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

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

11 (c) Upon completion of the four-day training program, each participating
12 nurse or mental health professional shall employ the training received on the
13 Vermont Family Based Approach in his or her school district. This shall
14 include a formal presentation on the Vermont Family Based Approach for
15 faculty members at the participating nurse or mental health professional's
16 school district.

17 (d) On or before January 15 of each year through January 15, 2020, the
18 Department shall report to the House Committee on Health Care and to the
19 Senate Committee on Health and Welfare regarding any findings or
20 recommendations related to the Vermont Family Based Approach Pilot
21 Program in schools.

1 (e) The Vermont Family Based Approach Pilot Program shall cease to exist
2 on June 30, 2020.

3 Sec. 5. 18 V.S.A. chapter 13, subchapter 3 is added to read:

4 Subchapter 3. Trauma-Informed Care

5 § 751. TRAUMA-INFORMED CARE COORDINATOR

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

9 § 752. DIRECTOR OF ADVERSE CHILDHOOD EXPERIENCE,

10 EDUCATION, AND TREATMENT

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

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

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

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

20 (4) developing and implementing programs, if applicable, aimed at
21 preventing and treating adverse childhood experiences.

1 Sec. 6. **RECOMMENDATION**; UNIVERSITY OF VERMONT'S COLLEGE
2 OF MEDICINE AND SCHOOL OF NURSING CURRICULUM

3 The General Assembly recommends to the University of Vermont's College
4 of Medicine and School of Nursing that they consider adding or expanding
5 information about the Adverse Childhood Experience Study and the impact of
6 adverse childhood experiences on lifelong health to their curricula.

7 Sec. 7. TRAUMA-INFORMED EDUCATIONAL MATERIALS

8 (a) On or before January 1, 2015, the Vermont Board of Medical Practice,
9 in collaboration with the Vermont Medical Society Education and Research
10 Foundation, shall develop educational materials pertaining to the Adverse
11 Childhood Experience Study, including available resources and
12 evidence-based interventions for physicians, physician assistants, and advance
13 practice registered nurses.

14 (b) On or before July 1, 2016, the Vermont Board of Medical Practice and
15 the Office of Professional Regulation shall disseminate the materials prepared
16 pursuant to subsection (a) of this section to all physicians licensed pursuant to
17 26 V.S.A. chapters 23, 33, and 81, physician assistants licensed pursuant to
18 26 V.S.A. chapter 31, and advance practice registered nurses licensed pursuant
19 to 26 V.S.A. chapter 28, subchapter 3.

1 Sec. 8. **REPORT ON PARENTING SUPPORTS**

2 On or before December 15, 2014, the Agency of Human Services, in
3 consultation with the Green Mountain Care Board, shall submit a written
4 report to the Senate Committee on Health and Welfare and to the House
5 Committee on Health Care containing:

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

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

10 Sec. 9. DEPARTMENT OF HEALTH REPORT

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

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

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

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

1 Sec. 10. STEP AHEAD RECOGNITION SYSTEM RULEMAKING

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

6 Sec. 11. EFFECTIVE DATE

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

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10 (Committee vote: _____)

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Representative [surname]

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FOR THE COMMITTEE