Written testimony of Louis DiNicola, MD, re H.762 February 12th, 2014

I am sorry I will not be able to testify tomorrow but here are some of my concerns:

- The Adverse Childhood Experience screen may have value within the Medical home but it has not been adequately tested in a pediatric setting.

- The screening test alone is just that, a screening test, it is not a diagnostic test

- There are many ways that we screen children for lead, development, depression, autism, chlamydia , GC and more

- Many of the screening tests we use are well documented and have strong support

- Some screening tests are “good tools” but are not necessarily well documented with strong support

- Screening for any childhood problem begs the question “IF I FIND A POSITIVE WHAT RESOURCES DO I HAVE AVAILABLE TO ACT ON THE POSITIVE SCREEN?"

- Many Medical Homes have added additional screening tests to their practices and the time to do more screening has not been adequately reimbursed by insurers

- State funding for WCC has been cut

- Even if we try to do screening tests patients and families may not complete the test i.e. Lead, depression screening, Chlamydia etc. for varied reasons

- Tying Medicaid reimbursement for completion of a screening test that has yet to be proven in a pediatric setting is extreme and unproductive….we have a state that will not tax SSB or tax cigarettes to a level that will prevent children from becoming addicted but we are going to “tax” providers that are already overworked, underpaid and already doing the best they can with good results but they are exhausted

- Although I agree with the concept of the ACE screening test, I would suggest that as of now we are not sure if it is helpful, it requires additional time for already stressed practices, we do not have the resources we need if the screen suggests the patient needs help and this law would result in a major negative effect on the practices now providing good solid care to children and families.

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