

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

House Bill 4773

BY DELEGATES ZUKOFF, ROWAN, ELLINGTON, STAGGERS,

ROHRBACH, LAVENDER-BOWE, ESTEP-BURTON, PYLES,

PUSHKIN AND LOVEJOY

[Introduced February 10, 2020; Referred to the

Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
 2 designated §16-5AA-1, all relating to creating a workgroup to investigate and recommend
 3 screening protocols for adverse childhood trauma in this state; designating members of
 4 workgroup; providing for duties of workgroup; providing that the West Virginia Bureau of
 5 Public Health shall provide staff for the workgroup; providing for public hearings; and
 6 providing for the submission of a final report to the Legislature.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5AA. SCREENING PROTOCOLS FOR ADVERSE CHILDHOOD TRAMA.

§16-5AA-1. Development of Screening Protocols for Adverse Childhood Trauma.

1 (a) The Legislature finds that there is a growing body of research documenting the linkages
 2 between adverse childhood experiences and childhood trauma on lifelong health and the
 3 prevention of adverse childhood experiences and mitigating their impact, therefore should be part
 4 of the state's opioid response plan. Further, whereas strong partnerships between primary care
 5 practices and community-based non-medical services promote the health of both patients and
 6 families, the Legislature finds that it is appropriate and in the public interest to incentivize and
 7 provide guidance for health care practitioners who provide primary health care services to:

8 (1) Provide information to patients regarding the impact of adverse and positive childhood
 9 experiences on physical and mental health, and the risks and benefits of screening patients for
 10 adverse childhood experiences;

11 (2) Screen patients for adverse childhood experiences, childhood trauma, and positive
 12 childhood experiences that may impact a patient's physical or mental health or the provision of
 13 health care services to the patient;

14 (3) Within the context of a comprehensive systems approach, develop recommended
 15 protocols regarding clinical response that medical providers should follow after screening, such
 16 as:

17 (A) Applying principles of trauma-informed care;

18 (B) Identification and treatment of adverse childhood experiences and associated
19 health conditions;

20 (C) Patient education about toxic stress and buffering interventions, including supportive
21 relationships, mental health treatment, exercise, sleep hygiene, healthy nutrition, and
22 mindfulness and medication practices;

23 (D) Validation of existing strengths and protective factors;

24 (E) Referral to patient resources which may include, but are not limited to, counseling and
25 treatment programs, community-based medical and non-medical resources, and family support
26 programs; and

27 (F) Follow-up as necessary.

28 (b) The Commissioner of the Bureau of Public Health shall form a working group to
29 conduct a study of adverse childhood trauma and its impacts to the people of West Virginia. The
30 workgroup shall be comprised of the following members:

31 (1) The Commissioner Secretary of the Department of Health and Human Resources
32 Bureau of Children and Families, or his or her designee;

33 (2) The Dean of the West Virginia University School of Medicine, or or his or her designee;

34 (3) The Dean of the Marshall University, Joan C. Edwards School of Medicine, or his or
35 her designee;

36 (4) The Dean of the West Virginia School of Osteopathic Medicine, or his or her designee;

37 (5) The Coordinator of the Office of Minority Health within the Bureau for Public Health, or
38 his or her designee;

39 (6) The Director of the Office of Maternal, Child and Family Health, or his or her designee;

40 (7) Three representatives of primary care providers chosen by the West Virginia Primary
41 Care Association;

42 (8) Three representatives of behavioral healthcare providers chosen by the West Virginia
43 Behavioral Healthcare Providers Association;

44 (9) Two members chosen by the Adverse Childhood Experiences Coalition of West
45 Virginia;

46 (10) One member chosen by the West Virginia Rural Health Association;

47 (11) One member chosen by the West Virginia Hospital Association;

48 (12) One member chosen by the West Virginia Nurses Association;

49 (13) One member chosen by the West Virginia Chapter of the American Academy of

50 Pediatrics;

51 (14) One member chosen by the West Virginia State Medical Association;

52 (15) One member chosen by the West Virginia Osteopathic Medical Association;

53 (16) One member chosen by the West Virginia Academy of Family Physicians;

54 (17) One member chosen by the West Virginia Association of Physician Assistants;

55 (18) One member chosen by the West Virginia Association of School Nurses;

56 (19) One member representing parents chosen by the West Virginia Circle of Parents

57 Network;

58 (20) One member chosen by the West Virginia Foster, Adoptive and Kinship Care

59 Network; and

60 (21) One representative of the West Virginia Defending Childhood Initiative, commonly
61 referred to as “Handle With Care,” chosen by the West Virginia Children’s Justice Task Force.

62 The task force may further designate additional persons who may participate in the
63 meetings of the workgroup if they are the administrative head of the office or division whose
64 functions necessitate their inclusion in this process.

65 (c) The workgroup shall have the following duties:

66 Within the context of a comprehensive systems approach, develop recommended
67 protocols regarding clinical response that medical providers should follow after screening, such
68 as:

69 (1) Applying principles of trauma-informed care;

70 (2) Identification and treatment of adverse childhood experiences and associated
71 health conditions;

72 (3) Patient education about toxic stress and buffering interventions, including supportive
73 relationships, mental health treatment, exercise, sleep hygiene, healthy nutrition, and
74 mindfulness and medication practices;

75 (4) Validation of existing strengths and protective factors;

76 (5) Referral to patient resources which may include, but are not limited to, counseling and
77 treatment programs, community-based medical and non-medical resources, and family support
78 programs;

79 (6) Follow-up as necessary; and

80 (7) Develop the education and training requirements, and develop recommended training
81 to be completed, for administering screening process, trauma-informed care, and clinical
82 response as described in this section.

83 (f) The authority shall provide staff for the workgroup and the workgroup shall schedule
84 one public hearing in each of the congressional districts in West Virginia as it relates to the
85 screening protocols for adverse childhood trauma for in the state. The workgroup shall develop
86 and approve a final report by June 30, 2021, and a copy shall be submitted to the Joint Committee
87 of Government and Finance of the Legislature, the Governor, and the authority. The workgroup
88 will sunset on March 31, 2022.

89 (g) The authority shall consider screening protocols for adverse childhood trauma and
90 make findings and recommendations and submitting a report no later than December 31, 2021:
91 Provided, That prior to submission, the authority shall present its proposed screening protocols
92 for adverse childhood trauma to the Legislative Oversight Committee on Health and Human
93 Resources within 90 days after development of the drafts and prior to submission of the final
94 protocols to the Governor. The Legislative Oversight Committee on Health and Human Resources
95 shall have 90 days to review the standards and provide input to the authority, which shall consider

96 such input when developing the final standards for submission to the Governor. Upon submission
97 to the Governor, the report shall be distributed to all health care provider organizations in the state
98 for consideration for adoption as part of the provider's standard of care protocols.
99 (h) Any screening protocols adverse childhood trauma drafted pursuant to this section
100 shall not become effective until on or after March 31, 2021.

NOTE: The purpose of this bill is to establish a workgroup to develop statewide standards for adverse childhood trauma assessment protocols.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.