

# **WEST VIRGINIA LEGISLATURE**

## **2020 REGULAR SESSION**

### **Committee Substitute**

**for**

### **House Bill 4773**

BY DELEGATES ZUKOFF, ROWAN, ELLINGTON, STAGGERS,  
ROHRBACH, LAVENDER-BOWE, ESTEP-BURTON, PYLES,  
PUSHKIN AND LOVEJOY

[Originating in the Committee on Health and Human  
Resources; February 13, 2020.]



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 study protocols for adverse  
3 childhood trauma in this state; designating members of workgroup; providing for duties of  
4 workgroup; providing that the West Virginia Bureau of Public Health shall provide staff for  
5 the workgroup; providing for public hearings; and providing for the submission of a final  
6 report to the Legislature.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 5AA. SCREENING PROTOCOLS FOR ADVERSE CHILDHOOD TRAUMA.**

**§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, strong partnerships between primary care practices  
5 and community-based non-medical services promote the health of both patients and families.  
6 The Legislature finds that it is appropriate and in the public interest to incentivize and provide  
7 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 a 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 meditation 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 for 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 of the Bureau of Children and Families, or his or her designee;

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

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

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

36 (5) The Executive Director of the West Virginia Herbert Henderson Office of Minority  
37 Affairs, or his or her designee;

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

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

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

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

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

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

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

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

49 Pediatrics;

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

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

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

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

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

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

56 Network;

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

58 Network;

59 (21) The Commissioner of the Bureau for Behavioral Health, or his or her designee; and

60 (22) 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 (c) The Commissioner of the Bureau for Public Health may further designate additional  
63 persons who may participate in the meetings of the workgroup if they are the administrative head  
64 of the office or division whose functions necessitate their inclusion in this process.

65 (d) The workgroup shall have the following duties, within the context of a comprehensive  
66 systems approach, develop recommended protocols regarding clinical response that medical  
67 providers should follow after screening, such as:

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

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

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

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

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

78 (6) Follow-up as necessary; and

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

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

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

95 when developing the final standards for submission to the Governor. Upon submission to the  
96 Governor, the report shall be distributed to all health care provider organizations in the state for  
97 consideration for adoption as part of the provider's standard of care protocols.

98 (g) Any screening protocols adverse childhood trauma drafted pursuant to this section  
99 shall not become effective until on or after March 31, 2021.

NOTE: The purpose of this bill is to create a workgroup to study protocols for adverse childhood trauma in this state.

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