

# **WEST VIRGINIA LEGISLATURE**

## **2020 REGULAR SESSION**

**ENROLLED**

**Committee Substitute**

**for**

**House Bill 4773**

BY DELEGATES ZUKOFF, ROWAN, ELLINGTON, STAGGERS,

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

PUSHKIN AND LOVEJOY

[Passed March 4, 2020; in effect ninety days from

passage.]



1 AN ACT 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; designating members;  
3 authorizing workgroup to develop recommended protocols; authorizing workgroup to  
4 develop recommended education and training requirements; authorizing staff; providing  
5 for public hearings; providing for report; providing for sunset; authorizing screening  
6 protocols; and providing for effective date for screening protocols.

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

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

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

1 (a) The Commissioner of the Bureau for Public Health may form a workgroup to conduct  
2 a study of adverse childhood experiences and their impact on the people of West Virginia. The  
3 workgroup may be comprised of the following members:  
4 (1) The Commissioner of the Bureau of Children and Families, or his or her designee;  
5 (2) The Dean of the West Virginia University School of Medicine, or his or her designee;  
6 (3) The Dean of the Marshall University Joan C. Edwards School of Medicine, or his or  
7 her designee;  
8 (4) The Dean of the West Virginia School of Osteopathic Medicine, or his or her designee;  
9 (5) The Executive Director of the West Virginia Herbert Henderson Office of Minority  
10 Affairs, or his or her designee;  
11 (6) The Director of the Office of Maternal, Child and Family Health, or his or her designee;  
12 (7) Up to three representatives of primary care providers chosen by the West Virginia  
13 Primary Care Association;  
14 (8) Up to three representatives of behavioral healthcare providers chosen by the West  
15 Virginia Behavioral Healthcare Providers Association;

(9) Up to two members chosen by the Adverse Childhood Experiences Coalition of West Virginia;

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

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

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

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

Pediatrics;

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

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

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

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

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

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

**Network:** A network is a collection of nodes connected by edges.

(20)

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

(22) One representative of the West Virginia Defending Childhood Initiative, comprising:

referred to as "Handle With Care," chosen by the West Virginia Children's Justice Task Force:

(23) One member chosen by the West Virginia Chapter of the National Association for the Advancement of Colored People.

## **Advancement of Colored People; and**

(24) The West Virginia State Superintendent of Schools, or his or her designee.

(b) The Commissioner of the Bureau for Public Health may designate additional persons

who may participate in the meetings of the workgroup. Provided, That any such person must be

The administrative head of the office or division whose functions necessitate his or her inclusion

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41           (c) The workgroup may develop recommended guidance, tools, and protocols for primary  
42        health care practitioners to undertake the following:

43           (1) Provide information to patients regarding the impact of adverse and positive childhood  
44        experiences on physical and mental health, and the risks and benefits of screening patients for  
45        adverse child experiences;

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

49           (3) Within the context of a comprehensive systems approach, provide clinical response  
50        that medical providers should follow after screening, such as:

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

52           (B) Identification and treatment of adverse childhood experiences and associated  
53        health conditions;

54           (C) Patient education about toxic stress and buffering interventions, including supportive  
55        relationships, mental health treatment, exercise, sleep hygiene, healthy nutrition, and mindfulness  
56        and meditation practices;

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

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

61           (F) Follow-up as necessary.

62           (d) The workgroup may develop recommendations for education and training  
63        requirements to be completed for administering the screening process, trauma-informed care,  
64        and clinical response as described in this section.

65           (e) The Bureau for Public Health may provide staff for the workgroup. The workgroup may  
66        schedule one public hearing in each of the congressional districts in West Virginia as it relates to

67 the screening protocols for adverse childhood experiences. The workgroup may develop and  
68 approve a final report by June 30, 2021, and a copy may be submitted to the Joint Committee on  
69 Government and Finance of the Legislature and the Governor. The workgroup will sunset on  
70 March 31, 2022.

71 (f) The Bureau for Public Health may develop screening protocols for adverse childhood  
72 experiences and make recommendations in a report to be submitted to the Governor no later than  
73 December 31, 2021: *Provided*, That prior to submission, the bureau may present its proposed  
74 screening protocols for adverse childhood experiences to the Legislative Oversight Committee on  
75 Health and Human Resources within 90 days after development of the drafts and prior to  
76 submission of the final protocols to the Governor. The Legislative Oversight Committee on Health  
77 and Human Resources shall have 90 days to review the standards and provide input to the  
78 bureau, which shall consider such input when developing the final standards for submission to  
79 the Governor. Upon submission to the Governor, the report may be distributed to all health care  
80 provider organizations in the state for consideration for adoption.

81 (g) Any screening protocols for adverse childhood experiences drafted pursuant to this  
82 section shall not become effective until on or after March 31, 2021.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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*Chairman, House Committee*

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*Chairman, Senate Committee*

Originating in the House.

In effect ninety days from passage.

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*Clerk of the House of Delegates*

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*Clerk of the Senate*

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*Speaker of the House of Delegates*

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*President of the Senate*

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The within ..... this the .....  
day of ....., 2020.

.....  
*Governor*