

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

ENGROSSED

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
2 linkages between adverse childhood experiences and childhood trauma on lifelong health and
3 the prevention of adverse childhood experiences and mitigating their impact, therefore the
4 following may be part of the state's opioid response plan:

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

8 (1) The Commissioner of the Bureau of Children and Families, or his or her designee;

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

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

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

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

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

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

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

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

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

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

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

25 (13) One member chosen by the West Virginia Chapter of the American Academy of
26 Pediatrics;

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

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

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

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

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

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

33 Network;

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

35 Network;

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

37 (22) One representative of the West Virginia Defending Childhood Initiative, commonly
38 referred to as "Handle With Care," chosen by the West Virginia Children's Justice Task Force;

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

41 and

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

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

46 (d) The workgroup may perform the following duties, within the context of a comprehensive
47 systems approach, develop recommended protocols regarding clinical response that medical
48 providers should follow after screening, such as:

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

50 (2) Identification and treatment of adverse childhood experiences and associated
51 health conditions;

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

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

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

59 (6) Follow-up as necessary; and

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

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

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

79 (g) Any screening protocols adverse childhood trauma drafted pursuant to this section
80 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.