

WEST VIRGINIA CODE: §16-5BB-1

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

(a) The Commissioner of the Bureau for Public Health may form a workgroup to conduct a study of adverse childhood experiences and their impact on the people of West Virginia. The workgroup may be comprised of the following members:

- (1) The Commissioner of the Bureau of Children and Families, or his or her designee;
- (2) The Dean of the West Virginia University School of Medicine, or his or her designee;
- (3) The Dean of the Marshall University Joan C. Edwards School of Medicine, or his or her designee;
- (4) The Dean of the West Virginia School of Osteopathic Medicine, or his or her designee;
- (5) The Executive Director of the West Virginia Herbert Henderson Office of Minority Affairs, or his or her designee;
- (6) The Director of the Office of Maternal, Child and Family Health, or his or her designee;
- (7) Up to three representatives of primary care providers chosen by the West Virginia Primary Care Association;
- (8) Up to three representatives of behavioral healthcare providers chosen by the West 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 of Parents Network;

(20) One member chosen by the West Virginia Foster, Adoptive and Kinship Network;

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

(22) One representative of the West Virginia Defending Childhood Initiative, commonly 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; 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 in this process.

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

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

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

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

(A) Applying principles of trauma-informed care;

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

(C) Patient education about toxic stress and buffering interventions, including supportive relationships, mental health treatment, exercise, sleep hygiene, healthy nutrition, and

mindfulness and meditation practices;

(D) Validation of existing strengths and protective factors;

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

(F) Follow-up as necessary.

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

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

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

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