

SB 428 (HURTADO)

Health care coverage: screening for adverse childhood experiences

Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

BACKGROUND

The groundbreaking Adverse Childhood Experiences (ACEs) [study](#) demonstrated that a child's exposure to traumatic events substantially impacts his or her long-term health. The findings make identifying a child's exposure to abuse, neglect, discrimination, violence and other adverse experiences—and connecting children and families to early intervention services that can help families heal from trauma or slow or reverse the expected negative health outcomes—a core component of health care.

Screening children and adults for exposure to adversity can help practitioners identify those at high risk for experiencing toxic stress (frequent and/or prolonged activation of a stress response due to adversity or trauma). Screening in primary care settings can help prevent further exposure to adverse experiences, and—when a strong referral system is in place—can provide appropriate education for parents and caregivers about the relationship between early adversity and negative health outcomes. For example, screening can inform a pediatrician's care plan by identifying children who are at high risk for health problems due to toxic stress, which may be an underlying cause of clinical symptoms. By identifying and intervening, there is an opportunity to reverse the neurological and physical effects of severe adversity that are common when not addressed early.

In 2017, the Legislature passed Assembly Bill 340 (Arambula), which directed the Department of Health Care Services (DHCS) to convene a stakeholder workgroup to identify and recommend, if appropriate, ways to screen children for trauma under Medi-Cal's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. As a result, the [ACEs Aware Initiative](#) was implemented, which trains and provides reimbursement for providers to screen Medi-Cal patients for trauma.

California uses the Pediatric ACEs Screening and Related Life-events Screener ([PEARLS](#)) screening for children and the traditional ACE [questionnaire](#) for adults. PEARLS is an expanded version of ACEs screening as it includes questions about community violence and child welfare involvement, questions excluded from the traditional ACEs screen.

THE PROBLEM

Currently, California provides the trauma screening benefit for Medi-Cal beneficiaries. This approach has the potential to pathologize poverty, as only low-income families are asked about their adverse childhood experiences, a practice that is not supported by research. The State's current screening methodology solidifies advocates' concern that our system consistently under-identifies white, middle- and upper-class children with adverse childhood experiences because these families tend to be under less scrutiny than Black, brown, and poor families.

Without expanding this screening benefit into the commercial market, California will continue to limit the ability for all families at risk for toxic stress to receive targeted interventions that can reduce the risk of chronic disease later in life.

The COVID-19 pandemic has been a stressful and traumatic time for most, and is considered a traumatic event for the broader population. However, without universal screening, it is likely the State will under identify those who suffer from toxic stress.

THE SOLUTION

SB 428 will allow providers to identify individuals' trauma histories, provide necessary services early, and reduce the risk of racial/ethnic and socioeconomic bias. Many experts have [warned](#) that the current COVID-19 pandemic is a traumatic stressor and that the long-term mental and physical impacts of the pandemic have yet to be understood. Expanding screening coverage now will enable physicians to mitigate what would otherwise become compounding trauma, ultimately reducing long-term costs in the healthcare system.

ANTICIPATED OPPOSITION

Commercial health plans are not comfortable with the proposed mandate. We anticipate forthcoming opposition. While some commercial plans are already reimbursing physicians for ACEs screenings, it is not widespread within the commercial market.

SUPPORT

- + California Medical Association (Sponsor)
- + Children Now (Sponsor)

STAFF CONTACT: Adrian Mohammed
Legislative Advocate
(909) 268-7839
Amohammed@cmadocs.org

Lishaun Francis
Associate Director
lfrancis@childrennow.org