
UNFINISHED BUSINESS

Bill No: SB 428
Author: Hurtado (D), et al.
Amended: 9/3/21
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 4/21/21

AYES: Pan, Melendez, Eggman, Gonzalez, Grove, Hurtado, Leyva, Limón, Roth, Rubio, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/20/21

AYES: Portantino, Bates, Bradford, Jones, Kamlager, Laird, Wieckowski

SENATE FLOOR: 39-0, 6/1/21

AYES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hertzberg, Hueso, Hurtado, Jones, Kamlager, Laird, Leyva, Limón, McGuire, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

NO VOTE RECORDED: Melendez

ASSEMBLY FLOOR: 78-0, 9/9/21 - See last page for vote

SUBJECT: Health care coverage: adverse childhood experiences screenings

SOURCE: California Medical Association
California Now

DIGEST: This bill requires a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care, as specified, to additionally include coverage for adverse childhood experiences (ACEs) screenings.

Assembly Amendments:

- 1) Limit the bill to plans and policies that provide coverage for pediatric services and preventive care, as specified.
- 2) Indicate that cost-sharing is not prohibited.
- 3) Permit the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) to implement the bill issuing guidance, not subject to the Administrative Procedure Act (APA).
- 4) Permit departmental guidance to apply the rules and regulations for screening for trauma as set forth in the Medi-Cal program as the minimum ACEs coverage requirements for health plans and insurers. Indicate that this does not prohibit a health plans or insurer from exceeding Medi-Cal ACEs coverage requirements.

ANALYSIS:

Existing law:

- 1) Establishes DMHC to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); CDI to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq., and WIC §14000, et seq.]
- 2) Establishes as California's essential health benefits (EHBs) benchmark the Kaiser Small Group Health Maintenance Organization, existing California mandates (including medically necessary basic health care services), and 10 Affordable Care Act (ACA) mandated benefits, including habilitative services and devices. Requires non-grandfathered individual and small group health plan contracts and insurance policies to cover these EHBs. [HSC §1367.005 and INS §10112.27]

This bill:

- 1) Requires a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care, as specified, to additionally include coverage for ACEs screenings. States that this bill does not prohibit health plans and insurers from applying cost-sharing requirements as authorized by law.

- 2) Defines, “ACEs” as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.
- 3) Permits DMHC and CDI to adopt guidance, not subject to the APA. Permits departmental guidance to apply the rules and regulations for screening for trauma as set forth in the Medi-Cal program as the minimum ACEs coverage requirements for health plans and insurers, and states that this does not prohibit a health plan or insurer from exceeding the Medi-Cal program’s rules and regulations for trauma screening.

Comments

Author’s statement. According to the author, recent research has highlighted the link between ACEs and a decline in an individual’s long-term health outcomes. A groundbreaking American Journal of Preventive Medicine 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 healthcare. This bill seeks to allow providers to screen patients for ACEs and provide necessary services early. It requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for ACEs screenings. Many experts have warned that the current COVID-19 pandemic is a traumatic stressor--so expanding ACEs coverage now will enable doctors to mitigate what would otherwise become a compounding trauma in the future.

ACEs. According to the Center for Disease Control and Prevention, ACEs are potentially traumatic events that occur in childhood (0-17 years). While not a complete list, some examples include experiencing violence, abuse, or neglect, witnessing violence in the home or community, or having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance abuse or mental health problems, or instability due to parental separation or household members being in jail or prison. There are many other traumatic experiences that could impact health and wellbeing. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and

earning potential. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly one in six reported they had experienced four or more types of ACEs. Women and several racial/ethnic minority groups were at greater risk for having experienced four or more types of ACEs. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. Up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

ACEs screening tools. An ACEs screening evaluates children and adults for trauma that occurred during the first 18 years of life. The ACEs questionnaire for adults (ages 18 years and older) and Pediatric ACEs and Related Life-events Screener (PEARLS) tools for children (ages 0 to 19 years) are both forms of ACEs screening. Both the ACEs questionnaire and the PEARLS tool are acceptable for use for individuals aged 18 or 19 years. The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 years and older.

Medi-Cal. In November of 2020, CMS approved a state plan amendment that authorizes time-limited payments to support trauma screenings for children and adults, effective January 1, 2020, through December 31, 2021. According to the ACES Aware website, the objective is to reduce ACEs and toxic stress by half in one generation. All providers are encouraged to receive training to screen patients for ACEs. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care. Detecting ACEs early and connecting patients to interventions, resources, and other supports can improve the health and well-being of individuals and families. *Beginning January 1, 2020, DHCS started to pay Medi-Cal providers \$29 per trauma screening for children and adults with Medi-Cal coverage, and by July 2020, providers were required to self-attest that the training has been completed to be eligible to continue receiving Medi-Cal payment for conducting ACEs screenings.*

ACEs Aware. According to the ACES Aware website, billing and coding are based upon the Medi-Cal beneficiary's total ACE score. The ACE score refers to the total reported exposure to the 10 ACE categories indicated in the adult ACE assessment tool or the first box of the PEARLS tool. ACE scores range from 0-10. To bill Medi-Cal, providers use the Healthcare Common Procedure Coding System (HCPCS) billing codes based upon the results of the screening. HCPCS code G9919 is used for screens that have a score of 4 or greater (high risk). HCPCS code G9920 is used for screens that have a score of 0 to 3 (lower risk). Billing

requires that the completed screen was reviewed, the appropriate tool was used, results were documented and interpreted, results were discussed with the beneficiary and/or family, and any clinically appropriate actions were documented. This documentation should remain in the beneficiary's medical record and be available upon request. The website also indicates that providers will not be paid for screening individuals 65 and older.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Assembly Appropriations Committee:

- 1) DMHC anticipates costs of approximately \$22,000 and 0.1 PY in FY 2021-22, and \$114,000 and 0.6 PY in FY 2022-23 for short-term legal work and review of health plan documents, including Evidence of Coverage, for compliance (Managed Care Fund).
- 2) CDI estimates costs of \$22,000 for FY 2021-22 to review health insurance policy forms for compliance with the specific benefit mandate and issue implementing guidance (Insurance Fund).
- 3) The California Health Benefits Review Program (CHBRP) analyzed this bill as a health insurance mandate. CHBRP projects an estimated \$1,983,000 increase in California Public Employees' Retirement System employer expenditures for annual premiums (General Fund and special funds).

SUPPORT: (Verified 9/2/21)

California Medical Association (co-source)

Children Now (co-source)

American Academy of Pediatrics of California

American College of Obstetricians and Gynecologists District IX

American Nurses Association California

California Academy of Family Physicians

California Children's Hospital Association

California School-Based Health Alliance

California State Association of Psychiatrists

CaliforniaHealth+ Advocates

Children Now Public Health Advocates

Children's Partnership

Children's Specialty Care Coalition

Depression and Bipolar Support Alliance of California

First 5 California

Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties
National Association of Social Workers, California Chapter
Public Health Advocates
Steinberg Institute
One individual

OPPOSITION: (Verified 9/2/21)

America's Health Insurance Plans
Association of California Life & Health Insurance Companies
California Association of Health Plans
Department of Finance

ARGUMENTS IN SUPPORT: The California Medical Association, a co-sponsor of this bill, writes 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. Children Now, another co-sponsor, writes 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 ACEs, a practice that is not supported by research. 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 American College of Obstetricians and Gynecologists District IX writes a core component of health care is connecting children and families to early intervention services that aid families in healing from trauma or slow or reverse unfavorable health outcomes. Findings from the American Journal of Preventive Medicine report that a child's exposure to traumatic events substantially impacts their long-term health. Existing law does not require the commercial market to cover ACEs, limiting the ability for all individuals with ACEs to receive targeted interventions that can later reduce the risk of chronic disease. This bill expands ACEs coverage by allowing providers to

screen patients for ACEs and provide necessary services early on. The California Children's Hospital Association writes without universal screening, it is likely the state will under identify those who suffer from toxic stress. This bill will allow providers to identify individuals' trauma histories, provide necessary services early, and reduce the risk of racial/ethnic and socioeconomic bias. Expanding screening coverage now will enable physicians to mitigate what would otherwise become compounding trauma, ultimately reducing long-term costs in the healthcare system.

ARGUMENTS IN OPPOSITION: Opponents write that this is one of many bills that will increase costs, reduce choice and competition, and further incent some employers and individuals to avoid state regulation by seeking alternative coverage options. The Department of Finance writes that this bill could potentially create General Fund cost pressures within state health programs.

ASSEMBLY FLOOR: 78-0, 9/9/21

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Berman, Bigelow, Bloom, Boerner Horvath, Mia Bonta, Bryan, Burke, Calderon, Carrillo, Cervantes, Chau, Chen, Chiu, Choi, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Fong, Frazier, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Lorena Gonzalez, Gray, Grayson, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, Nguyen, O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wood, Rendon

NO VOTE RECORDED: Cooley, Seyarto

Prepared by: Teri Boughton / HEALTH / (916) 651-4111
9/9/21 20:56:15

**** END ****