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Title: Routine ACE Screening in Pediatric Appointments  
Introduced by: Laura Carravallah, MD, for the Genesee County Delegation  
Original Authors: Alisha Ching, Kirtana Ghandikota, Guillermo Moreno, Rohit Nallani, Lauren Smith, Mercedes Yee, and Saya Yusa  
Referred to: Reference Committee A  
House Action: **REFERRED**

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Whereas, adverse childhood experiences (ACEs) have been connected to poor health choices, chronic medical disease, psychiatric disorders, and decreased life potential and expectancy<sup>1,2</sup>, and

Whereas, the Behavioral Risk Factor Surveillance System (BRFSS) ACE Module used in 10 states demonstrated that nearly 24 percent of people have at least one ACE and more than 20 percent have at least three or more<sup>3</sup>, and

Whereas, there is a "dose response" relationship between the number of ACEs and a child's negative health outcomes, as well as lasting neurological effects<sup>4</sup>, and

Whereas, ACEs shorten life expectancy by up to 20 years compared to the average life expectancy for adults who did not experience trauma as children<sup>5</sup>, and

Whereas, over half of all adolescents aged 12 to 17 years in the United States have been exposed to at least one ACE, and over one-quarter have experienced two or more<sup>6</sup>, and

Whereas, ACEs often disproportionately affect children who are of lower socioeconomic levels and/or part of a minority population<sup>7,8</sup>, and

Whereas, ACEs often go un-screened and un-addressed<sup>9</sup>, and

Whereas, universal screening with ACEs can help identify childhood adversities, prevent negative health outcomes, and promote healthy living and disease prevention<sup>10,11</sup>, and

Whereas, 91 percent of screenings add less than five minutes to the patient's visit<sup>12</sup>, and

Whereas, the total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States was approximately \$124 billion<sup>13</sup>, and

Whereas, the Resilience Project, an American Academy of Pediatrics (AAP) Health Initiative, provides "resources to identify, treat, and refer children and youth who have been exposed to or victimized by violence"<sup>14</sup>, and

Whereas, the AAP recognizes the disruption in childhood development and lifelong impairment due to toxic stress, and calls on pediatricians to identify and address these sources<sup>15,16</sup>, and

Whereas, current American Medical Association policy supports the National Child Traumatic Stress Initiative and the full mission of the National Child Traumatic Stress Network<sup>17</sup>; therefore be it

RESOLVED: That MSMS supports screening for adverse childhood experiences in annual pediatric appointments and shall advocate for such screening; and be it further

56 RESOLVED: That MSMS advocate that screening for adverse childhood experiences (ACE) be  
57 implemented in routine pediatric visits and that patients with a high adverse childhood experiences score  
58 be referred for subsequent treatment with pediatric mental health specialists and social workers; and be it  
59 further

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61 RESOLVED: That MSMS advocate for research studying the impact of adverse childhood  
62 experiences screening and treatment on long term health outcomes.  
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65 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

### Relevant MSMS Policy:

#### Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

MSMS supports Early and Periodic Screening, Diagnosis and Treatment Programs to reach as many eligible children as possible. All qualified providers should have equal opportunities to participate in the program. (Prior to 1990)

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<sup>1</sup> Dube, Shanta R, et al. "The Impact of Adverse Childhood Experiences on Health Problems: Evidence from Four Birth Cohorts Dating Back to 1900." Preventive Medicine, Academic Press, 11 July 2003, [www.sciencedirect.com/science/article/pii/S0091743503001233](http://www.sciencedirect.com/science/article/pii/S0091743503001233).

<sup>2</sup> CDC. "About Adverse Childhood Experiences." Violence Prevention, 1 Apr. 2016, [www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](http://www.cdc.gov/violenceprevention/acestudy/about_ace.html).

<sup>3</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015.

<sup>4</sup> Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*. 2006;256:174-186.

<sup>5</sup> Brown DW, Anda RF, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. *Am J Prev Med*. 2009;37(5):389-96.

<sup>6</sup> Moore, K.A. and Ramirez, A.N. Adverse childhood experience and adolescent well-being: do protective factors matter?. *Child Indicators Res*. 2016; 9: 299-316.

<sup>7</sup> Alim, Tanya N. et al. "Trauma Exposure, Posttraumatic Stress Disorder and Depression in an African-American Primary Care Population." *Journal of the National Medical Association* 98.10 (2006): 1630-1636.

<sup>8</sup> McLaughlin, Katie A. et al. "Trauma Exposure and Posttraumatic Stress Disorder in a National Sample of Adolescents." *Journal of the American Academy of Child and Adolescent Psychiatry* 52.8 (2013): 815-830.e14. PMC. Web. 1 Feb. 2018.

<sup>9</sup> Roberts, A. L. et al. "Race/ethnic Differences in Exposure to Traumatic Events, Development of Post-Traumatic Stress Disorder, and Treatment-Seeking for Post-Traumatic Stress Disorder in the United States." *Psychological medicine* 41.1 (2011): 71-83. PMC. Web. 1 Feb. 2018.

<sup>10</sup> Academy Health. "Rapid Evidence Review: What Tools Are Effective in Screening for Adverse Childhood Experiences among Children?" Rapid Evidence Review: What Tools Are Effective in Screening for Adverse Childhood Experiences among Children? | Academy Health, 15 Dec. 2016, [www.academyhealth.org/publications/2016-12/rapid-evidence-review-what-tools-are-effective-screening-adverse-childhood](http://www.academyhealth.org/publications/2016-12/rapid-evidence-review-what-tools-are-effective-screening-adverse-childhood).

<sup>11</sup> National Pediatric Practice Community on Adverse Childhood Experiences. "Rationale for ACEs Screening." Rationale for ACEs Screening | NPPC ACEs, 20 Jan. 2018, [nppcaces.org/rationale-for-aces-screening/](http://nppcaces.org/rationale-for-aces-screening/).

<sup>12</sup> Glowa, P. T., et al. "Screening for Adverse Childhood Experiences in a Family Medicine Setting: A Feasibility Study." *The Journal of the American Board of Family Medicine*, vol. 29, no. 3, 2016, pp. 303-307., doi:10.3122/jabfm.2016.03.150310.

<sup>13</sup> Fang, X., Brown, D. S., Florence, C., & Mercy, J. A. (2012). The Economic Burden of Child Maltreatment in the United States And Implications for Prevention. *Child Abuse & Neglect*, 36(2), 156-165. <http://doi.org/10.1016/j.chiabu.2011.10.006>

<sup>14</sup> American Academy of Pediatrics. "Resilience Project." Site Title, 1 June 2017, [www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Resilience-Project.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Resilience-Project.aspx).

<sup>15</sup> Garner, A. S., et al. "Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health." *Pediatrics*, vol. 129, no. 1, 2011, doi:10.1542/peds.2011-2662.

<sup>16</sup> Council on Science and Public Health. "Family and Intimate Partner Violence H-515.965." *Violence and Abuse*, 2009, [policysearch.ama-assn.org/policyfinder/detail/children%20trauma?uri=%2FAMADoc%2FHOD.xml-0-4664.xml](http://policysearch.ama-assn.org/policyfinder/detail/children%20trauma?uri=%2FAMADoc%2FHOD.xml-0-4664.xml).

<sup>17</sup> American Medical Association. "National Child Traumatic Stress Network H-60.929." *PolicyFinder, Res.* 419-A11, 2011, [policysearch.ama-assn.org/policyfinder/detail/trauma?uri=%2FAMADoc%2FHOD.xml-0-5023.xml](http://policysearch.ama-assn.org/policyfinder/detail/trauma?uri=%2FAMADoc%2FHOD.xml-0-5023.xml).