



# Central California Pediatrics

JANUARY 2020

Specialty information for physicians who treat children and expectant mothers.



## California to Begin Reimbursement for ACEs Screening

**Carmela Sosa, MD, FAAP**  
Pediatrics, Valley Children's Healthcare

Adverse Childhood Experiences (ACEs) were first brought to light through work performed in the 1990s by the Centers for Disease Control and Kaiser Permanente. The study looked at more than 17,000 adults and their exposure to 10 adverse experiences before 18 years of age: emotional abuse, physical abuse, sexual abuse, mother treated violently, substance abuse in the household, parental separation or divorce, household member incarcerated, emotional neglect and physical neglect.

The original study established a clear relationship between ACEs and poorer health outcomes as adults. Repeated exposure to stressful situations can lead to chronic activation of the body's stress response system, termed "toxic stress", which affects cardiovascular, immune and metabolic systems, as well as the developing brain. There is a dose-graded response between the number of adverse experiences and increased risk for injury and chronic illness including diabetes and asthma; behavioral health problems such as depression and anxiety; higher rates of risk taking behaviors; poorer socioeconomic outcomes, overall wellbeing and early death.

An additional finding of the groundbreaking study is that ACEs are common across all populations regardless of race, ethnicity, gender, educational level and socioeconomic status. Almost two-thirds of the study participants reported having experienced at least one ACE, and more than 20% reported experiencing three or more. Although ACEs are prevalent across all demographics, there are subgroups more prone to these events based upon where they live, learn and play. It is important to recognize there are more adverse experiences than the 10 originally studied. Those ACEs can include other stressors such as discrimination and homelessness.

The presence of adverse experiences in childhood does not necessarily equal poorer health outcomes, however. Positive experiences and protective factors can help buffer the negative impact, decreasing the likelihood a child will experience toxic stress. These include, but are not limited to, advocating for enhanced early childhood programs, social-emotional skills training, strengthening economic supports to families, connecting youth to positive social supports, and immediate and long-term intervention programs.

### Reimbursement for ACEs Screening in 2020

As part of the efforts to improve the health and wellbeing of California's children and families, the 2019-2020 budget has allocated \$40.8 million of Proposition 56 funding to California's Department of Health Care Services (DHCS) to reimburse for ACEs screening for children and adults enrolled in Medi-Cal, effective January 1, 2020. DHCS has approved the PEARLS questionnaire for children and adolescents ages 0-19 years.

For adults 18 and over, providers can use any questionnaire which includes the original ten ACEs questions; and either of the two options can be applied to individuals 18-19 years of age.

This year marks an opportunity for healthcare providers to help California lead the way in ACEs screening, and providers who work with the pediatric population are optimally positioned to significantly impact the trajectory and long-term health and wellbeing of children's lives through screening, referral, intervention and advocacy.

In order to receive payment for the ACEs screenings, physicians must complete a free online training. For more detailed information and training, visit [acesaware.org](https://acesaware.org).



## Children's Advocacy

### Tim Curley

Director, Community and Government Relations - Valley Children's Healthcare

In December, President Trump signed into law legislation providing funding for the rest of the current federal fiscal year that ends Sept. 30. Included in the legislation is \$340 million for the Children's Hospital Graduate Medical Education program that provides funding for children's hospitals, like Valley Children's, to train the pediatric physician workforce of the future. While children's hospitals across the country had been advocating for \$400 million, the \$340 million represents an increase of \$15 million over 2019 funding.

At the state level, effective Jan. 1, the Department of Healthcare Services began reimbursing physicians for conducting developmental screenings for children up to age 30 months and separately for conducting Adverse Childhood Experiences (ACEs) screenings.

*For questions or more information on these and other issues, feel free to contact Tim Curley at 559-353-8610 or [TCurley@valleychildrens.org](mailto:TCurley@valleychildrens.org)*

## Medical Staff News

The following pediatric specialists recently joined Valley Children's:

### Pediatric Gastroenterology

Neha Ahuja, MD

### Pediatric Cardiology

Nasser Moiduddin, MD

### Pediatric Hospitalist

Sierra View Medical Center

Rosemary Nunez-Davis, DO

### Pediatrics

Stockdale Pediatrics

Anthony Thomas, MD