

State/Territorial Policy Considerations for Preventing Adverse Childhood Experiences

Executive Summary

[Adverse childhood experiences](#) (ACEs) are household traumas (e.g., being physically or sexually abused, having a caregiver with a substance use or mental health problem) and community adversities (e.g., inter-personal discrimination, witnessing community violence) experienced before age 18. Almost [two-thirds](#) of adults in the United States have experienced at least one ACE.

Since the publication of the "[original ACE study](#)" in 1998, a [large body of evidence](#) has demonstrated that ACEs are risk factors for negative physical health, mental health, substance use, and social outcomes in adulthood. Economic researchers—using the value per statistical life (VSL) methodology—estimate that ACEs [cost society \\$428 billion](#) in lifetime costs incurred annually. These costs include short- and long-term health care costs, criminal justice costs, and productivity losses, among other economic burdens.

[Negative health effects](#) of ACEs include increased risk of injury, sexually transmitted infections, mental health problems, maternal and child health problems, suicide, teen pregnancy, and a variety of chronic diseases such as cancer, diabetes, and heart disease. The [COVID-19 pandemic](#) has socially isolated children with their parents while disconnecting them from other social supports and has potentially [increased](#) the [incidence of ACEs](#).

The [prevalence of ACEs](#) is higher among historically socially marginalized groups, including children involved in the foster care or child welfare system, Black, Indigenous, and People of Color (BIPOC) communities, the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community, and justice system-involved populations. Children in lower-income communities typically experience [more ACEs](#) than children in [higher-income communities](#), with Black children more likely to live in low-income communities than White children due to [structural racism and inequity in society](#).

Evidence-based policies and programs exist that address clinical, community, and policy-level interventions that can prevent ACEs and mitigate consequences.¹⁻⁵ Other factors that can protect against the effects of ACEs include highly developed social skills/competencies, connectedness to family or adults outside the family, and commitment to school.⁶⁻⁹

In consultation with [Jonathan Purtle, DrPH](#) at New York University's School of Global Public Health, ASTHO staff identified a range of evidence-supported policies considered by state legislatures from 2019 – 2021 that could prevent ACEs. This document synthesizes these research and policy proposals and is intended for public health practitioners and policymakers who are considering adopting similar policies in their jurisdictions.

Methodology

Legislative policies at the state and territorial level can advance systems-level primary prevention of ACEs. Informed by CDC's [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#) technical package, ASTHO assessed state legislation across 10 policy areas from 2019 to 2021: three relating to reducing ACEs risk factors and seven for building ACEs protective factors.

ASTHO focused its search on bills that states actively considered between January 1, 2019 and December 31, 2021 by limiting the search to bills that had passed at least one legislative chamber. Using the legislative database FiscalNote, ASTHO identified ACEs-related policies using the search strings:

Risk Factors

- **Youth and Family Housing insecurity:** ("homelessness prevention" OR "housing voucher") AND ("youth" OR "family" OR "children")
- **Violence and Neglect:** ("violence prevention" OR "domestic violence" OR "intimate partner violence" OR "domestic abuse" OR "family violence" OR "gun violence" OR "community violence") AND ("child abuse" OR "child neglect")
- **Food Insecurity:** ("food desert" OR "food assistance" OR "food security" OR "SNAP" OR "EBT" OR "WIC") AND ("family" OR "child" OR "youth")

Protective Factors

- **Earned Income Tax Credit:** "child tax credit" OR "earned income tax credit"
- **Paid Leave:** ("paid leave" OR "family leave" OR "parental leave" OR "paternity leave" OR "maternity leave")
- **Childcare:** ("dependent care" OR "childcare" OR "child care" OR "quality childcare") AND ("subsidy")
- **Medicaid:** ("Medicaid" OR "CHIP") AND ("1115" OR "1915") AND ("child" OR "family" OR "youth")
- **Early Childhood Education:** ("pre-k" OR "head start" OR "preschool" OR "early childhood education" OR "afterschool program" OR "universal pre-k" OR "early head start" OR "high-quality early learning") AND ("abuse" OR "neglect")
- **Parental Education:** ("parenting class" OR "parent support" OR "parent stress"~5 OR "positive parenting")
- **Early Childhood Home Visiting:** ("home visit" OR "home visitation") AND ("child" OR "early childhood" OR "family")

Findings

ASTHO identified a total of 775 bills across 48 states and Washington, D.C. that passed at least one legislative chamber related to one of the ten-issue areas that could prevent ACEs. A significant portion (29%) of the bills identified were in Western states like California (105 bills), Washington (50 bills), Oregon (40 bills), and Utah (31 bills).

In general, the policies identified through the scan fell into six categories: (1) supporting safe, stable housing, (2) creating or enhancing early home visiting programs, (3) increasing economic supports for families, (4) supporting caregiver health, (5) improving access to early childhood education, and (6) leveraging Medicaid to prevent ACEs.

Family housing security challenges are multifaceted, requiring various strategies to address existing insecurities in the short, medium, and long term. Jurisdictions seeking to implement policies to address housing insecurity can consider:

- Assessing challenges specific to the existing supports for low-income families accessing housing, including a potential backlog of vouchers and availability of housing options accepting vouchers.
- Engaging directly with people experiencing homelessness to determine current barriers to accessing housing and identify how homelessness prevention programs can address those barriers.
- Working with partners—such as state housing authorities, regional and local government planning boards, and housing developers—to determine what opportunities and barriers currently exist in addressing medium and long-term housing challenges.

Violence and Neglect

Witnessing Domestic Violence/Intimate Partner Violence (DV/IPV) is considered an ACE and can have substantial impacts on health and social well-being in adulthood. For example, an analysis of U.S. National Comorbidity Survey Replication data found [witnessing DV/IPV](#) accounts for 11.8% of mood, anxiety, and substance use disorders among females and 12.2% among males. Screening for DV/IPV and other family violence is an [important step in prevention](#). There is also [evidence](#) that legislative approaches can help establish norms for safer, more effective discipline strategies as a way to reduce the harms of corporal punishment of children. ASTHO focused its search on laws aimed at preventing domestic, family, community, and intimate partner violence.

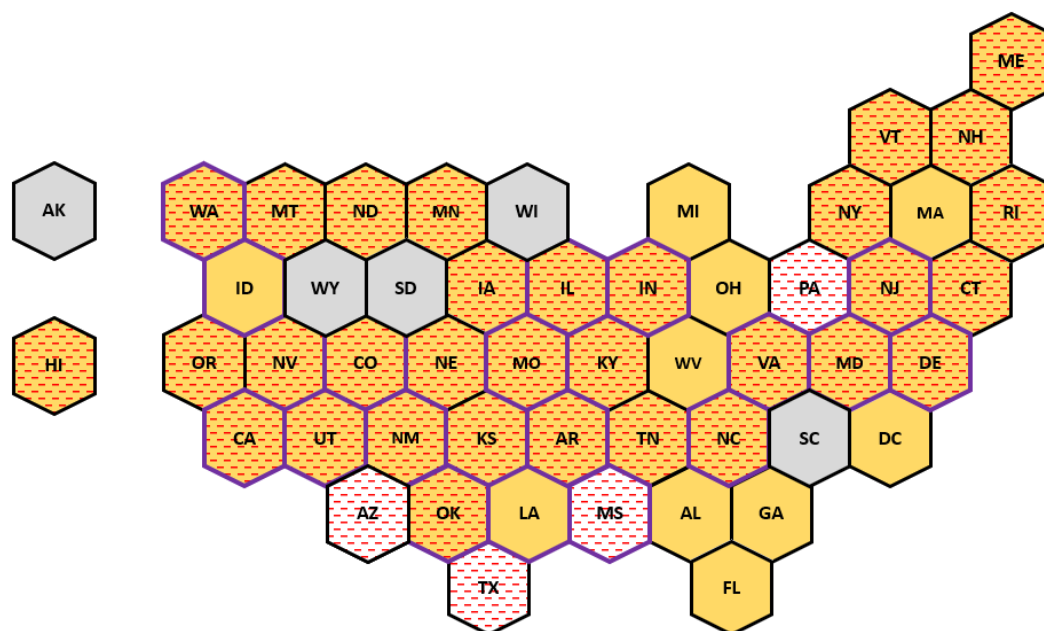
At least two states (Washington and California) outline specific civil protection orders for domestic violence related to firearms. In 2021 Washington passed [HB 1320](#), which allows a person to file an extreme risk protection order when possession of a firearm is involved. In 2021 California passed [SB 320](#), which expands the current domestic violence protection order to include entering all firearms that are relinquished as part of the protection order.

From 2019 to 2021, [at least 13 states considered bills](#) to prevent child abuse and neglect, with all 13 states enacting at least one bill into law. At least five states (Arizona, Florida, Illinois, Minnesota, and New Mexico) enacted laws relating to mandated reporters. For example, in 2021, Florida enacted [SB 96](#), which provides the requirements for reporting child abuse and neglect and expands the list of entities that have access to child abuse and neglect records.

At least three states (Florida, Illinois, and Washington) developed trainings related to child abuse and neglect. In 2021, Illinois enacted [HB 3223](#), which establishes the reevaluation of mandated reporter training to identify gaps in trauma-informed responses and racial and gender equity content. Reducing community and family violence is a complex issue, which could benefit from a multitude of policies implemented in a jurisdiction. Considerations for jurisdictions seeking to implement policies to address housing insecurity include:

- Layering policies that [strengthen economic supports for families](#) with DV/IPV screening and reporting policies to prevent ACEs.
- Evaluating existing family violence screening and reporting policies, including the party required to report suspected child abuse and neglect and the procedure for evaluating whether child abuse/neglect occurred.

Increasing Economic Supports for Families



- Enacted legislation providing direct food assistance benefits (SNAP, WIC, etc.)
- Enacted a bill related to the Earned Income Tax Credit
- Enacted at least one law related to subsidized childcare

Addressing Food Insecurity for Low-Income Families

Food insecurity is the state of being without reliable access to a sufficient quantity of affordable and nutritious food. A recent [study](#) of 50,000 children found that one in four children who experience food insecurity had three or more ACEs. The federal Supplemental Nutrition Assistance Program (SNAP) serves approximately 10% of the United States population and is a primary means through which policy can prevent food insecurity. Although there is only [moderate evidence](#) that SNAP participation helps prevent child maltreatment, there is [strong evidence](#) that SNAP increases food security. Receiving SNAP benefits reduces the likelihood of being food insecure by [30%](#).

ASTHO focused its search on bills that provided direct benefits, such as SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Pandemic Electronic Benefit Transfer (P-EBT), as well as ones aimed at improving access to healthy foods by addressing food deserts, improving nutrition education, and facilitating community gardens.

From 2019 to 2021, [at least 42 states and Washington, D.C.](#) passed at least one bill relating to food insecurity. A majority of the 158 identified bills mentioned the public health benefits of increasing access to food. For example, Connecticut ([HB 6385](#)) makes provisions to eligibility requirements and distribution of benefits for various public health programs, including WIC. Additionally, New Jersey ([A 4704](#)) requires the Department of Agriculture to establish a two-year food desert produce pilot program to provide food desert communities with access to fresh and affordable produce.

Food insecurity disproportionately affects Black and Hispanic families, [intertwined with challenges like unemployment and incarceration](#) that disproportionately impact BIPOC communities. Like other complex ACEs risk factors, addressing food insecurity should include layers of policy interventions. Considerations for jurisdictions seeking to implement policies to reduce food insecurity include:

- Engaging with communities experiencing food insecurity to identify barriers to reliably accessing healthy foods.
- Layering policies that would address economic challenges to families, such as addressing unemployment and strengthening economic supports to families.

Improving Family Economic Supports through the Earned Income Tax Credit

In addition to preventing the [risk of child maltreatment](#), policies that reduce caregiver financial insecurity can prevent ACEs such as caregiver mental health problems and suicide. Numerous studies have found that policies that increase the minimum wage and extend earned income tax credits have the potential to reduce caregiver stress and improve mental health.¹⁰⁻¹⁴ [Analyses](#) of repeated cross-sectional Behavioral Risk Factor Surveillance Survey data suggest that increases in state minimum wages are associated with improved self-rated mental health among adult women. A \$1 [increase in minimum wage](#) was found to be independently associated with a 1.9% reduction in state suicide rates—with minimum wage increases preventing approximately 8,000 suicides between 2006 and 2016.

The federal government and many states provide working people who have low or moderate incomes an [earned income tax credit](#) (EITC) to reduce the amount of taxes owed by working families. This benefit reduces poverty, particularly for families with children, and [can reduce ACEs](#). ASTHO focused on finding legislation that established or expanded eligibility for a state earned income tax credit or a state child tax credit.

From 2019 to 2021, [18 states enacted bills relating to the EITC](#). While the legislative trend centered around expanding eligibility to existing earned income or child tax credits, states took different tactics to expand eligibility. California ([AB 1876](#)) removed requirements for a federal individual taxpayer identification number to be eligible for the state EITC and the refundable young child tax credit. New Jersey ([A 5345](#)) expanded eligibility for residents over 18 years of age who cannot claim a qualifying child for the federal EITC to claim the state EITC. Arkansas ([HB 1457](#)) grants a child tax credit for a stillborn child of more than 20 weeks gestation who was granted a certificate of birth resulting in stillbirth. The tax credit is allowed only for the year the stillbirth occurred.

The legislation also supported the increase of claims for EITC or child tax credits. California ([SB 1409](#)) authorized the state's Franchise Tax Board to develop a plan to increase the number of claims for the state's EITC as well as the federal EITC. Virginia ([HB 341](#)) authorized the Department of Taxation to share tax information related to the federal earned income tax credit and the Virginia income tax credit for low-income taxpayers with the Department of Social Services in order for them to administer outreach and increase enrollment for the credits.

Tax credits such as the earned income tax credit can increase income and [improve the health of children and caregivers](#). Even if a state does not currently have a statewide EITC, there are things policymakers can do to increase the availability and use of these tax credits. Some considerations include:

- Collecting evidence and educating other policymakers on the benefits of increased access to and use of earned income or child tax credits.
- Increasing awareness and use of EITC by conducting outreach and providing information to outside organizations working with low and moderate-income individuals.

Subsidizing the Cost of Childcare

One of the greatest costs to young families is childcare, with the estimated annual [national average price of care](#) for one child in 2019 to be between \$9,200 and \$9,600. These costs increase when there are more children in the household. Evidence suggests that [childcare subsidies](#) can decrease the [risk of child maltreatment](#) by reducing caregiver stress (e.g., minimizing persistent concerns about childcare, providing a source of emergency childcare if needed), and improving the [economic lives](#) of families. ASTHO focused its search on state legislation addressing childcare subsidies. From 2019-2021 [at least 36 states](#) enacted at least one bill into law, and two more (Massachusetts and Michigan) considered bills to address childcare subsidies.

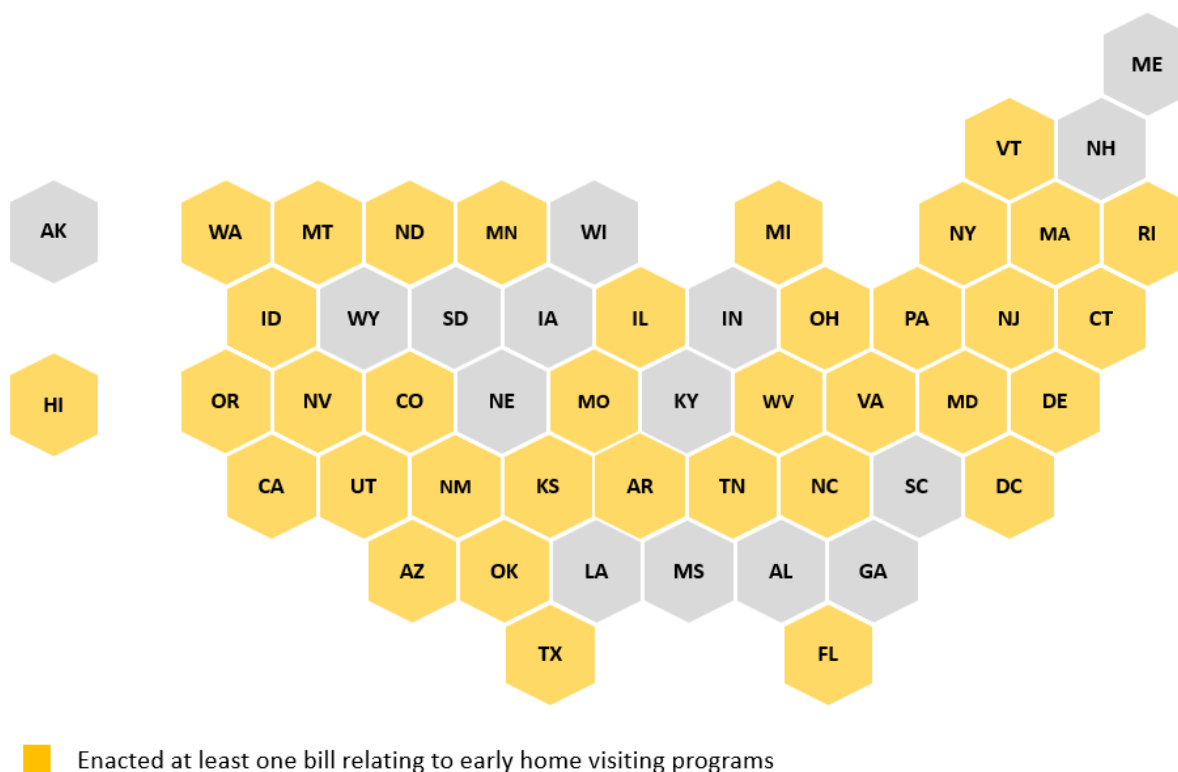
A large portion of childcare bills identified was introduced in Washington, which enacted at least 16 childcare-related bills into law from 2019-2021. These included laws to reduce barriers for students needing childcare support ([HB 1303](#)), improve the quality of childcare supported by the state subsidy program ([SB 6483](#)), and create a dedicated fund in the state treasury that would increase subsidy rates and improve the quality of childcare provided ([SB 5237](#)).

Since the 1990s, states have received federal funding to help low-income families access childcare, with the U.S. Congress [reauthorizing and modernizing](#) the Child Care and Development Block Grant (CCDBG) in 2014.

During the COVID-19 pandemic, the federal government provided [supplemental CCDBG funding to states](#). This resulted in a number of states expanding eligibility to subsidized childcare programs, including many of the states identified in ASTHO's scan. While this influx of funding is temporary, there are key considerations for sustaining this increased access to affordable childcare:

- Collect evidence on the impacts of increased federal funding to support access to subsidized childcare.
- Educate policymakers on the effectiveness of increased funding to support state-subsidized childcare programs.

Early Home Visiting Programs



Nurse family partnerships (NFPs) are one of the [most studied](#) and [effective](#) child maltreatment prevention interventions. NFPs involve a nurse providing home visits to first-time mothers who are low-income and have other risk factors for child maltreatment (e.g., are teenagers). The nurse visits the mother one or two times per month during pregnancy and then for the first two years of the child's life. A [systematic review](#) indicates that the participation of 177,517 pregnant people in NFPs between 1996–2013 resulted in 42,000 fewer child maltreatment incidents and 36,000 fewer incidences of IPV.

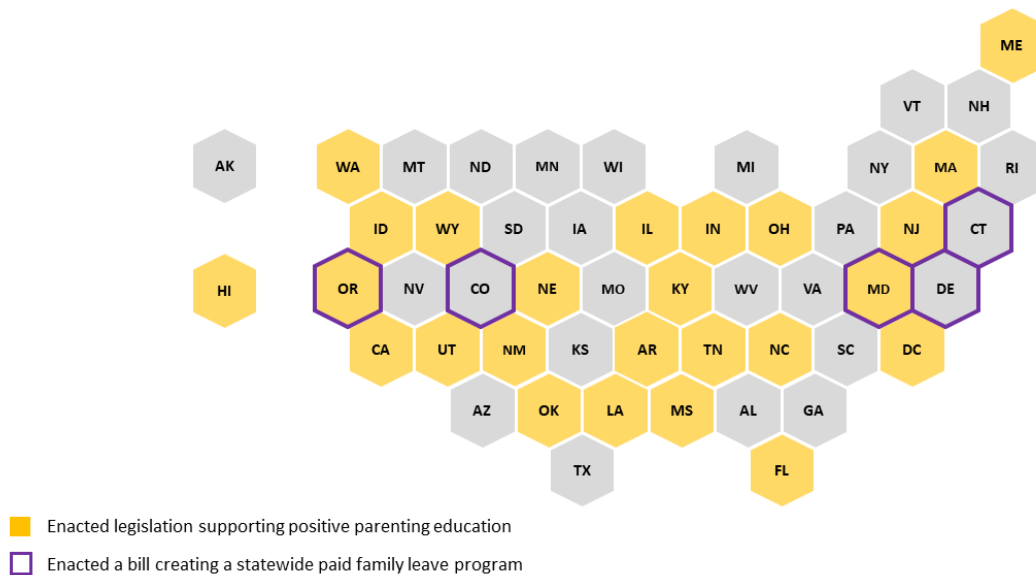
ASTHO focused its scan on bills that established or enhanced early childhood home visiting programs. [Thirty-six states and Washington, D.C.](#) enacted at least one bill related to early childhood home visiting.

At least four states introduced legislation that would include parent education in home visiting program design: Florida ([SB80](#)), Massachusetts ([H 4000](#)), Minnesota ([HF11](#)), and Ohio ([HB110](#)). Legislation enacted by Washington, D.C. (B [23-0209](#), B [23-0367](#), B [23-0352](#)) focused on home visiting programs to include fathers by developing fatherhood education and promoting father engagement.

Due to the effectiveness of early childhood home visitation, policymakers may look to collaborate across state agencies to create more comprehensive programs designed to help families, including:

- Social services that assist with the enrolment of EITC and subsidized childcare programs.
- Screening families for participation in food assistance programs, such as SNAP and/or WIC.
- Positive parenting education.

Supporting Caregiver Health



Supporting Family Economic Stability Through Paid Family Leave

[Paid family and medical leave](#) policies have the potential to decrease caregiver stress and prevent child maltreatment. [A study](#) of California's 2004 paid family leave policy demonstrated trends in hospital admissions for pediatric abusive head trauma in California as compared to those in similar states without a family leave policy. The study also found that the California policy was associated with a decrease of 5.1 admissions for abusive head trauma per 100,000 children less than one year of age.

As of May 2022, [ten states and Washington, D.C.](#) offer paid family leave statewide, while additional states offer paid family leave only to state employees. For the purposes of this scan, ASTHO looked for bills that either proposed a new statewide family leave program or made modifications to existing paid family leave programs.

From 2019 to 2021, [19 states enacted bills related to paid medical or family leave](#). During that timeframe, four states (Connecticut, Delaware, Oregon, and Maryland) and Washington, D.C. enacted bills creating statewide paid family and medical leave programs. States have been slowly adopting paid family leave programs, with California first enacting legislation in 2002 and [Delaware](#) becoming the 11th jurisdiction to adopt statewide paid family leave in May 2022.

In addition to the states that enacted paid family or medical leave programs, two state legislatures (New Hampshire and Vermont) passed bills creating a statewide paid family leave program that were vetoed by the governor. In 2020, New Hampshire's legislature passed [HB 712](#) to create a statewide Family and Medical Leave insurance program administered by the state and funded in part through "premium payments" from employers within the state.

In his [veto message](#), New Hampshire Governor Sununu rejected the plan because of the increased taxes on employers and called for a plan that was "voluntary, affordable, sustainable, and income tax free." Similarly, the Vermont legislature passed [H 107](#) in 2020 to create a statewide Family and Medical Leave Insurance program, which would have allowed up to 12 weeks of paid paternal bonding leave and eight weeks of medical or family leave. That bill was vetoed by Vermont Governor Phil Scott in January 2020, with the Governor objecting to the increased payroll tax to fund the plan, instead [calling for a voluntary program](#).

The Minnesota legislature also considered proposals to establish a paid medical and family leave program during the timeframe. In 2021, the Minnesota House passed [HF 7](#) to create a paid leave program, but the bill was not voted on in the Senate. A similar bill, [HF 41](#), was introduced in the Minnesota House in January 2021 and was voted on in March 2022. Although that bill passed the House, it was not considered by the Senate.

At least three states (New York, Rhode Island, and Washington) with statewide paid leave programs before 2019 considered expansion bills. For example, Washington enacted [SB 5097](#) in 2021 to include people who reside in an employee's home to be included in the definition of "family member."

At least eight states considered bills establishing paid leave policies related to the COVID-19 pandemic. For example, Colorado enacted [SB 20-205](#) in 2020 to allow the use of family leave due to a public health emergency or isolation and/or quarantine. As states look to establish or expand paid family leave programs (both statewide and/or for state employees), there are benefits to:

- Exploring the impact of these programs on indicators of child maltreatment in similar states and monitoring the impact on these outcomes post-implementation.
- Sharing existing research on paid family leave policies and child maltreatment rates with policymakers.
- Collecting evidence of broader economic and public health benefits of paid family leave.

Promoting and Supporting Positive Parent Education

Positive parenting interventions—typically delivered in group settings—seek to improve caregiving skills, increase child development knowledge, and prevent child maltreatment by encouraging positive child-rearing strategies. A [meta-analysis](#) found that these programs decrease physical child abuse recidivism by 11%. The [Triple P-Positive Parenting Program](#) is one widely studied program that has demonstrated effectiveness at preventing child maltreatment and can be readily scaled up by public policy.

Parent education is considered a protective factor against ACEs. Strengthening adults' [parenting skills](#) protects children from multiple forms of violence, as well as substance misuse. Parent education uses [skills-based learning](#), which has a number of approaches, including social-emotional learning approaches to enhance interpersonal skills.

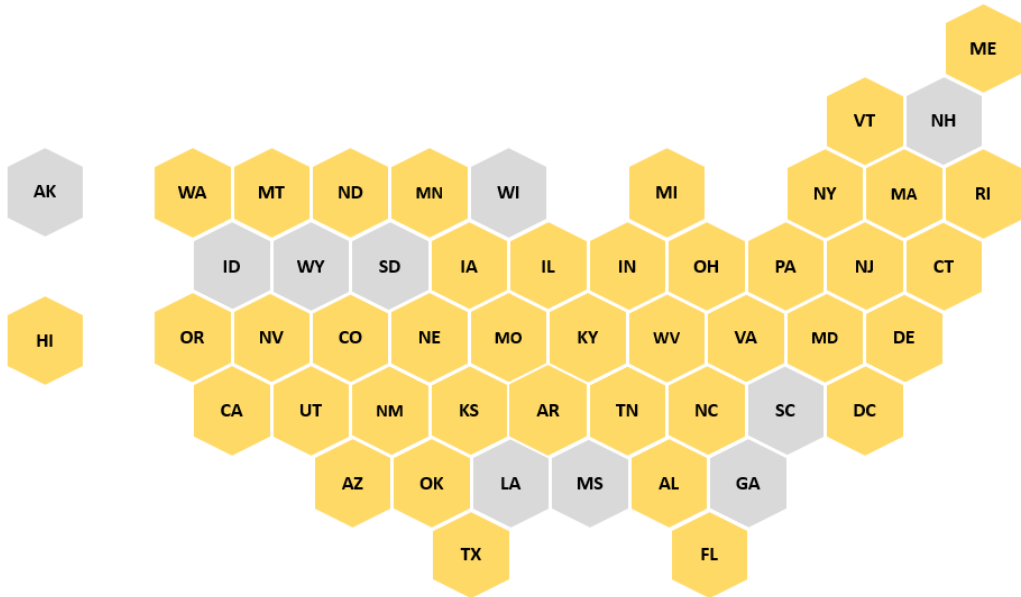
ASTHO focused its parent education policy search on positive parenting, parenting classes and support, policies against corporal punishment, and social-emotional learning. From 2019 to 2021, [at least 26 states and Washington, D.C.](#) enacted at least one bill into law related to positive parenting education. At least seven states (Arkansas, California, Idaho, Illinois, New Jersey, Tennessee, and Washington) enacted parent education laws relating to people involved in the criminal justice system.

For example, in 2019, Tennessee enacted [HB 1449](#), which created a community rehabilitation program for primary caretakers who commit a nonviolent offense. The bill provides the court discretion in the sentencing of primary caretakers, allowing the court to impose conditions—like attending financial literacy, job training, and/or parenting classes as appropriate for the caretaker's situation—in lieu of incarceration. In 2019 California enacted [SB 394](#), which set up a similar diversion program.

At least two states (California and Hawaii) enacted parent education bills related to domestic violence. In 2020, Hawaii enacted [SB 2638](#), which allows deferred acceptance of a domestic violence guilty plea by requiring the completion of a court-ordered parenting class or domestic violence intervention program. Evidence shows that providing parents with education and resources is effective in preventing childhood maltreatment. As states consider using policy and funding strategies to increase the reach of parent education programs, consideration should be given to:

- Using strategies to monitor the fidelity with which programs are implemented in order to ensure that intended outcomes are achieved.
- Selecting programs that can feasibly be implemented within a given context (e.g., giving consideration to the workforce capacity to deliver the program).
- Evaluating current parent education programs within the state, including the scale and scope of courses available to current or potential parents.
- Engaging with community members to identify the areas in greatest need of parenting classes.

Improving Access to Early Childhood Education



■ Enacted at least one bill related to improving access to early childhood education

High-quality early childhood education—such as that delivered through public and private preschools, childcare centers, and Head Start programs—can have enduring benefits for social, physical, and mental health. [Research](#) suggests that when children are enrolled in high-quality early childhood education programs, their parent or caregiver is more likely to participate in the workforce than those with limited access or no access. Children are also more likely to enter kindergarten ready to learn. Tuition is difficult for low-income families to afford, and the United States spends less on public early childhood education programs than other countries around the world. Thus, policies that subsidize or provide free access to high-quality early childhood education potentially help minimize the effects of ACE exposure.

For early childhood education, ASTHO reviewed legislation that developed, enhanced, and supported pre-kindergarten (pre-k), head start, preschool, early childhood education afterschool programs, universal pre-k, early head start, and high-quality early learning programs to address and prevent risk factors such as child abuse and neglect. By expanding access to resources for children and their families and caregivers, this legislation also provides opportunities to increase protective factors that support the healthy development of infants and preschool-aged children.

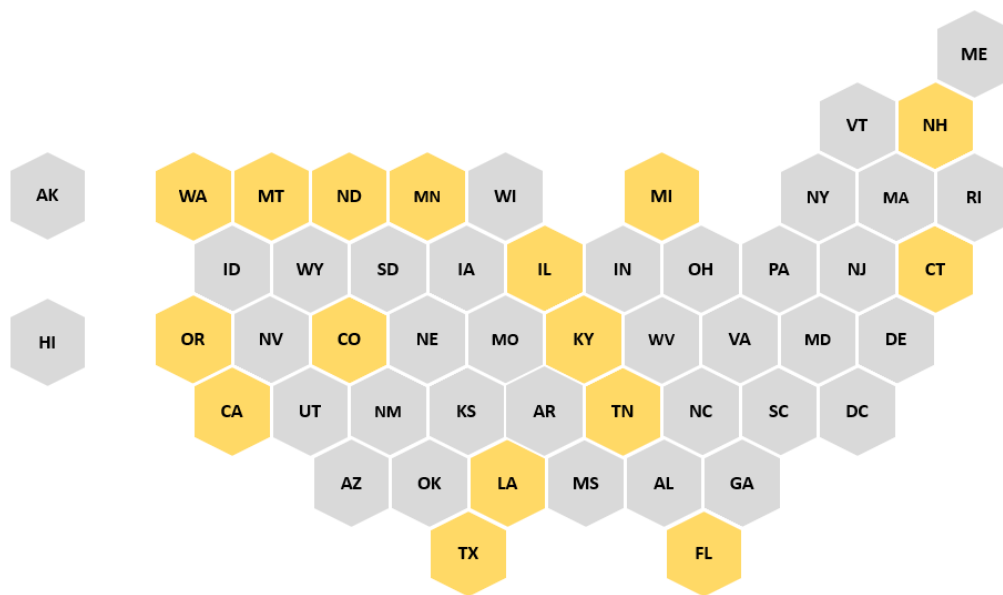
[Forty states and Washington, D.C. enacted bills](#) relating to early childhood education. Among the legislation that passed, California introduced at least 18 bills that designated a portion of the state's general fund to programs that would increase access to early childhood education (CA [AB128](#)). Other states, such as Montana (MT [HB632](#)), appropriated funds received from the American Rescue Plan Act of 2021 ([ARPA](#)) to develop, expand, and improve publicly accessible education programs. States, including Hawaii and Massachusetts, focused on building capacity to address more specific protective factors such as mental health support (HI [HB1322](#) and MA [S2584](#)).

Other legislation included measures to protect against child abuse by enforcing licensing regulations for early childhood programs (ND [SB 2245](#)), increasing access to evidence-based developmental and trauma-informed support (ME [LD997](#)), and reducing racial inequities in schools (IL [SB2088](#)).

Establishing and expanding early childhood education programs can help build protective factors against ACEs. Key considerations for policymakers related to the successful implementation of early childhood education programs include:

- Adopting strategies, such as increasing wages, to minimize [high turnover rates](#) among early childhood education staff.
- Using tailored communication and outreach strategies to ensure that families are aware of subsidized and free early childhood education programs and the details of application processes.
- Evaluating existing early childhood education programs within the state, including the scale and scope of courses available to current or potential parents.
- Engaging with community members to determine whether there are gaps between the currently existing programs and the identified need for support.

Leveraging Medicaid to Prevent ACEs



■ Enacted a Medicaid 1115 or 1915 waiver that may prevent ACEs

States can use their Medicaid programs to address ACEs. [For example](#), Alaska used a Medicaid Section 1115 demonstration program to provide early intervention services to youth with four or more ACEs, and Medicaid provides reimbursement for ACE screening in California and Wyoming. Medicaid Section 1115 demonstration programs could also help prevent ACEs by helping address the social needs of caregivers (e.g., by assisting with access to housing and food security). Medicaid expansion has been found to be associated with [reductions in child neglect rates](#).

While Medicaid is governed by [a substantial body of federal law](#), states have significant power in determining their "[program eligibility, optional benefits, premiums and cost-sharing, delivery system and provider payments](#)." States can seek greater flexibility by applying for a waiver to certain federal requirements under [sections 1115 and 1915](#) of the Social Security Act. Section 1115 waivers authorize jurisdictions to implement "[any experimental, pilot or demonstration project likely to assist in promoting](#)." Section 1915 provides a variety of waivers ranging from voluntary [managed care programs](#) to implementing [home and community-based services](#). In some instances, these waiver programs address risk and protective factors associated with ACEs, including housing, rather than focusing solely on the provision of direct healthcare services.

The need for legislative approval to seek a Medicaid waiver varies, with some state agencies given general authorization to seek waivers over time. ASTHO focused its policy search on 1115 and 1915 Medicaid. From 2019 to 2021, [at least 16 states](#) considered and passed at least one bill relating to a Medicaid waiver that may reduce ACEs.

The waivers identified varied greatly, ranging from increased screening for postpartum depression ([Texas SB 750](#)) to waiving certain work requirements for young adults who recently left foster care to receive Medicaid and welfare benefits ([MI SB 362](#)). In 2021, Oregon enacted [HB 2086](#), which directed the Oregon Health Authority to assess whether a Medicaid 1115 waiver was needed to implement recommendations made by a Behavioral Health Committee tasked with creating quality metrics for coordinated behavioral health services in the state.

Key considerations for using Medicaid waivers to reduce the impact of ACEs include:

- Evaluating the impact of waiver adoption on child maltreatment rates as this evidence could help promote program sustainability.
- Considering the capacity of social services organizations to accept Medicaid and manage the administrative aspects of reimbursement processes.
- Engaging with communities with lived experiences to determine the appropriateness of leveraging Medicaid to reach the intended population.

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Appendix: States Enacting at Least One ACEs-Related Law, 2019-2021

State	Housing Insecurity	Violence and Neglect	Food Insecurity	Earned Income Tax Credit	Childcare	Early Childhood Home Visiting	Paid Leave	Parent Education	Early Childhood Education	Medicaid
Alabama			✓						✓	
Alaska										
Arizona		✓			✓	✓			✓	
Arkansas	✓		✓	✓	✓	✓		✓	✓	
California	✓		✓	✓	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	✓	✓	✓	✓	✓		✓	✓
Connecticut			✓		✓	✓	✓		✓	✓
Delaware			✓	✓	✓	✓			✓	
District of Columbia			✓			✓		✓	✓	
Florida		✓	✓			✓		✓	✓	✓
Georgia			✓				✓			
Hawaii			✓		✓	✓	✓	✓	✓	
Idaho			✓	✓		✓		✓		
Illinois	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Indiana			✓	✓	✓			✓	✓	
Iowa			✓		✓	✓			✓	
Kansas			✓		✓	✓			✓	
Kentucky			✓		✓		✓	✓	✓	✓
Louisiana			✓	✓				✓		✓
Maine	✓		✓		✓			✓	✓	
Maryland			✓	✓	✓	✓	✓	✓	✓	
Massachusetts			✓			✓		✓	✓	
Michigan		✓	✓			✓			✓	✓
Minnesota		✓	✓		✓	✓			✓	✓
Mississippi			✓	✓	✓			✓		
Missouri	✓		✓	✓	✓	✓			✓	

State	Housing Insecurity	Violence and Neglect	Food Insecurity	Earned Income Tax Credit	Childcare	Early Childhood Home Visiting	Paid Leave	Parent Education	Early Childhood Education	Medicaid
Montana			✓		✓	✓			✓	✓
Nebraska			✓		✓			✓	✓	
Nevada			✓		✓	✓	✓		✓	
New Hampshire		✓	✓		✓					✓
New Jersey	✓		✓	✓	✓	✓	✓	✓	✓	
New Mexico		✓	✓	✓	✓	✓	✓	✓	✓	
New York	✓		✓		✓	✓	✓		✓	
North Carolina			✓	✓	✓	✓		✓	✓	
North Dakota		✓	✓		✓	✓	✓		✓	✓
Ohio			✓			✓		✓	✓	
Oklahoma			✓	✓	✓	✓	✓	✓	✓	
Oregon	✓		✓		✓	✓	✓	✓	✓	✓
Pennsylvania					✓	✓			✓	
Rhode Island			✓		✓	✓	✓		✓	
South Carolina										
South Dakota							✓			
Tennessee			✓		✓	✓		✓	✓	✓
Texas					✓	✓		✓	✓	✓
Utah		✓	✓	✓	✓	✓		✓	✓	
Vermont	✓		✓		✓	✓			✓	
Virginia		✓	✓	✓	✓	✓	✓		✓	
Washington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
West Virginia		✓	✓			✓			✓	
Wisconsin										
Wyoming								✓		
Total	11	13	43	18	36	37	19	26	41	16