

# HOUSE BILL REPORT

## ESB 6051

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*As Reported By House Committee on:  
Human Services*

**Title:** An act relating to infants exposed to drugs.

**Brief Description:** Providing a program to assess and monitor infants exposed to drugs.

**Sponsor(s):** Senators L. Smith and Talmadge.

**Brief History:**

Reported by House Committee on:  
Human Services, February 27, 1992, DPA.

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**HOUSE COMMITTEE ON  
HUMAN SERVICES**

**Majority Report:** *Do pass as amended.* Signed by 10 members: Representatives Leonard, Chair; Riley, Vice Chair; Winsley, Ranking Minority Member; Tate, Assistant Ranking Minority Member; Anderson; Brekke; Hargrove; Hochstatter; R. King; and H. Myers.

**Staff:** Melissa Pailthorp (786-7118).

**Background:** Medical evidence suggests that prenatal exposure to controlled substances may result in medical and developmental disabilities after birth. Drug-affected infants often are born prematurely, have low birth weights and significant medical problems. While the long-term effects of drug exposure are still not well understood, medical researchers suspect that such exposure may lead to long-term learning disabilities, hyperactivity, articulation and socialization problems, including anti-social behavior.

Medical researchers agree that early medical interventions can help reduce the long-term medical and developmental impacts on the child resulting from prenatal drug exposure. Currently, the state does not have standards for assessing possible drug exposure of infants prior to birth.

**Summary of Amended Bill:** The University of Washington, in consultation with the Department of Health, will develop model standards for assessing possible drug exposure of infants prior to birth. The Department of Health will make

the model standards available to hospitals for assessing newborn infants delivered at those facilities.

Hospitals are not required to perform the assessments, but may do so if they choose, on a nondiscriminatory basis. The purpose of the assessments is to identify immediate and post-discharge medical care and service needs for the child and mother. The results of hospital drug exposure assessments may not be used as evidence in any criminal proceeding.

The Department of Social and Health Services and the Department of Health will coordinate efforts to assure:

- (1) Maximum delivery of services offered to chemically dependent pregnant women, mothers, and infants;
- (2) Identification and utilization of community-based services;
- (3) Promotion and preservation of bonding between mother and infant by offering services jointly to mother and infant;
- (4) Early identification of possible long-term developmental disabilities to minimize adverse health consequences; and
- (5) Tracking of clients and the services they receive across program and agency lines.

The Department of Health may prepare and distribute information to health care providers on the effects of substance abuse by pregnant women. Training and educational material may include information on identifying signs of drug usage, the effects of drug exposure, conducting drug exposure assessments, and referring patients to appropriate treatment and services.

**Amended Bill Compared to Engrossed Bill:** The amendment requires that standards are set so that assessments are nondiscriminatory and that hospitals conduct these optional assessments on a nondiscriminatory basis.

**Fiscal Note:** Available.

**Appropriation:** The sum of \$45,000 is appropriated from the general fund to the University of Washington.

**Effective Date of Amended Bill:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Infants born drug-affected have special care needs. Identifying these needs early is essential to

helping drug-affected infants grow into self-sufficient adults. Developing guidelines which hospitals may use to assess possible prenatal drug exposure will improve early intervention efforts significantly.

***Testimony Against:*** None.

***Witnesses:*** Chris Lair and Diana Roberts, Department of Social and Health Services; Sherilyn Casey and Christi Bristow, Department of Health; and Dr. Alvin Novack, University of Washington, Pediatrics Division.