

SENATE BILL REPORT

SB 5193

AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,
MARCH 5, 1991

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

SPONSORS: Senators L. Smith, Wojahn, West, Johnson, Oke and Thorsness.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5193 be substituted therefor, and the substitute bill do pass.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, Niemi, and Wojahn.

Staff: Scott Plack (786-7409)

Hearing Dates: February 13, 1991; March 5, 1991

BACKGROUND:

Growing medical evidence suggests that prenatal exposure to illicit controlled substances may result in medical and developmental disabilities after birth. Drug-affected infants are often 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. There are currently no state requirements that infants be assessed after birth for drug exposure to determine and initiate needed medical interventions.

SUMMARY:

Hospitals in the state are required to conduct medical assessments of all newborn infants prior to discharge to determine possible non-medical use of controlled substances by the mother. The state Board of Health, in consultation with medical research specialists, is directed to develop appropriate standards for conducting medical assessments. The purpose of the medical assessment is to determine the need for immediate and post-discharge medical care, drug treatment and support services for the mother and child. Medical assessments are deemed confidential and shall not be released to law

enforcement agencies or prosecutors as evidence of possession of controlled substances on the part of the mother.

Hospitals must report to the Department of Social and Health Services (DSHS) cases where positive drug exposure is detected. DSHS is required to conduct in-home evaluations to determine whether the child is in imminent danger as the result of misuse or suspected misuse of controlled substances by the mother or other household members. If no imminent danger is detected, DSHS is to prepare a plan of care for the mother and the child. The plan will identify the health care, support services and drug treatment services for the child and mother. The plan shall be prepared by the child's physician, or a physician designated by the hospital if the child has no physician, a representative of DSHS and a qualified substance abuse counselor or public health nurse with substance abuse training. The plan identifies state-sponsored services if the child and mother meet eligibility requirements for such programs. The plan may be appealed by the mother. DSHS is required to monitor the child for a period of at least six months to assure the safety of the child.

If DSHS determines that the child is in imminent danger at any time during the initial in-home evaluation or during the required ongoing monitoring of the household, it is required to pursue remedies currently prescribed under the child abuse and neglect statutes.

DSHS and the Department of Health are directed to coordinate delivery of services to drug dependent pregnant women, drug dependent mothers and drug exposed infants to assure all available state services are provided, community-based services are utilized in a manner to promote bonding between the mother and child, long-term disabilities are identified early, and that the two agencies are able to track clients across services.

Licensed health care professionals who provide prenatal, obstetrical and pediatric services are required to receive appropriate drug educational information from their licensure boards concerning drug usage by mothers, conduct medical assessments and refer patients to appropriate treatment and services.

EFFECT OF PROPOSED SUBSTITUTE:

The University of Washington shall develop model standards to conduct infant drug exposure assessments. The Department of Health shall make the model standards available to hospitals which may use them to screen newborn infants. Hospitals are not required to perform the assessments but may do so if they choose. All provisions are removed requiring reporting to DSHS, in-home evaluation and preparation of a plan of care. The results of hospital drug exposure assessments are confidential and may not be used for prosecution of the mother for illegal use of controlled substances. The Department of Health may prepare and distribute information to health care providers on conducting medical assessments.

Appropriation: \$35,000 to the University of Washington

Revenue: none

Fiscal Note: requested on February 4, 1991

TESTIMONY FOR:

The bill will help in the early identification of drug affected infants so proper medical and social services may be made available.

TESTIMONY AGAINST:

The bill may discourage pregnant women from seeking needed prenatal services.

TESTIFIED: Beverly Jacobson, WA State Hospital Association (con); Margaret Casey, The Children's Budget Coalition; Ken Stark, DSHS (con); Sherm Cox, Department of Health; Marcy Kubbs, Seattle-King County Task Force for Chemically Dependent; Jerry Sheehan, ACLU (con); Peggy West, University of Washington Medical Center; David Woodrun, University of Washington; Thomas W. Pendergrass, WSMA; James Boyle, Pierce County Alliance (pro)