

SENATE BILL REPORT

SB 5391

**AS REPORTED BY COMMITTEE ON HEALTH & HUMAN SERVICES,
FEBRUARY 23, 1993**

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

SPONSORS: Senators L. Smith, Talmadge, McCaslin, Deccio, Erwin, Moyer, Oke and Winsley

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5391 be substituted therefor, and the substitute bill do pass.

Signed by Senators Talmadge, Chairman; Wojahn, Vice Chairman; Deccio, Erwin, Franklin, Fraser, Hargrove, McAuliffe, Moyer, Niemi, Quigley, Sheldon, L. Smith, and Winsley.

Staff: Richard Rodger (786-7461)

Hearing Dates: February 1, 1993; February 23, 1993

BACKGROUND:

Growing medical evidence suggests that prenatal drug exposure may result in medical and developmental disabilities after birth. Drug-affected infants are often born prematurely, have low birth weights and significant medical problems. The long-term effects of drug exposure may lead to 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 standards for the assessment of infant drug exposure.

SUMMARY:

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 may perform the assessments on infants born at the facility. The purpose of assessment is to identify the need for immediate and post-discharge services for the child and mother. The results of a hospital drug exposure assessment may not be used in any criminal proceeding against the mother.

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are to coordinate efforts to assure

(1) maximum delivery of the services they offer 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; and (5) tracking of clients and the services they receive across program and agency lines.

DOH may provide health care providers with educational materials on the effects of substance abuse by pregnant women.

EFFECT OF PROPOSED SUBSTITUTE:

The University of Washington shall also develop model assessment standards for fetal alcohol syndrome (FAS). The university will mail the standards to the hospital located within the state.

The DSHS/DOH client tracking system is eliminated. DOH is not required to consult with the health care disciplining authorities when providing educational materials.

Appropriation: \$45,000 to the University of Washington

Revenue: none

Fiscal Note: requested January 26, 1993

TESTIMONY FOR:

The assessment standards are needed but should also include standards for assessing FAS in infants.

TESTIMONY AGAINST: None

TESTIFIED: Ken Stark, Director, Division of Alcohol & Substance Abuse