

HOUSE BILL REPORT

HB 3103

As Passed House:
February 12, 1998

Title: An act relating to prenatal newborn screening for exposure to harmful drugs.

Brief Description: Requiring newborn screening for exposure to harmful drugs.

Sponsors: Representatives Dickerson, Cooke, Tokuda, Keiser, Ogden, Costa and Boldt.

Brief History:

Committee Activity:

Children & Family Services: 2/3/98, 2/5/98 [DP].

Floor Activity:

Passed House: 2/12/98, 96-0.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: Do pass. Signed by 10 members: Representatives Cooke, Chairman; Boldt, Vice Chairman; Bush, Vice Chairman; Tokuda, Ranking Minority Member; Kastama, Assistant Ranking Minority Member; Ballasiotes; Dickerson; Gombosky; McDonald and Wolfe.

Minority Report: Do not pass. Signed by 1 member: Representative Carrell.

Staff: Douglas Ruth (786-7134).

Background: A 1990 Government Accounting Office (GAO) report to the U.S. Senate Committee on Finance concluded that "identifying infants who have been prenatally exposed to drugs is the key to providing them with effective medical and social interventions at birth and as they grow up." The report went on to state that "many health professionals believe early risk assessment and comprehensive residential drug treatment that includes prenatal care services the best approach to . . . providing the developing infant with the best chance of being born healthy."

Many hospitals do not conduct assessments for drug use during pregnancy. Some do not screen infants to determine if they are drug-affected. Hospitals that do screen use varying protocols. The GAO report found a wide range of hospital practices.

A uniform procedure for testing or screening does not exist in Washington. Identifying drug-affected babies can be difficult, especially identifying babies suffering from fetal alcohol syndrome. However, the type of screening used by hospitals is significant in determining whether drug-affected babies are identified. Since many drug-exposed infants display few overt withdrawal signs and many women deny using drugs out of fear of being incarcerated or losing their child, simple screening protocols may not detect all the infants needing special care.

Summary of Bill: The Department of Health is directed to consult with medical professionals to develop a screening criteria to use in identifying pregnant women who are at risk of conceiving a drug-affected baby. Similarly, the Department of Health will develop training protocols to instruct personnel to use the identification and screening protocols.

The Department of Health shall also investigate the feasibility of protocols for testing or screening of newborns for drug or alcohol exposure. The department shall consider how to improve the current testing practices.

The Department of Health will report its findings to the Legislature by December 1, 1998.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: It is important to identify women who abuse drugs or alcohol when they give birth. There is a window of opportunity when a woman gives birth to influence her to change her abusive behavior. The Department of Health supports the legislation. They do not presently have uniform procedures for identifying drug-affected infants. They are happy to have the opportunity to join with the medical community to create procedures.

Testimony Against: None.

Testified: Beth Dannhardt, Washington State Coalition on Substance Abuse, also Solutions Group (concerns); and Dr. Maxine Hayes (pro with concerns).