

HOUSE BILL REPORT

HB 1697

As Reported By House Committee On:

Children & Family Services

Title: An act relating to involuntary use of long-term pharmaceutical birth control for mothers who have given birth to a child with drug addiction.

Brief Description: Requiring court-ordered use of long-term pharmaceutical birth control for mothers who have given birth to a baby with drug addiction.

Sponsors: Representatives Dickerson, Ballasiotes, Cooke, Sheldon, Ogden, O'Brien, Sullivan, Scott, Anderson, Kessler, H. Sommers and Costa.

Brief History:

Committee Activity:

Children & Family Services: 2/20/97, 3/4/97 [DPS].

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cooke, Chairman; Boldt, Vice Chairman; Bush, Vice Chairman; Tokuda, Ranking Minority Member; Kastama, Assistant Ranking Minority Member; Ballasiotes; Carrell; Dickerson; Gombosky; McDonald and Wolfe.

Staff: Douglas Ruth (786-7134).

Background: Many women who are addicted to chemical substances give birth to children with serious health problems. If the underlying addiction is not treated, additional children who are born will also suffer from physical, mental, and emotional problems associated with the mothers' addiction. Current involuntary commitment statutes related to chemical dependency provide for the involuntary commitment and treatment of individuals who are incapacitated by chemical dependency and who attempt or inflict physical harm on another, or are likely to inflict physical harm on another unless committed to treatment.

Summary of Substitute Bill: A pilot project is established in four communities to provide services to women who give birth to drug-addicted babies and to require involuntary insertion of long-term pharmaceutical birth control for women who have given birth to two drug-addicted babies.

The pilot projects will screen babies born in hospitals to identify those babies addicted to a controlled substance. When such a baby is identified, the mother of the child is referred to a designated chemical dependency specialist and to the department. If a woman is referred to a designated chemical dependency specialist as someone who has given birth to a drug-addicted baby, the specialist will offer her state-paid tubal ligation surgery and birth control counseling and services.

The specialist will also file a petition to have a court order chemical dependency treatment, counseling and support services, and possible long-term pharmaceutical birth control. If after completion of a hearing a court finds that a woman has given birth to a child who is addicted to drugs and it is the woman's first child, the court will order the mother to participate in treatment, counseling, and support services.

If the court finds that the drug-addicted baby is the mother's second drug-addicted child, the court will order chemical dependency treatment, counseling and support services, and the use of long-term pharmaceutical birth control. A mother may avoid mandatory long-term birth control if a doctor finds that the procedure would be medically harmful to the mother. The court may permit a woman to terminate mandatory birth control six months after she demonstrates that she is drug free.

The judicial hearing process is identical to the current hearing procedures for involuntary commitment and treatment of chemically dependent individuals under chapter 70.96A RCW.

Substitute Bill Compared to Original Bill: The substitute bill makes mandatory chemical dependency treatment a consequence of giving birth to a woman's first drug-addicted baby rather than her second drug-addicted baby. The consequence of mandatory pharmaceutical birth control is moved from the third drug-addicted baby to the second. The substitute adds an exception to mandatory long-term birth control if the procedure would be medically harmful. It also adds the offer of state funded tubal ligation surgery and birth control services and counseling.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: Drug-addicted children suffer terrible medical difficulties. Many are born prematurely, some are disabled, and others have significant learning disabilities. The cost to the state is also significant. Hospital costs for a drug-addicted newborn's care are between \$1,500 and \$2,000 a day. Women who give birth to drug-addicted children often have multiple births. When women are having

multiple drug-affected births, the rights of the children must take precedence over the rights of the mother.

Testimony Against: Mandating long-term pharmaceutical birth control will drive pregnant women who are addicted to drugs away from hospitals when giving birth. The mandatory birth control requirement violates the due process and freedom of religion clauses of the U.S. Constitution. It also violates Initiative 120. Voluntary birth control is easy to obtain currently. The department offers fast track– services for pregnant women who are drug dependent. It is difficult to diagnose some drug-affected babies at birth.

Testified: Representative Mary Lou Dickerson; Barbara Richards, Pediatric Interim Care Center (pro); Linda Grant, Association of Alcoholism and Addictions Programs (pro); Therese Grant, Birth to 3 (pro with concerns); Mardi Boss, Northwest Women’s Center (con); Jana Gardner, citizen (con); and Sherilynn Casey, Department of Health (con).