

SENATE BILL REPORT

HB 3103

As Reported By Senate Committee On:
Health & Long-Term Care, February 20, 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: Health & Long-Term Care: 2/20/98 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Deccio, Chair; Wood, Vice Chair; Benton, Fairley, Franklin and Wojahn.

Staff: Rhoda Jones (786-7198)

Background: A 1990 Government Accounting Office (GAO) report to the U.S. Senate Committee on Finance concluded that "identifying infants who have been prenataally 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: The state needs much better information on how many drug-affected babies there are. We need to screen women early and develop good guidelines.

Testimony Against: None.

Testified: PRO: Lonnie Johns-Brown, Solutions for Chemically Dependent Pregnant Women and Their Children; Laurie Lippold, Children's Home Society; Maxine Hayes, Department of Health.