

HOUSE BILL REPORT

HB 3081

As Reported by House Committee On:
Children & Family Services

Title: An act relating to medical and dental care and testing for children in the care of the department of social and health services.

Brief Description: Revising provisions relating to medical and dental care and testing for children in the care of the department of social and health services.

Sponsors: Representative Rockefeller.

Brief History:

Committee Activity:

Children & Family Services: 2/4/04, 2/5/04 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Health to develop recommendations concerning evidence-based practices for testing for blood-borne pathogens of children under one year of age who have been placed in out-of-home care.
- Requires the Department of Social and Health Services to inform out-of-home care providers if the child to be placed in their care is infected with a blood-borne pathogen.
- Requires the DSHS to provide training related to blood-borne pathogens to licensed out-of-home care providers.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Kagi, Chair; Darneille, Vice Chair; Boldt, Ranking Minority Member; Roach, Assistant Ranking Minority Member; Bailey, Dickerson, Miloscia, Pettigrew and Shabro.

Staff: Cynthia Forland (786-7152).

Background:

The Department of Social and Health Services (DSHS) oversees out-of-home care for children in the state who have been removed from their homes, which includes recruiting and licensing foster homes.

Whenever a child is placed in out-of-home care by the DSHS or a child-placing agency, the DSHS or agency is required to share information about the child and the child's family with the care provider and consult with the care provider regarding the child's case plan.

The DSHS is required to conduct training for foster parents, which must include information concerning the following: the potential impact of placement on foster children; social service agency administrative processes; the requirements, responsibilities, expectations, and skills needed to be a foster parent; attachment, separation, and loss issues faced by birth parents, foster children, and foster parents; child management and discipline; birth family relationships; and helping children leave foster care.

No person may disclose or be compelled to disclose the identity of any person:

- who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by law; or
- upon whom an HIV antibody test is performed, or the results of such a test.

This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection. However, certain specified individuals may receive that information under specific circumstances. In the case of a child who is under 14 years of age, has a sexually transmitted disease, and is in the custody of the DSHS or a licensed child-placing agency, the following individuals may receive information relating to HIV testing, diagnosis, or treatment:

- a DSHS worker, a child-placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding the child; and
- a person responsible for providing residential care for the child when the DSHS or a licensed child-placing agency determines that it is necessary for the provision of child care services.

Summary of Substitute Bill:

The Department of Health (DOH) is required to develop recommendations concerning evidence-based practices for testing for blood-borne pathogens of children under one year of age who have been placed in out-of-home care.

The DOH is required to report to the appropriate committees of the Legislature on its developed recommendations by January 1, 2005.

Upon any placement, the DSHS is required to inform each out-of-home care provider if the child to be placed in that provider's care is infected with a blood-borne pathogen, if known by the DSHS.

All out-of-home care providers licensed by the DSHS must receive training related to blood-borne pathogens, including prevention, transmission, infection control, treatment, testing, and confidentiality.

Any disclosure of information related to HIV must be in accordance with state law.

Substitute Bill Compared to Original Bill:

The DSHS is no longer required to:

- recommend that the physician or other licensed health care practitioner conducting the initial medical assessment of a child under one year of age following placement in out-of-home care conduct screening and, if appropriate, testing for blood-borne pathogens; and
- obtain the results of the screening and, if conducted, testing for blood-borne pathogens and incorporate those results in the evaluation required of all children entering the foster care system for identification of long-term needs within 30 days of placement.

The DOH is required to:

- develop recommendations concerning evidence-based practices for testing for blood-borne pathogens of children under one year of age who have been placed in out-of-home care; and
- report to the appropriate committees of the Legislature on its developed recommendations by January 1, 2005.

The expansion of the authority of the supervising agency to authorize medical care for a child placed in shelter care, to include evaluations *and treatment* of the child's physical or emotional condition, routine medical and dental examination and care, *medical testing including, but not limited to, testing recommended by the DSHS for blood-borne pathogens*, and all necessary emergency care, has been removed.

The authority granted to the supervising agency to authorize evaluations and treatment of a child's physical or emotional condition, routine medical and dental examination and care, medical testing including, but not limited to, testing recommended by the DSHS for blood-borne pathogens, and all necessary emergency care, for a child whom the court orders be removed from that child's home, has been removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (Original bill) This bill originated with the experience of foster parents. The intent of the bill is to improve upon the state's ability to identify detectable risks and to maintain the confidence of foster parents. We are trying to strike a balance between the world of social services and the medical community, and not tell physicians how to do their jobs but bring this issue to their attention. The state should inform foster parents of any risk of HIV exposure as soon as they are aware of that risk. Foster parents should be given the choice whether to care for an HIV-infected child. Universal precautions are not good enough and are difficult to do all of the time. The American Academy of Pediatrics recommends that if maternal serologic status is unknown and the state has guardianship and the authority to consent to medical care, the infant should be tested for HIV antibody. Foster parents are informed that children are drug-affected or abused and neglected, but not that they have been exposed to HIV or Hepatitis. Concealing this information is another form of child abuse. A simple blood test is all that it takes. Testing babies is a win-win solution for the babies' health and the foster parents. The DSHS has policy and practice standards relating to training, testing, and sharing of information on HIV and blood-borne pathogens. The DSHS is directed by state law to ensure that children receive a medical evaluation as soon as possible following placement in out-of-home care, which includes whatever treatment or testing may be appropriate. The DSHS provides health information to out-of-home care providers, as well as the HIV status of children in care, if known. The DSHS provides training relating to HIV and blood-borne pathogens, as required by regulation. The bill should be amended to clarify the target population. The bill should be amended to remove the DSHS from any medical decisions.

Testimony Against: None.

Persons Testifying: (In support) Representative Rockefeller, prime sponsor; Mary Jones, foster parent; LaVerne Lamoureux, Children's Administration of the Department of Social and Health Services; and Daniele Baxter, foster parent.

Persons Signed In To Testify But Not Testifying: None.