

HOUSE BILL REPORT

HB 2115

As Reported by House Committee On:
Children & Family Services

Title: An act relating to drug use among pregnant women.

Brief Description: Providing information to pregnant women about opiate treatment programs.

Sponsors: Representatives Dickerson, Roach, Simpson, Upthegrove, Ormsby, Chase, Roberts and Darneille; by request of Lieutenant Governor.

Brief History:

Committee Activity:

Children & Family Services: 2/28/05, 3/2/05 [DP].

Brief Summary of Bill

- Requires opiate substitution treatment programs to disseminate information to pregnant clients concerning the impact that opiate substitution treatment may have on their babies.
- Requires the Department of Social and Health Services to develop and disseminate the educational materials to all certified opiate treatment programs.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: Do pass. Signed by 9 members: Representatives Kagi, Chair; Roberts, Vice Chair; Hinkle, Ranking Minority Member; Walsh, Assistant Ranking Minority Member; Darneille, Dickerson, Dunn, Haler and Pettigrew.

Staff: Cynthia Forland (786-7152).

Background:

The Department of Social and Health Services (DSHS) is responsible for certifying chemical dependency treatment programs in the state. The DSHS is also required to prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use.

The DSHS, in consultation with opiate substitution treatment service providers and counties and cities, is required to establish statewide treatment and operating standards for certified opiate substitution treatment programs, and to enforce those treatment and operating standards.

Summary of Bill:

All approved opiate substitution treatment programs that provide services to women who are pregnant are required to disseminate up-to-date and accurate health education information to all of their pregnant clients concerning the possible addiction and health risks that their opiate substitution treatment may have on their babies. All pregnant clients must also be advised of the risks to both them and their babies associated with not remaining on the opiate substitute program. The information must be provided to these clients both verbally and in writing. The health education information provided to the pregnant clients must include referral options for addicted babies.

The DSHS must adopt rules that require all opiate treatment programs to educate all pregnant women in their programs on the benefits and risks of methadone treatment to their fetuses before they are provided these medications, as part of their addiction treatment. The DSHS must meet this requirement within the appropriations provided for opiate treatment programs. The DSHS, working with treatment providers and medical experts, is required to develop and disseminate the educational materials to all certified opiate treatment programs.

Appropriation: None.**Fiscal Note:** Available.**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.**Testimony For:** (In support) This bill was requested by the Office of the Lieutenant Governor. There is strong interest in the issue of drug-affected babies. Methadone has a real impact on the developing fetus and on babies who are born while their mothers are receiving methadone treatment. This is a good educational bill that will serve to further the healthy birth of babies. In this state there has not been a focus on these drug-addicted babies. The methadone program has been mostly focused on the addicted mothers and other individuals on the program. This is an important first step for babies, although not the total solution. This first step, through the education of these mothers who are addicted, is critical in the health and lives of these babies.

This has been a concern in hospitals with mothers receiving methadone treatment who are not aware that their babies will be going through withdrawal. Some information that is provided to women is inaccurate, telling them that their babies would not suffer any withdrawal symptoms. Most women when they come into the hospital to deliver are receiving high levels of methadone, because higher levels of methadone are required as the baby grows. Mothers don't understand that these are really medically fragile babies, and that the hospital is an inappropriate environment for these babies. These babies need a special place to withdraw from methadone, which can take up to 60 days. With mothers using heroine, referrals are

made to Children's Services and oversight of the case and the treatment of the baby is maintained. But there doesn't seem to be any oversight over cases with mothers receiving methadone treatment. We need to focus on these babies.

Testimony Against: None.

Persons Testifying: Representative Dickerson, prime sponsor; Susan Webber, Good Samaritan Hospital; Kim Curuso and Yael Ben-Ari, Tacoma General Hospital; Jay Jones, Saint Joseph Medical Center; and Brian Hadfield and Antonio Sanchez, Office of the Lieutenant Governor.

Persons Signed In To Testify But Not Testifying: None.