

SENATE BILL REPORT

SSB 5688

As Passed Senate, March 13, 1995

Title: An act relating to fetal alcohol exposure.

Brief Description: Improving screening for fetal alcohol syndrome.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Long, Franklin, Rasmussen, C. Anderson, Kohl, Prentice, McAuliffe, Fairley, Drew, Smith, Heavey, Sheldon, Wojahn, Bauer and Winsley).

Brief History:

Committee Activity: Human Services & Corrections: 2/22/95, 2/28/95 [DPS-WM].

Ways & Means: 3/3/95, 3/6/95 [DPS (HSC)].

Passed Senate, 3/13/95, 48-0.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5688 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Franklin, Vice Chair; Fairley, Kohl, Long, Moyer, Palmer, Prentice, Schow and Smith.

Staff: Andrea McNamara (786-7483)

Background: Fetal Alcohol Syndrome (FAS) is a medical condition causing mental retardation and other developmental disabilities as a result of maternal alcohol use during pregnancy. The number of children born in Washington State with FAS is currently estimated at 78-234 each year.

Individuals with undiagnosed FAS often suffer substantially from secondary disabilities such as child abuse, depression, aggression, school failure, and job instability. They also often end up in multiple foster home placements and in the juvenile justice system.

Statewide demand for FAS diagnostic and referral services far exceeds the currently available public and private capacity to provide these services. The Governor's proposed budget includes a \$400,000 line item for FAS screening and diagnostic services over the next biennium.

The University of Washington FAS Clinic maintains a clinic, the only one of its kind in the nation, devoted entirely to the diagnosis and care of individuals with FAS and possible fetal alcohol effects (PFAE). The UW FAS Clinic is currently funded to run one day per week and evaluate four to six patients per day. In the first two years of operation (1993-94), the clinic was able to see just 27 percent of the patients in Washington who requested appointments.

Summary of Bill: An intent section is created in which the Legislature finds that because fetal alcohol exposure is among the leading causes of mental retardation in our state, and because individuals with undiagnosed FAS suffer substantially from secondary disabilities, greater support is necessary for efforts directed at the early identification of and intervention into the problems associated with fetal alcohol exposure. The intent section also identifies the purpose of the act as supporting the development of local screening programs throughout the state.

The Department of Social and Health Services is required to contract with the University of Washington FAS Clinic to provide FAS screening and assessment services. The contracted services must include: (1) appropriate training for staff in community clinics; (2) development of educational materials for patients, their families and caregivers; (3) systematic information retrieval from each community clinic; (4) based on available funds, the establishment of a network of community-based FAS clinics; (5) preparation of an annual report of the information retrieved.

An interagency agreement is executed to ensure coordination of fetal alcohol exposure screening and referral services among the Department of Health, the Department of Social and Health Services, the Department of Corrections, and the Office of the Superintendent of Public Instruction. The agreement must include a process for community advocates to participate in the review and development of fetal alcohol exposure programs administered or contracted for by the agencies executing the agreement.

The bill is null and void unless specific funding is provided in the budget.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: The key to dealing with FAS involves coordination of efforts even more than the amount of money devoted to the problem: the medical assessment is the starting point, but the social services are critical. The University of Washington FAS Clinic has established a model to coordinate management, training, assessment, and research throughout the state using a variety of funding sources, including fee-for-services, in-kind support, and grants. Washington has a huge unmet need as evidenced by the overwhelming response to the clinic. The clinic expects to be able to provide complete assessment and referral services for approximately \$800 per child.

The Department of Social and Health Services (DSHS) has been very responsive to community advocacy groups. Advocacy groups need to be included with all social services when coordinating programs. DSHS would be more appropriate as the lead contracting agency (than the Department of Health) because the Governor's proposed budget currently contains a line item within the budget of DSHS, Division of Alcohol and Substance Abuse.

Testimony Against: None.

Testified: Sterling Clarren, M.D., University of Washington FAS Clinic (pro); Jocie DeVries, Exec. Dir., FAS Family Resource Institute (pro); Victoria McKinney, Co-director, FAS Family Resource Institute (pro); Ann Waller, FAS Family Resource Institute (pro); Ken Stark, DSHS, Division of Alcohol and Substance Abuse (neutral).

SENATE COMMITTEE ON WAYS & MEANS

Staff: Susan Lucas (786-7711)

Majority Report: That Substitute Senate Bill No. 5688 as recommended by Committee on Human Services & Corrections be substituted therefor, and the substitute bill do pass.

Signed by Senators Rinehart, Chair; Loveland, Vice Chair; Bauer, Cantu, Drew, Finkbeiner, Fraser, Gaspard, Hargrove, Hochstatter, Johnson, Long, McDonald, Moyer, Pelz, Roach, Sheldon, Snyder, Spanel, Strannigan, Sutherland, West, Winsley and Wojahn.

Testimony For: The bill provides a program for early diagnosis of FAS, which is essential to helping families obtain treatment and reduce trauma. Treatment programs for FAS are difficult to develop but are essential to allowing those affected by FAS to obtain treatment. The UW FAS clinic is unable to keep up with requests for help from FAS affected families. The training provided in the bill will allow a broader exposure to screening services. The educational campaign is essential to letting women know of the risks of alcohol during pregnancy.

Testimony Against: None.

Testified: Jocie DeVries, FAS Family Resource Institute; Ann Waller, FAS Family Resource Institute; Bill Sellars, The AFC of Washington State, The Assembly; Ken Stark, Director, Division of Alcohol and Substance Abuse, DSHS.