

***Children & Family Services  
Committee***

***SSB 5416***

***Brief Description:*** *Requiring identification of drug-affected infants and providing treatment services to their mothers.*

***Sponsors:*** *By Senate Committee on Human Services & Corrections (originally sponsored by Senators Patterson, Stevens, Long, Hargrove, Rossi, Winsley, McAuliffe and Rasmussen).*

***Brief Summary of Substitute Bill***

- *A woman's primary health care provider is required to: screen pregnant and lactating women for nonprescription use of controlled substances; and inform a woman whose infant is identified for testing that she may be eligible for a free tubal ligation within six months of the birth of a drug-affected infant, and how to obtain chemical dependency treatment.*
- *The infant's primary health care provider is required to test any infant the provider reasonably believes to be drug-affected, and if the test is positive, to notify the Department of Social and Health Services (DSHS) of the name and address of the parent(s).*
- *DSHS is required to investigate all such reports and file a dependency petition in appropriate cases. The mother may agree to treatment as a condition that may defer a dependency action.*

***Hearing Date:*** *3/22/01*

***Staff:*** *Deborah Frazier (786-7152).*

***Background:***

*A 1997 report prepared by the Research and Data Analysis Division of the Department of Social and Health Services (DSHS) estimated that 8,000 to 10,000 infants are born in*

*Washington annually to women who used alcohol or drugs during pregnancy. This number represents approximately 10 to 12 percent of all annual births in the state.*

*Infants born to these women are considered to be drug-exposed. The number of infants with measurable effects that can be attributed to substance use during pregnancy is estimated to be approximately 800 to 1,000 per year, or about one percent of births. These infants are considered to be drug-affected.*

*In the 1998 legislative session a bill containing many of the substantive provisions of SSB 5416 passed both houses. The Governor vetoed a number of these provisions. Remaining provisions that went into effect required DSHS to develop definitions for both "alcohol-affected infant" and "drug-affected infant". These definitions are currently in proposed rule, and are in the process of being adopted. The bill also required the Department of Health (DOH) and DSHS to develop a comprehensive plan to serve substance abusing women and their children.*

*Another bill enacted after the 1998 legislative session required DOH to develop assessment and testing criteria for drug-affected infants. These screening guidelines have been developed.*

*In 1999, the budget bill appropriated specific funding for the development and implementation of comprehensive programs for alcohol and drug abusing mothers and their young children. The three pilots were initiated in January of 2000. Snohomish and Benton Franklin counties provide the full inventory of services, including residential treatment. Whatcom County provides targeted intensive case management and utilizes existing outpatient chemical dependency treatment resources. The pilots are serving over 100 women plus their children, and have waiting lists. A process evaluation preliminary report on the projects is to be available in the spring of 2001.*

***Summary of Bill:***

*A woman's primary health care provider is required to screen pregnant and lactating women for nonprescription use of controlled substances. Screening criteria may include those previously developed by the Department of Health (DOH).*

*If the screen suggests the need to test the infant, the woman's primary health care provider is required to either convey these findings to the infant's primary health care provider, or to test the infant.*

*If the infant is identified for testing, the woman's primary health care provider is required to inform her that she may be eligible for a free tubal ligation within six months of the birth of a drug-affected infant. The provider also must inform the woman how to obtain chemical dependency treatment.*

*The infant's primary health care provider is required to test any infant the provider reasonably believes to be drug-affected, and if the test is positive, to notify DSHS of the name and address of the parent(s). The provider is not liable for a decision regarding testing or reporting except for gross negligence or intentional misconduct.*

*The DSHS is required to investigate all such reports and file a dependency petition in appropriate cases. The drug-affected status of an infant is not by itself sufficient to support a dependency finding.*

*Mothers may agree to treatment as a condition that may defer a dependency action, if they stipulate to facts sufficient to constitute a dependency. The conditions of the agreement vary depending upon the number of drug-affected infants born to the mother. The mother must be offered education in family planning and pharmaceutical pregnancy prevention. Preference is given to methods administered not less than once every 30 days.*

*With the first drug-affected infant, a mother can agree to inpatient or outpatient treatment. With the second drug-affected infant, the mother can agree to inpatient treatment, or outpatient treatment in a comprehensive pilot project established under previous legislation. With the third or subsequent birth of a drug-affected infant, the court must order that the mother be referred for evaluation for involuntary commitment for chemical dependency treatment.*

*Providers of chemical dependency treatment services may choose not to offer family planning for reasons of conscience or religion. The provider invoking this exemption is required to provide written notice to persons entering treatment stating which services the provider will not provide, and must explain to the mother where she can obtain family planning services.*

*Fact-finding hearings in a dependency action can be continued if the parties have agreed to conditions that take more than 75 days to fulfill. The birth of three or more drug-affected infants constitutes an aggravating circumstance in petitions seeking termination of parental rights.*

*The Institute for Public Policy must study and report to the Legislature on the provisions of this act.*

***Appropriation:*** None.

***Fiscal Note:*** Available.

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