

FINAL BILL REPORT

SSB 5688

C 54 L 95

Synopsis as Enacted

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).

Senate Committee on Human Services & Corrections

Senate Committee on Ways & Means

House Committee on Health Care

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: 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; and (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.

Votes on Final Passage:

Senate	48	0
House	95	0

Effective: July 23, 1995