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**SUBSTITUTE HOUSE BILL 1168**

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**State of Washington**

**68th Legislature**

**2023 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Simmons, Ramel, Callan, Wylie, Davis, and Ormsby)

READ FIRST TIME 01/24/23.

1 AN ACT Relating to providing prevention services, diagnoses,  
2 treatment, and support for prenatal substance exposure; amending RCW  
3 71.24.610; adding a new section to chapter 43.216 RCW; adding new  
4 sections to chapter 71.24 RCW; and creating a new section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that:

7 (1) Fetal alcohol spectrum disorders are lifelong physical,  
8 developmental, behavioral, and intellectual disabilities caused by  
9 prenatal alcohol exposure;

10 (2) According to the federal centers for disease control and  
11 prevention, fetal alcohol spectrum disorders affect as many as one in  
12 20 people in the United States;

13 (3) The health care authority estimates that one percent of  
14 births, or approximately 870 children each year, are born with fetal  
15 alcohol spectrum disorders;

16 (4) In addition to alcohol use, other substances consumed during  
17 pregnancy may result in prenatal substance exposure affecting the  
18 physical, developmental, behavioral, and intellectual abilities of  
19 the exposed child;

1 (5) Washington has limited diagnostic capacity and currently  
2 lacks the capacity to diagnose and treat every child who needs  
3 support and treatment due to prenatal substance exposure;

4 (6) Without appropriate treatment and supports, children born  
5 with fetal alcohol spectrum disorders and other prenatal substance  
6 disorders are likely to experience adverse outcomes. According to  
7 current statistics, these children face adverse outcomes such as:

8 (a) 61 percent of children with fetal alcohol spectrum disorders  
9 are suspended or expelled from school by age 12;

10 (b) 90 percent of persons with fetal alcohol spectrum disorders  
11 develop comorbid mental health conditions; and

12 (c) 60 percent of youth with fetal alcohol spectrum disorders are  
13 involved in the justice system;

14 (7) Untreated and unsupported prenatal substance exposure results  
15 in higher costs for the state and worse outcomes for children and  
16 their families;

17 (8) Investing in prevention and earlier intervention, including  
18 diagnostic capacity, treatment, and services for children and  
19 supports for families and caregivers will improve school outcomes;  
20 and

21 (9) Effective prenatal substance exposure response requires  
22 effective and ongoing cross-agency strategic planning and  
23 coordination.

24 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.216  
25 RCW to read as follows:

26 (1) By January 1, 2024, the department shall contract with a  
27 provider with expertise in comprehensive prenatal substance exposure  
28 treatment and family supports to offer services to children over the  
29 age of three and families who are or have been involved in the child  
30 welfare system or who are at risk of becoming involved in the child  
31 welfare system. This contract shall maximize the number of families  
32 that can be served through referrals by department employees and  
33 other community partners in order to keep families together, reduce  
34 the number of placements, and prevent adverse outcomes for impacted  
35 children.

36 (2) By January 1, 2025, the department shall contract with a  
37 minimum of three providers across the state, in addition to the  
38 contracted provider in subsection (1) of this section, to offer  
39 comprehensive treatment services for prenatal substance exposure and

1 family supports for children who were prenatally exposed to  
2 substances and who are, or have been, involved in the child welfare  
3 system.

4 (3) Comprehensive treatment and family supports must be trauma-  
5 informed and may include:

6 (a) Occupational, speech, and language therapy;

7 (b) Behavioral health counseling and caregiver counseling;

8 (c) Sensory processing support;

9 (d) Educational advocacy, psychoeducation, social skills support,  
10 and groups;

11 (e) Linkages to community resources; and

12 (f) Family supports and education, including the programs for  
13 parents, caregivers, and families recommended by the federal centers  
14 for disease control and prevention.

15 (4) The department shall contract with a Washington-based  
16 nonprofit entity with expertise in offering trauma-informed,  
17 comprehensive prenatal substance exposure treatment and family  
18 supports for children, including family and caregiver supports, to  
19 support the providers under contract in subsection (2) of this  
20 section by:

21 (a) Creating education and training programs for providers  
22 working with children who had prenatal substance exposure; and

23 (b) Offering ongoing coaching and support in creating a safe and  
24 healing environment, free from judgment, where families are supported  
25 through the challenges of care for children with prenatal substance  
26 exposure.

27 (5) The department shall work with the contracted providers and  
28 families to collect relevant outcome data and provide a report on the  
29 expansion of services under the contracts and the outcomes  
30 experienced by persons receiving services under this section. The  
31 department shall submit the report to the legislature with any  
32 recommendations related to improving availability of and access to  
33 services and ways to improve outcomes by June 1, 2028.

34 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24  
35 RCW to read as follows:

36 (1) By June 1, 2024, the authority shall submit to the  
37 legislature recommendations on ways to increase access to diagnoses,  
38 treatment, services, and supports for children who were exposed to  
39 alcohol or other substances during pregnancy and their families and

1 caregivers. In creating the recommendations, the authority shall hold  
2 at least six stakeholder meetings and shall collaborate with service  
3 providers, medical professionals with expertise in diagnosing and  
4 treating prenatal substance exposure, families of children who were  
5 exposed to alcohol or other substances during pregnancy, communities  
6 affected by prenatal substance exposure, and advocates.

7 (2) The recommendations adopted under subsection (1) of this  
8 section shall, at a minimum, address:

9 (a) Increasing the availability of evaluation and diagnosis  
10 services for children, youth, and adults for fetal alcohol spectrum  
11 disorders and other prenatal substance disorders, including assuring  
12 an adequate payment rate for the interdisciplinary team required for  
13 diagnosis and developing sufficient capacity in rural and urban areas  
14 so that every child is able to access diagnosis services; and

15 (b) Increasing the availability of treatment for fetal alcohol  
16 spectrum disorders and other prenatal substance disorders for all  
17 children, youth, and adults, including all treatments and services  
18 recommended by the federal centers for disease control and  
19 prevention. The authority shall review all barriers to accessing  
20 treatment and make recommendations on removing those barriers,  
21 including recommendations related to the definition of medical  
22 necessity, prior authorization requirements for diagnosis and  
23 treatment services, and limitations of treatment procedure codes and  
24 insurance coverage.

25 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24  
26 RCW to read as follows:

27 The authority shall contract with a statewide nonprofit entity  
28 with expertise in fetal alcohol spectrum disorders and experience in  
29 supporting parents and caregivers to offer free support groups for  
30 individuals living with fetal alcohol spectrum disorders and their  
31 parents and caregivers.

32 **Sec. 5.** RCW 71.24.610 and 2018 c 201 s 4049 are each amended to  
33 read as follows:

34 (1) The authority, the department of social and health services,  
35 the department (~~(of health)~~), the department of corrections, the  
36 department of children, youth, and families, and the office of the  
37 superintendent of public instruction shall execute an interagency  
38 agreement to ensure the coordination of identification, prevention,

1 and intervention programs for children who have fetal alcohol  
2 exposure and other prenatal substance exposures, and for women who  
3 are at high risk of having children with fetal alcohol exposure or  
4 other prenatal substance exposures.

5 (2) The interagency agreement shall ((provide)):

6 (a) Provide a process for community advocacy groups to  
7 participate in the review and development of identification,  
8 prevention, and intervention programs administered or contracted for  
9 by the agencies executing this agreement; and

10 (b) Require the agencies to collaborate with community advocacy  
11 groups, impacted individuals and families, and experts in fetal  
12 alcohol exposure or other prenatal substance exposures to adopt a  
13 strategic plan to increase prevention efforts related to fetal  
14 alcohol exposure and other prenatal substance exposures and expand  
15 the availability of treatment, services, and supports for fetal  
16 alcohol exposure and other prenatal substance exposures. The  
17 strategic plan shall include recommendations to the legislature  
18 regarding topics covered by the strategic plan as related to each  
19 agency that is a party to the interagency agreement. The authority  
20 shall submit a preliminary plan to the relevant committees of the  
21 legislature by July 1, 2024, and the final strategic plan by July 1,  
22 2025.

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