

HOUSE BILL REPORT

HB 1965

*As Reported By House Committee on:
Health Care*

Title: An act relating to identifying and providing services to infants and toddlers with special health care needs.

Brief Description: Establishing the high priority infant tracking program.

Sponsor(s): Representatives Prentice, Leonard, Sprenkle, Anderson, Grant, Paris, Beck, Moyer, Locke, R. King, Mitchell, Phillips, Winsley, Rasmussen, Sheldon, Nelson, Spanel and Brekke.

Brief History:

Reported by House Committee on:
Health Care, March 6, 1991, DPS.

**HOUSE COMMITTEE ON
HEALTH CARE**

Majority Report: *That Substitute House Bill No. 1965 be substituted therefor, and the substitute bill do pass.*
Signed by 11 members: Representatives Braddock, Chair; Day, Vice Chair; Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Cantwell; Edmondson; Franklin; Morris; Paris; Prentice; and Sprenkle.

Staff: Bill Hagens (786-7131).

Background: The numbers of infants whose health is at risk because of biological and environmental factors and prenatal drug and alcohol exposure is growing substantially. It is estimated that 10 percent of all mothers used alcohol or illegal drugs during pregnancy. Approximately 133 new cases of Fetal Alcohol Syndrome are discovered in the state each year. Washington State has the 8th highest postneonatal mortality rate in the nation. Presently the High Priority Infant Tracking Program covers only 14 counties. Health care experts believe it is needed state-wide.

Summary of Substitute Bill: The Department Health (DOH) is required to establish a state-wide tracking program to: identify all infants in the state with, or at risk for, health developmental problems; and prevent or minimize the

impact of disabilities by tracking the health and developmental status of infants with special health needs and offering parents information and support services.

DOH is required, in consultation with the University of Washington, to develop standards for newborn assessment by January 1, 1992.

Procedures are established to safeguard drug testing information.

DOH is required to identify, in consultation with the Department of Social and Health Services (DSHS) and experts in the field, a continuum of services for referral and appropriate information to support healthy infant development.

All health professionals who come under the jurisdiction of the Uniform Disciplinary Act (Chapter 18.130 RCW) and who care for pregnant women and children shall distribute information to their patients regarding the dangers of alcohol and drug use during pregnancy.

A biennial appropriation of \$5.6 million, \$1 million of which is from federal sources, is made to the DOH for the program.

Save for section 7, this bill would be null in void if funds are not appropriated.

Substitute Bill Compared to Original Bill: The appropriation is amended to reflect available federal funds. A null and void clause is added. Syntactical and technical corrections are made.

Fiscal Note: Available.

Appropriation: Yes.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect July 1, 1991.

Testimony For: This bill is needed to address the serious problems of infant mortality and morbidity.

Testimony Against: None.

Witnesses: Dr. Maxine Hayes, Department of Health (supports the concept); Beverly Jacobson, SAAC and WSHA (pro); and Cynthia Shertleff, WC American Academy of Pediatrics (pro).