

SENATE BILL REPORT

SSB 5193

AS PASSED SENATE, MARCH 14, 1991

Brief Description: Providing a program to assess and monitor infants exposed to drugs.

SPONSORS: Senate Committee on Health & Long-Term Care (originally sponsored by Senators L. Smith, Wojahn, West, Johnson, Oke and Thorsness).

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5193 be substituted therefor, and the substitute bill do pass.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, Niemi, and Wojahn.

Staff: Scott Plack (786-7409)

Hearing Dates: February 13, 1991; March 5, 1991

BACKGROUND:

Growing medical evidence suggests that prenatal exposure to illicit controlled substances may result in medical and developmental disabilities after birth. Drug-affected infants are often born prematurely, have low birth weights and significant medical problems. While the long-term effects of drug exposure are still not well understood, medical researchers suspect that such exposure may lead to long-term learning disabilities, hyperactivity, articulation and socialization problems, including anti-social behavior.

Medical researchers agree that early medical interventions can help reduce the long-term medical and developmental impacts on the child resulting from prenatal drug exposure. There are currently no state requirements that infants be assessed after birth for drug exposure to determine and initiate needed medical interventions.

SUMMARY:

The legislative intent finds that early identification and medical treatment for infants affected by probable drug exposure can reduce long-term medical and developmental disabilities.

The University of Washington shall develop model standards to conduct infant drug exposure assessments. The Department of Health shall make the model standards available to hospitals which may use them to screen newborn infants. Hospitals are not required to perform the assessments but may do so if they choose. The purpose in conducting the assessments is to

identify immediate and post-discharge services for the child and mother. The results of hospital drug exposure assessments are confidential and may not be used for prosecution of the mother for illegal use of controlled substances. The Department of Health may prepare and distribute information to health care providers on conducting medical assessments.

Appropriation: \$35,000 to the University of Washington

Revenue: none

Fiscal Note: requested on February 4, 1991

TESTIMONY FOR:

The bill will help in the early identification of drug affected infants so proper medical and social services may be made available.

TESTIMONY AGAINST:

The bill may discourage pregnant women from seeking needed prenatal services.

TESTIFIED: Beverly Jacobson, WA State Hospital Association (con); Margaret Casey, The Children's Budget Coalition; Ken Stark, DSHS (con); Sherm Cox, Department of Health; Marcy Kubbs, Seattle-King County Task Force for Chemically Dependent; Jerry Sheehan, ACLU (con); Peggy West, University of Washington Medical Center; David Woodrun, University of Washington; Thomas W. Pendergrass, WSMA; James Boyle, Pierce County Alliance (pro)