

SENATE BILL REPORT

ESB 6051

AS PASSED SENATE, FEBRUARY 14, 1992

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

SPONSORS: Senators L. Smith and Talmadge

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

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

Staff: Martin Lovinger (786-7443)

Hearing Dates: January 23, 1992; January 28, 1992

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 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.

The Department of Social and Health Services and the Department of Health are to coordinate efforts to assure (1) maximum delivery of services they offer to the extent of available resources to chemically dependent pregnant women, mothers, and infants; (2) identification and utilization of community-based services; (3) promotion and preservation of bonding between mother and infant by offering services jointly to mother and infant; (4) early identification of possible long-term developmental disabilities to minimize adverse health consequences; and (5) tracking of clients and the services they receive across program and agency lines.

Appropriation: \$45,000 to the University of Washington

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

This bill is a positive step in a time of limited funds. A large percentage of women having babies are addicted to drugs and many are not even aware of the addiction because they have been using drugs for so long. Early identification of mothers who use drugs and children exposed to drugs prenatally is important to lessen some of the many serious health problems that can result from such exposure. Coordination of services is important.

TESTIMONY AGAINST:

The bill should deal with alcohol exposure as well.

TESTIFIED: Linda Grant, Association of Alcoholism and Addiction Programs of Washington; Diana Roberts, Director, Div. of Children and Family Services, DSHS; Ken Stark, Director, Div. of Alcoholism and Substance Abuse, DSHS; Beverly Jacobson, Seattle Hospital Council and Washington State Hospital Assn.; Pat Wearn, Tacoma