
HOUSE BILL 1410

State of Washington 52nd Legislature 1991 Regular Session

By Representatives Scott, Brough, Valle, Forner, Cole, Beck, Leonard, Wood, Brekke, Wineberry, Anderson, R. Fisher, Locke, Hine, Ludwig, Holland, Jones, Belcher, Winsley and Sheldon.

Read first time January 29, 1991. Referred to Committee on Health Care.

1 AN ACT Relating to the use of controlled substances and alcohol
2 during pregnancy; adding a new chapter to Title 70 RCW; creating a new
3 section; and making an appropriation.

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

5 NEW SECTION. **Sec. 1.** The legislature recognizes that drug
6 addiction as well as the use of controlled substances and alcohol
7 during pregnancy constitutes a medical emergency. The legislature
8 finds that there is a growing state-wide emergency resulting from the
9 epidemic use of controlled substances and alcohol during and
10 immediately after pregnancy and that the emergency is not confined to
11 any particular economic, regional, racial, ethnic, or other group. The
12 legislature further finds that exposure to such substances has a
13 tremendous health, emotional, and financial impact on both the children
14 born and their mothers, and also on their communities and the state
15 that must confront the serious, long-term problems that result. The

1 legislature acknowledges that there are currently no clear methods or
2 strategies that are proven effective for preventing such use.
3 Therefore, the legislature intends to help pregnant women protect
4 themselves and their resulting infants from substance abuse and its
5 effects by promoting the establishment of local programs to develop
6 replicable, locally based prevention strategies to forestall exposure
7 and provide the earliest possible intervention and treatment to benefit
8 both the mothers and their resulting infants. These programs shall
9 encourage broad based local solutions for education, prevention, and
10 provision of opportunities for immediate treatment so that women who
11 seek help are welcomed rather than ostracized.

12 NEW SECTION. **Sec. 2.** The secretary of health shall develop
13 and promote state-wide public health prevention and education
14 strategies designed to prevent and address the problems that arise from
15 the use of controlled substances and alcohol during and immediately
16 after pregnancy, and shall promote the development of prevention and
17 education programs at the local level. These efforts shall be
18 conducted through the division of health promotion and chronic disease
19 prevention. The secretary shall coordinate state resources with local
20 resources and monitor local pilot projects designed to develop and
21 implement prevention, education, and treatment strategies related to
22 the use of controlled substances and alcohol during and immediately
23 after pregnancy. The secretary shall coordinate its efforts with other
24 state agencies and programs concurrent with drug and alcohol
25 prevention, education, or treatment. The secretary may adopt rules to
26 implement this chapter.

27 NEW SECTION. **Sec. 3.** The secretary shall promote the
28 development of local prevention and treatment programs, using existing

1 pilot program and community mobilization structures to the extent
2 possible. The secretary shall fund and provide technical assistance to
3 each pilot project for a maximum of two years, beginning September 1,
4 1991, and terminating September 1, 1993. The secretary shall serve as
5 the coordinator and resource bank to the local programs, including
6 coordinating with other state agencies, federal agencies and programs,
7 and other local programs. The secretary shall, at a minimum:

8 (1) Establish four pilot projects based upon applications from
9 local health departments or other local health organizations, or a
10 combination of such groups;

11 (2) Provide fifty percent funding support for the local pilot
12 projects up to a maximum of twenty thousand dollars per year for the
13 duration of the pilot project program;

14 (3) Assist the local pilot project directly by providing on-site
15 technical assistance including:

16 (a) Assisting with the establishment and organization of an
17 advisory committee/community action group;

18 (b) Providing various models and options for local prevention and
19 intervention strategies;

20 (c) Coordinating the efforts of the pilot projects with each other;

21 (d) Coordinating the pilot projects with other state and federal
22 programs and resources;

23 (e) Conducting regular meetings among the directors of the local
24 pilot projects;

25 (f) Holding annual state-wide meetings or conferences on the
26 subject of local and state strategies for preventing substance abuse
27 during pregnancy;

28 (g) Providing limited funding or copying for the development and
29 duplication of written materials or resources, up to a maximum of two
30 thousand five hundred dollars per project per year; and

1 (h) Assisting with development of local or state-wide public
2 service announcements or advertising.

3 The secretary shall develop and use evaluation mechanisms for the
4 local programs. The secretary shall perform at least two evaluations
5 on each pilot project each project year and shall share such results
6 with the local project directors. The secretary shall also monitor and
7 evaluate local and state-wide intervention and treatment strategies
8 that are not part of the prevention and education pilot projects. The
9 secretary's evaluation, policy, and program planning efforts shall be
10 coordinated with the school of public policy at a four year state
11 university located west of the Cascade mountains.

12 NEW SECTION. **Sec. 4.** (1) Local pilot project applications
13 must be submitted by a local health department, health district, or
14 local health organization such as a local health professional
15 organization, hospital, or combination of such groups, that have as a
16 goal the promotion of the public health. The applications shall
17 include:

18 (a) That the applicant shall provide at least fifty percent of the
19 funding for the pilot project, either directly or through other outside
20 grant sources, including private foundations or federal government
21 grant programs but not including funds from this pilot program or other
22 state funds;

23 (b) That the applicant shall designate one person as the project
24 director who shall devote a minimum of fifty percent of his or her time
25 to project activities;

26 (c) That the applicant is responsible to the secretary for
27 fulfilling the pilot project duties;

28 (d) The applicant shall include on an active advisory committee or
29 through written cooperation agreements a range of community

1 organizations and interests, including but not limited to,
2 representatives of local education, local law enforcement agencies, the
3 local courts, drug and alcohol treatment agencies or professionals, and
4 the print, audio, and visual media;

5 (e) That the primary goal of the applicant is to develop a
6 community prevention and education strategy based on local resources;

7 (f) That the applicant shall develop an initial prevention
8 strategy, using available information from local and state levels and
9 any other available source, and shall revise and refine the strategy
10 during the course of the project;

11 (g) That the applicant shall report its progress to the secretary
12 on a quarterly basis, including revisions to the prevention and
13 education strategy and proposals for new efforts at both the local and
14 state levels;

15 (h) That the applicant shall participate in state-wide activities
16 designed to develop local and state-wide prevention and education
17 strategies;

18 (i) That the applicant will provide assistance to other pilot
19 projects by sharing information and strategies;

20 (j) That the applicant will participate in evaluating the success
21 of their efforts;

22 (k) That the applicant will provide specific data on their projects
23 as requested by the secretary;

24 (l) That the applicant will make final reports to the secretary by
25 September 1, 1993, including a description of the operation of the
26 projects and of the prevention strategies used and deemed successful;

27 (m) That the applicant shall make an interim report to the
28 secretary on or before September 1, 1992. The applicant's reports may
29 discuss how the prevention strategies relate to intervention and
30 treatment programs at the local and state levels, and make

1 recommendations for changes or creation of intervention or treatment
2 strategies which complement the prevention strategies.

3 NEW SECTION. **Sec. 5.** No later than October 1, 1993, the
4 secretary shall report to the governor and the standing health
5 committees of the legislature on the results of the pilot programs,
6 including the proposed comprehensive state strategy based on locally
7 operated programs, and their appropriate relationship. The final
8 report shall also include the current understanding of effective
9 intervention and treatment strategies at the state and local levels,
10 and the appropriate roles of state and local efforts, including the
11 need for additional legislation and proposed public policy changes, if
12 any. An interim report shall be made to the governor and the standing
13 health committees of the legislature no later than September 15, 1992.

14 NEW SECTION. **Sec. 6.** The secretary shall coordinate the pilot
15 project efforts with other drug and alcohol and maternal and infant
16 health programs, including but not limited to programs related to
17 continuum of treatment, early intervention, community mobilization, and
18 the first steps program, and treatment programs at the division of
19 alcohol and substance abuse.

20 NEW SECTION. **Sec. 7.** As part of the state and local effort to
21 develop local strategies for preventing substance abuse during
22 pregnancy, both the secretary and each applicant shall monitor the
23 circumstances under which pregnant women who seek treatment for
24 substance abuse are prevented from receiving the desired treatment and
25 try to determine what mechanisms, if any, are needed to assure that
26 treatment is available without delay to those who seek it. The
27 applicants shall include in their reports to the secretary their

1 findings on the need for such expedited treatment mechanisms, and shall
2 make recommendations as to any appropriate long-term mechanism for
3 ensuring that those who need treatment can obtain it immediately.

4 NEW SECTION. **Sec. 8.** The sum of one hundred fifty thousand
5 dollars, or as much thereof as may be necessary, is appropriated for
6 the biennium ending June 30, 1993, from the general fund to the
7 department of health for the purposes of this act.

8 NEW SECTION. **Sec. 9.** Sections 2 through 6 of this act shall
9 constitute a new chapter in Title 70 RCW.