# CERTIFICATION OF ENROLLMENT

# SECOND SUBSTITUTE HOUSE BILL 1168

Chapter 288, Laws of 2023

68th Legislature 2023 Regular Session

PRENATAL SUBSTANCE EXPOSURE

EFFECTIVE DATE: July 23, 2023

Passed by the House April 13, 2023 Yeas 97 Nays 0

# LAURIE JINKINS

# Speaker of the House of Representatives

Passed by the Senate April 7, 2023 Yeas 47 Nays 0

### DENNY HECK

Approved May 4, 2023 3:12 PM

President of the Senate

#### CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE** HOUSE BILL 1168 as passed by the House of Representatives and the Senate on the dates hereon set forth.

# BERNARD DEAN

Chief Clerk

FILED

May 5, 2023

JAY INSLEE

Governor of the State of Washington

Secretary of State State of Washington

#### SECOND SUBSTITUTE HOUSE BILL 1168

#### AS AMENDED BY THE SENATE

Passed Legislature - 2023 Regular Session

# State of Washington 68th Legislature 2023 Regular Session

By House Appropriations (originally sponsored by Representatives Simmons, Ramel, Callan, Wylie, Davis, and Ormsby)

READ FIRST TIME 02/16/23.

- 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 41.05 RCW; adding new
- 4 sections to chapter 71.24 RCW; and creating new sections.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **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;

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- (6) Without appropriate treatment and supports, children born with fetal alcohol spectrum disorders and other prenatal substance disorders are likely to experience adverse outcomes. According to 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
  - (c) 60 percent of youth with fetal alcohol spectrum disorders are involved in the justice system;
  - (7) Untreated and unsupported prenatal substance exposure results in higher costs for the state and worse outcomes for children and 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.
  - NEW SECTION. Sec. 2. A new section is added to chapter 41.05 RCW to read as follows:
  - (1) By January 1, 2024, the authority, on behalf of clients or potential clients of the department of children, youth, and families as described in this subsection, shall contract with a provider with expertise in comprehensive prenatal substance exposure treatment and family supports to offer services to children over the age of three and families who are or have been involved in the child welfare system or who are at risk of becoming involved in the child welfare system. This contract shall maximize the number of families that can be served through referrals by authority employees and other community partners in order to keep families together, reduce the number of placements, and prevent adverse outcomes for impacted children.
- 38 (2) By January 1, 2025, the authority, on behalf of clients or 39 potential clients of the department of children, youth, and families

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- as described in this subsection, shall contract with up to three providers across the state, in addition to the contracted provider in subsection (1) of this section, to offer comprehensive treatment services for prenatal substance exposure and family supports for children who were prenatally exposed to substances and who are, or have been, involved in the child welfare system.
- 7 (3) Comprehensive treatment and family supports must be trauma-8 informed and may include:
  - (a) Occupational, speech, and language therapy;
  - (b) Behavioral health counseling and caregiver counseling;
  - (c) Sensory processing support;

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- 12 (d) Educational advocacy, psychoeducation, social skills support, 13 and groups;
  - (e) Linkages to community resources; and
- 15 (f) Family supports and education, including the programs for 16 parents, caregivers, and families recommended by the federal centers 17 for disease control and prevention.
  - (4) The authority shall contract with the provider referenced in subsection (1) of this section to support the providers under contract in subsection (2) of this section by:
  - (a) Creating education and training programs for providers working with children who had prenatal substance exposure; and
  - (b) Offering ongoing coaching and support in creating a safe and healing environment, free from judgment, where families are supported through the challenges of care for children with prenatal substance exposure.
  - (5) The authority, in collaboration with the department of children, youth, and families, shall work with the contracted providers and families to collect relevant outcome data and provide a report on the expansion of services under the contracts and the outcomes experienced by persons receiving services under this section. The authority shall submit the report to the legislature with any recommendations related to improving availability of and access to services and ways to improve outcomes by June 1, 2028.
- NEW SECTION. Sec. 3. A new section is added to chapter 71.24 RCW to read as follows:
- 37 (1) By June 1, 2024, the authority shall submit to the 38 legislature recommendations on ways to increase access to diagnoses, 39 treatment, services, and supports for children who were exposed to

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- alcohol or other substances during pregnancy and their families and caregivers. In creating the recommendations, the authority shall consult with service providers, medical professionals with expertise in diagnosing and treating prenatal substance exposure, families of children who were exposed to alcohol or other substances during pregnancy, communities affected by prenatal substance exposure, and advocates.
- 8 (2) The recommendations adopted under subsection (1) of this 9 section shall, at a minimum, address:

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- (a) Increasing the availability of evaluation and diagnosis services for children and youth for fetal alcohol spectrum disorders and other prenatal substance disorders, including assuring an adequate payment rate for the interdisciplinary team required for diagnosis and developing sufficient capacity in rural and urban areas so that every child is able to access diagnosis services; and
- (b) Increasing the availability of treatment for fetal alcohol spectrum disorders and other prenatal substance disorders for all children and youth including all treatments and services recommended by the federal centers for disease control and prevention. The authority shall review all barriers to accessing treatment and make recommendations on removing those barriers, including recommendations related to the definition of medical necessity, prior authorization requirements for diagnosis and treatment services, and limitations of treatment procedure codes and insurance coverage.
- NEW SECTION. Sec. 4. A new section is added to chapter 71.24 RCW to read as follows:
  - Subject to the availability of amounts appropriated for this specific purpose, the authority shall contract with a statewide nonprofit entity with expertise in fetal alcohol spectrum disorders and experience in supporting parents and caregivers to offer free support groups for individuals living with fetal alcohol spectrum disorders and their parents and caregivers.
- 33 **Sec. 5.** RCW 71.24.610 and 2018 c 201 s 4049 are each amended to read as follows:
- 35 The authority, the department of social and health services, the 36 department ((<del>of health</del>)), the department of corrections, <u>the</u> 37 <u>department of children</u>, <u>youth</u>, <u>and families</u>, and the office of the 38 superintendent of public instruction shall execute an interagency

agreement to ensure the coordination of identification, prevention, and intervention programs for children who have fetal alcohol exposure and other prenatal substance exposures, and for women who are at high risk of having children with fetal alcohol exposure or other prenatal substance exposures.

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- The interagency agreement shall provide a process for community advocacy groups to participate in the review and development of identification, prevention, and intervention programs administered or contracted for by the agencies executing this agreement.
- NEW SECTION. Sec. 6. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2023, in the omnibus appropriations act, this act is null and void.

Passed by the House April 13, 2023.
Passed by the Senate April 7, 2023.
Approved by the Governor May 4, 2023.
Filed in Office of Secretary of State May 5, 2023.

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