

RCW 71.24.560 Opioid treatment programs—Pregnant individuals—Information and education. (1) All approved opioid treatment programs that provide services to individuals who are pregnant are required to disseminate up-to-date and accurate health education information to all their pregnant individuals concerning the effects opioid use and opioid use disorder medication may have on their baby, including the development of dependence and subsequent withdrawal. All pregnant individuals must also be advised of the risks to both themselves and their babies associated with discontinuing an opioid treatment program. The information must be provided to these individuals both verbally and in writing. The health education information provided to the pregnant individuals must include referral options for a baby who has been exposed to opioids in utero.

(2) The department shall adopt rules that require all opioid treatment programs to educate all pregnant individuals in their program on the benefits and risks of medication-assisted treatment to a developing fetus before they are prescribed these medications, as part of their treatment. The department shall also adopt rules requiring all opioid treatment programs to educate individuals who become pregnant about the risks to both the expecting parent and the fetus of not treating opioid use disorder. The department shall meet the requirements under this subsection within the appropriations provided for opioid treatment programs. The department, working with treatment providers and medical experts, shall develop and disseminate the educational materials to all certified opioid treatment programs.

(3) For pregnant individuals who participate in medicaid, the authority, through its managed care organizations, must ensure that pregnant individuals receive outreach related to opioid use disorder when identified as a person at risk. [2019 c 314 § 26; 2017 c 297 § 11; 2016 sp.s. c 29 § 506; 2005 c 70 § 2; 1995 c 312 § 46; 1990 c 151 § 5. Prior: 1989 c 270 § 19; 1989 c 175 § 131; 1972 ex.s. c 122 § 9. Formerly RCW 70.96A.090.]

Declaration—2019 c 314: See note following RCW 18.22.810.

Findings—Intent—2017 c 297: See note following RCW 18.22.800.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—2019 c 314; 2005 c 70: "The legislature finds that drug use among pregnant individuals is a significant and growing concern statewide. Evidence-informed group prenatal care reduces preterm birth for infants, and increases maternal social cohesion and support during pregnancy and postpartum, which is good for maternal mental health.

It is the intent of the legislature to notify all pregnant individuals who are receiving medication for the treatment of opioid use disorder of the risks and benefits such medication could have on their baby during pregnancy through birth and to inform them of the potential need for the newborn baby to be treated in a hospital setting or in a specialized supportive environment designed

specifically to address and manage neonatal opioid or other drug withdrawal syndromes." [2019 c 314 § 2; 2005 c 70 § 1.]

Short title—1995 c 312: See note following RCW 13.32A.010.

Effective date—1989 c 175: See note following RCW 34.05.010.