

HOUSE BILL ANALYSIS

ESSB 5480

Title: *An act relating to drug-affected infants ; amending RCW 13.34.030, 13.34.070, 74.09.310, 18.71.950, 18.57.920, and 18.79.903; reenacting and amending RCW 13.34.130; adding new sections to chapter 13.34 RCW; creating new sections; and repealing RCW 18.57.930, 18.71.960, 18.79.904, 70.96A.330, and 70.96A.340.*

Brief Description: *Requiring identification of drug-affected infants and providing treatment services to their mothers.*

Sponsors: *Senate Committee on Human Services & Corrections (originally sponsored by Senators Patterson, Hargrove, Long, Eide, Franklin, Shin, McCaslin, Haugen, Goings, Gardner, Prentice, Kline, T. Sheldon, Wojahn, Benton, Spanel, B. Sheldon, Bauer, McAuliffe, Jacobsen, Rossi, Horn, Johnson, West, Winsley, Oke, and Rasmussen).*

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Meeting Date: *March 29, 1999.*

Bill Analysis Prepared by: *Dave Knutson (786-7146).*

Background: *Medical research links prenatal drug exposure to developmental problems in children. Drug-affected infants are often born prematurely, have low birth weights and other significant medical problems. As the drug-affected infant matures, he or she may experience learning disabilities, hyperactivity, and articulation and socialization problems, including anti-social behavior.*

The Department of Social and Health Services has developed definitions for drug-affected infants. In addition, the Department of Health has developed assessment and testing criteria for drug-affected infants.

The Department of Social and Health Services has also been working on a plan for services to families of drug-affected infants.

Summary of Bill: *A woman's primary health care provider must identify and then screen appropriate pregnant and lactating women to determine whether an infant is at risk of being drug-affected. If screening criteria suggests the infant should be tested, then the provider must conduct the test or provide the screening information to the infant's primary health care provider. The infant's primary health care provider must then perform the test, if not already performed.*

The mother's doctor must advise the mother of her right to publicly-funded tubal ligation surgery and advise her how to access appropriate drug treatment or birth control counseling services, when the infant tests positive.

Drug-affected– is defined by the Department of Social and Health Services' definition created pursuant to previous legislation, and pertains to the mother's use of non-prescription controlled substances. An infant must require treatment for withdrawal or longer term treatment and services for developmental conditions that extend beyond the point of withdrawal.

Positive test findings must be reported by the health care provider to the Department of Social and Health Services. The department must investigate all referrals and file a dependency in appropriate cases. The drug-affected status of an infant is not by itself sufficient to support a dependency finding.

Mothers can agree to treatment as a condition that may defer any dependency action. The conditions of the agreement vary depending upon the number of drug-affected infants the mother has had. With the first drug-affected infant, a mother can agree to inpatient or outpatient treatment. With the second drug-affected infant, the mother can agree to inpatient treatment. With the third or subsequent birth of a drug-affected infant, the mother is referred for evaluation for involuntary inpatient commitment for chemical dependency treatment. Mothers must be offered education in family planning and pharmaceutical birth control. Providers may choose not to offer family planning, making a conscientious objection, but must explain to the mother where she can obtain family planning services.

Fact-finding hearings in a dependency action can be continued if the parties have agreed to conditions that take more than 75 days to fulfill. In termination proceedings, a third or subsequent drug-affected birth is an aggravating circumstance for the court's consideration.

A health care provider is only liable for acts of gross negligence or intentional misconduct as it relates to his or her duties under this act.

The Institute for Public Policy must study and report to the Legislature on the provisions of this act.

Appropriation: None.

Fiscal Note: Requested on March 23, 1999.

Effective Date: Ninety days after adjournment of session in which bill is passed.