

2SHB 1168 - S COMM AMD
By Committee on Ways & Means

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that:

4 (1) Fetal alcohol spectrum disorders are lifelong physical,
5 developmental, behavioral, and intellectual disabilities caused by
6 prenatal alcohol exposure;

7 (2) According to the federal centers for disease control and
8 prevention, fetal alcohol spectrum disorders affect as many as one in
9 20 people in the United States;

10 (3) The health care authority estimates that one percent of
11 births, or approximately 870 children each year, are born with fetal
12 alcohol spectrum disorders;

13 (4) In addition to alcohol use, other substances consumed during
14 pregnancy may result in prenatal substance exposure affecting the
15 physical, developmental, behavioral, and intellectual abilities of
16 the exposed child;

17 (5) Washington has limited diagnostic capacity and currently
18 lacks the capacity to diagnose and treat every child who needs
19 support and treatment due to prenatal substance exposure;

20 (6) Without appropriate treatment and supports, children born
21 with fetal alcohol spectrum disorders and other prenatal substance
22 disorders are likely to experience adverse outcomes. According to
23 current statistics, these children face adverse outcomes such as:

24 (a) 61 percent of children with fetal alcohol spectrum disorders
25 are suspended or expelled from school by age 12;

26 (b) 90 percent of persons with fetal alcohol spectrum disorders
27 develop comorbid mental health conditions; and

28 (c) 60 percent of youth with fetal alcohol spectrum disorders are
29 involved in the justice system;

30 (7) Untreated and unsupported prenatal substance exposure results
31 in higher costs for the state and worse outcomes for children and
32 their families;

1 (8) Investing in prevention and earlier intervention, including
2 diagnostic capacity, treatment, and services for children and
3 supports for families and caregivers will improve school outcomes;
4 and

5 (9) Effective prenatal substance exposure response requires
6 effective and ongoing cross-agency strategic planning and
7 coordination.

8 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05
9 RCW to read as follows:

10 (1) By January 1, 2024, the authority, on behalf of clients or
11 potential clients of the department of children, youth, and families
12 as described in this subsection, shall contract with a provider with
13 expertise in comprehensive prenatal substance exposure treatment and
14 family supports to offer services to children over the age of three
15 and families who are or have been involved in the child welfare
16 system or who are at risk of becoming involved in the child welfare
17 system. This contract shall maximize the number of families that can
18 be served through referrals by authority employees and other
19 community partners in order to keep families together, reduce the
20 number of placements, and prevent adverse outcomes for impacted
21 children.

22 (2) By January 1, 2025, the authority, on behalf of clients or
23 potential clients of the department of children, youth, and families
24 as described in this subsection, shall contract with up to three
25 providers across the state, in addition to the contracted provider in
26 subsection (1) of this section, to offer comprehensive treatment
27 services for prenatal substance exposure and family supports for
28 children who were prenatally exposed to substances and who are, or
29 have been, involved in the child welfare system.

30 (3) Comprehensive treatment and family supports must be trauma-
31 informed and may include:

- 32 (a) Occupational, speech, and language therapy;
- 33 (b) Behavioral health counseling and caregiver counseling;
- 34 (c) Sensory processing support;
- 35 (d) Educational advocacy, psychoeducation, social skills support,
36 and groups;
- 37 (e) Linkages to community resources; and

1 (f) Family supports and education, including the programs for
2 parents, caregivers, and families recommended by the federal centers
3 for disease control and prevention.

4 (4) The authority shall contract with the University of
5 Washington fetal alcohol and drug unit to support the providers under
6 contract in subsections (1) and (2) of this section by:

7 (a) Creating education and training programs for providers
8 working with children who had prenatal substance exposure; and

9 (b) Offering ongoing coaching and support in creating a safe and
10 healing environment, free from judgment, where families are supported
11 through the challenges of care for children with prenatal substance
12 exposure.

13 (5) The authority, in collaboration with the department of
14 children, youth, and families, shall work with the contracted
15 providers and families to collect relevant outcome data and provide a
16 report on the expansion of services under the contracts and the
17 outcomes experienced by persons receiving services under this
18 section. The authority shall submit the report to the legislature
19 with any recommendations related to improving availability of and
20 access to services and ways to improve outcomes by June 1, 2028.

21 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
22 RCW to read as follows:

23 (1) By June 1, 2024, the authority shall submit to the
24 legislature recommendations on ways to increase access to diagnoses,
25 treatment, services, and supports for children who were exposed to
26 alcohol or other substances during pregnancy and their families and
27 caregivers. In creating the recommendations, the authority shall
28 consult with service providers, medical professionals with expertise
29 in diagnosing and treating prenatal substance exposure, families of
30 children who were exposed to alcohol or other substances during
31 pregnancy, communities affected by prenatal substance exposure, and
32 advocates.

33 (2) The recommendations adopted under subsection (1) of this
34 section shall, at a minimum, address:

35 (a) Increasing the availability of evaluation and diagnosis
36 services for children and youth for fetal alcohol spectrum disorders
37 and other prenatal substance disorders, including assuring an
38 adequate payment rate for the interdisciplinary team required for

1 diagnosis and developing sufficient capacity in rural and urban areas
2 so that every child is able to access diagnosis services; and

3 (b) Increasing the availability of treatment for fetal alcohol
4 spectrum disorders and other prenatal substance disorders for all
5 children and youth including all treatments and services recommended
6 by the federal centers for disease control and prevention. The
7 authority shall review all barriers to accessing treatment and make
8 recommendations on removing those barriers, including recommendations
9 related to the definition of medical necessity, prior authorization
10 requirements for diagnosis and treatment services, and limitations of
11 treatment procedure codes and insurance coverage.

12 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
13 RCW to read as follows:

14 Subject to the availability of amounts appropriated for this
15 specific purpose, the authority shall contract with a statewide
16 nonprofit entity with expertise in fetal alcohol spectrum disorders
17 and experience in supporting parents and caregivers to offer free
18 support groups for individuals living with fetal alcohol spectrum
19 disorders and their parents and caregivers.

20 **Sec. 5.** RCW 71.24.610 and 2018 c 201 s 4049 are each amended to
21 read as follows:

22 The authority, the department of social and health services, the
23 department (~~(of health)~~), the department of corrections, the
24 department of children, youth, and families, and the office of the
25 superintendent of public instruction shall execute an interagency
26 agreement to ensure the coordination of identification, prevention,
27 and intervention programs for children who have fetal alcohol
28 exposure and other prenatal substance exposures, and for women who
29 are at high risk of having children with fetal alcohol exposure or
30 other prenatal substance exposures.

31 The interagency agreement shall provide a process for community
32 advocacy groups to participate in the review and development of
33 identification, prevention, and intervention programs administered or
34 contracted for by the agencies executing this agreement.

35 NEW SECTION. **Sec. 6.** If specific funding for the purposes of
36 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2023, in the omnibus appropriations act, this
2 act is null and void."

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3 On page 1, line 2 of the title, after "exposure;" strike the
4 remainder of the title and insert "amending RCW 71.24.610; adding a
5 new section to chapter 41.05 RCW; adding new sections to chapter
6 71.24 RCW; and creating new sections."

EFFECT: Changes the requirement from Department of Children,
Youth, and Families to Health Care Authority to contract with
prenatal substance exposure treatment providers. Directs HCA to
contract with the University of Washington Fetal Alcohol and Drug
Unit to create education and training programs and offer ongoing
support to treatment providers.

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