

# HOUSE BILL REPORT

## HB 1168

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**As Reported by House Committee On:**

Health Care & Wellness  
Appropriations

**Title:** An act relating to providing prevention services, diagnoses, treatment, and support for prenatal substance exposure.

**Brief Description:** Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure.

**Sponsors:** Representatives Simmons, Ramel, Callan, Wylie, Davis and Ormsby.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/17/23, 1/20/23 [DPS];  
Appropriations: 2/1/23, 2/13/23 [DP2S(w/o sub HCW)].

**Brief Summary of Second Substitute Bill**

- Expands the scope of the Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement) to include exposure to prenatal substances other than alcohol, adds the Department of Children, Youth, and Families (DCYF) as a party to the agreement, and directs the DCYF to contract with a provider with expertise in comprehensive prenatal exposure treatment by January 1, 2024, and up to three providers statewide by January 1, 2025.
- Requires the Health Care Authority (HCA) to consult with specified stakeholders and submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports by June 1, 2024.

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**HOUSE COMMITTEE ON HEALTH CARE & WELLNESS**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Schmick, Ranking Minority Member.

**Staff:** Ingrid Lewis, (786-7293).

**Background:**

Fetal Alcohol Spectrum Disorders.

Fetal alcohol spectrum disorders (FASD) are a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include physical problems and problems with behavior and learning. Conditions can range from mild to severe and can affect each person differently. According to the Centers for Disease Control and Prevention, FASD manifests in a variety of ways, including but not limited to: low body weight, poor coordination, hyperactive behavior, difficulty with attention, poor memory, speech and language delays, vision or hearing problems, problems with the heart, kidneys, or bones, shorter-than-average height, and abnormal facial features.

Fetal alcohol spectrum disorder diagnoses are based on particular symptoms and include fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, alcohol-related birth defects, and neurobehavioral disorder associated with prenatal alcohol exposure.

Fetal Alcohol Exposure Interagency Agreement.

The Department of Social and Health Services, the Department of Health, the Department of Corrections, and the Office of the Superintendent of Public Instruction execute a Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement) to ensure the coordination of identification, prevention, and intervention programs for children who have fetal alcohol exposure, and for women at high risk of having children with fetal alcohol exposure.

Department of Children, Youth, and Families.

The Department of Children, Youth, and Families (DCYF) is the agency responsible over child welfare, early learning, and juvenile justice programs.

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**Summary of Substitute Bill:**

The DCYF is required to contract with a provider with expertise in comprehensive prenatal exposure treatment and support 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

involvement in the system by January 1, 2024. The contract must maximize the number of families served through the DCYF and community referrals, reduce the number of placements, and prevent adverse outcomes for impacted children.

In addition, by June 1, 2024, the DCYF must contract with at least three additional providers across the state to offer comprehensive treatment services for prenatal substance exposure and family supports for children both currently and formerly involved with the child welfare system who were exposed to substances before birth.

Comprehensive treatment services family supports must be trauma-informed and may include the following:

- occupational, speech, and language therapy;
- behavioral health counseling and caregiver counseling;
- sensory processing support;
- educational advocacy, psychoeducation, social skills support, and groups;
- linkages to community resources; and
- family supports and education.

The DCYF is required to contract with a Washington-based nonprofit entity with expertise in trauma-informed, comprehensive prenatal substance exposure treatment and family supports for children, including family and caregiver supports, to support the contracted providers. Support includes creating education and training programs for providers and offering ongoing coaching and support.

The DCYF must work with contracted providers and families to collect outcome data. The DCYF must submit a report to the Legislature by June 1, 2028, addressing the expansion of services under the contracts, outcome data and ways to improve outcomes, and recommendations related to improving the availability of and access to services.

The Health Care Authority (HCA) is required to convene at least six stakeholder meetings with service providers, medical professionals with expertise in diagnosing and treating prenatal substance exposure, families of children who were exposed to substances during pregnancy, communities affected by prenatal substance exposure, and advocates. By June 1, 2024, the HCA must submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports for children who were exposed to substances before birth and their families and caregivers.

Additionally, the HCA must contract with a statewide nonprofit entity with expertise in both FASD and family and caregiver support to offer free support groups for individuals with FASD and their parents and caregivers.

#### Fetal Alcohol Exposure Interagency Agreement.

The DCYF is added to the agencies participating in the Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement), and the scope of the Interagency Agreement is

expanded to include exposure to prenatal substances other than alcohol. The Interagency Agreement is modified to include a requirement that the agencies collaborate with community advocacy groups, impacted individuals and families, and experts in fetal alcohol exposure or other prenatal substance exposures to adopt a strategic plan to increase prevention efforts and expand the availability of treatment, services, and supports. The plan must include recommendations regarding topics covered by the strategic plan as related to each agency that is a party to the Interagency Agreement. The HCA must submit a preliminary plan to the relevant committees of the Legislature by July 1, 2024, and the final strategic plan by July 1, 2025.

**Substitute Bill Compared to Original Bill:**

The substitute bill specifies that the provider contract for prenatal substance exposure treatment and family support applies to children over the age of 3 and makes listed services optional instead of required.

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**Appropriation:** None.

**Fiscal Note:** Requested on January 10, 2023.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Studies show that one in 10 babies are born with prenatal substance exposure. Prenatal substance exposure can cause lifelong physical, developmental, behavioral, and intellectual disabilities and is an invisible disability. Alcohol is legal but it is the most common and harmful substance to a developing fetus and can result in fetal alcohol spectrum disorders (FASD). Many other substances can affect the developing brain. Treatment for FASD and other prenatal substances is a blend of behavioral, mental health, and occupational therapies as well as providing family supports. Diagnosis is complicated because a multidisciplinary team is needed. Diagnosis and treatment can prevent secondary disabilities. Without intervention and support, children with FASD are more likely to drop out of school, be involved in the juvenile justice system, and have reduced life expectancies. This bill is the first step in developing critical supports. There are only two clinics that diagnose and one provider that offers comprehensive care for children birth to 13 years of age statewide. When children and families access services, children can thrive. This bill offers increase in services and funding for free peer to peer groups.

(Opposed) None.

**Persons Testifying:** Representative Tarra Simmons, prime sponsor; Alex Lundy,

Wonderland Child and Family Services; Julia Bledsoe; and Lauren Burke.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 29 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Hansen, Harris, Lekanoff, Pollet, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

**Staff:** Jackie Wheeler (786-7125).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

The House Appropriations Committee recommends:

- reducing the number of contracts that the Department of Children, Youth, and Families (DCYF) must enter into by January 1, 2025 from a minimum of three providers to up to three providers;
- clarifying that the entity administering support to the providers offering comprehensive treatment services for prenatal substance exposure and family supports is the same entity that the DCYF is directed to contract with by January 1, 2024;
- removing the requirement that the Health Care Authority (HCA) hold six stakeholder meetings for the development of recommendations and instead requiring the HCA to consult with stakeholders;
- removing references to recommendations applicable to adults with fetal alcohol spectrum disorder and other prenatal substance disorders;
- making the contract that the HCA must enter into to provide free support groups subject to the availability of amounts appropriated for this specific purpose;
- removing the requirement that the parties subject to the interagency agreement adopt a strategic plan; and
- adding a null and void clause, making the bill null and void unless funded in the omnibus appropriations act, referencing this bill or chapter or number, by June 30, 2023.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Second Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

**Staff Summary of Public Testimony:**

(In support) One in 10 children born in the United States are born with prenatal exposure to drugs or alcohol, with this exposure often happening before the individual knows they are pregnant. These families have very few options for services in our state. Currently only two locations in Washington provide fetal alcohol spectrum diagnoses and only one location provides comprehensive services for families. Volunteer-based organizations that provide services and supports to these families are limited in what they can offer without more resources.

Children who are exposed to prenatal substances, including alcohol, are more likely to be expelled from school, be involved in the juvenile rehabilitation system, end up in prison, and have severe health problems later in life. Getting upstream of this is important and it has been decades since the Legislature has considered this issue. This is a step to start that process, get recommendations, and expand the limited services that we have now and provide support to caregivers. This bill is scalable, and reductions can be made if needed.

(Opposed) None.

**Persons Testifying:** Melanie Smith, Wonderland Child and Family Services; and Allison Brooks, The National Organization on Fetal Alcohol Syndrome Washington State.

**Persons Signed In To Testify But Not Testifying:** None.